

EXPLORING THE INNER EXPERIENCES OF
INDIVIDUALS WITH HIGH SENSORY-PROCESSING
SENSITIVITY IN COPING WITH THE LOSS OF A
LOVED ONE(S) – A STUDY OF MUSLIMS IN
MALAYSIA

BY

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A dissertation submitted in fulfilment of the requirement for
the degree of Master of Human Sciences in Psychology

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ABSTRACT

Sensory-processing sensitivity (SPS) describes trait sensitivity to experiences. High SPS individuals experience overarousal from sensory input, strong emotional reactivity, and high awareness of subtleties in the environment (Greven et al., 2019). Studies on SPS are young in the research world, making it difficult to understand how high SPS individuals experience impactful life events. Thus, the study aimed to explore the experiences of high SPS Muslims in facing the loss of loved one(s) during the COVID-19 crisis and their coping strategies to cope with the loss. The Interpretative Phenomenological Analysis (IPA) approach was employed to allow a detailed exploration of how the participants make sense of their loss experiences. The study recruited five high SPS female Malaysian Muslims to explore the inner experiences of losing their loved one(s) during the COVID-19 crisis and their coping strategies to cope with the loss. The study found that the participants had various intense inner experiences during the period of loss and applied various coping strategies to cope with the loss. Nine themes of loss experiences (e.g., Sorrow, Saudade, Denial) and eight themes of coping strategies (e.g., Self-talk, Positivity, Avoidance) were identified in this study. These findings align with past SPS studies that highlighted the characteristics of high SPS individuals such as having deeper emotional intensity and being easily affected by negative stimuli. The study also found that applying Islamic values such as *redha* and performing Islamic rituals helped the participants cope with the loss. It is recommended that future studies of SPS investigate how heightened sensitivity influences daily activities as this understanding can inform targeted interventions, improve mental health services, and enhance the overall quality of life for individuals with high SPS.

Keywords: Sensory-processing sensitivity, coping with loss, COVID-19 pandemic, Malaysian Muslim adults.

خلاصة البحث

حساسية المعالجة الحسية (SPS) تصف سمة الحساسية تجاه التجارب. الأفراد ذوو الحساسية العالية SPS يختبرون فرط الاستشارة من المدخلات الحسية، وردود الفعل العاطفية القوية، والوعي العالي بالتفاصيل في البيئة (جريفن وآخرون، 2019). تعتبر الدراسات حول SPS جديدة في عالم البحث، مما يجعل من الصعب فهم كيفية اختبار الأفراد ذوو الحساسية العالية في الأحداث الحياتية المؤثرة. وبالتالي، هدفت الدراسة إلى استكشاف تجارب المسلمين ذوي الحساسية العالية أثناء مواجهة فقدان أحبائهم خلال أزمة كوفيد-19 واستراتيجياتهم المتبعة للتعامل مع الخسارة. تم استخدام منهج التحليل الظاهري التفسيري (IPA) للسماح باستكشاف مفصل لكيفية فهم المشاركين لتجارب الخسارة لديهم. استقطبت الدراسة خمسة من النساء المليزيات المسلمات ذوات الحساسية العالية SPS لاستكشاف التجارب الداخلية لخسارة أحبائهن خلال أزمة كوفيد-19 واستراتيجياتهن للتعامل مع الخسارة. وجدت الدراسة أن المشاركات كان لديهن تجارب داخلية متنوعة وشديدة خلال فترة الخسارة وطبقن استراتيجيات متنوعة للتعامل مع الخسارة. تم تحديد تسعة موضوعات لتجارب الخسارة (مثل الحزن، الشوق، الإنكار) وثمانية موضوعات لاستراتيجيات التعامل (مثل الحديث الذاتي، الإيجابية، الابتعاد) في هذه الدراسة. هذه النتائج تتماشى مع الدراسات السابقة حول SPS والتي أبرزت خصائص الأفراد ذوي الحساسية العالية SPS مثل امتلاك شدة عاطفية أعمق والتأثر بسهولة بالمؤثرات السلبية. وجدت الدراسة أيضًا أن تطبيق القيم الإسلامية مثل الرضا، وأداء الشعائر الإسلامية ساعدت المشاركات في التعامل مع الخسارة. يوصى بأن تتناول الدراسات المستقبلية لـ SPS كيفية تأثير الحساسية المرتفعة على الأنشطة اليومية حيث يمكن أن يساعد هذا الفهم في تقديم تدخلات مستهدفة، وتحسين خدمات الصحة النفسية، وتعزيز جودة الحياة العامة للأفراد ذوي الحساسية العالية.

APPROVAL PAGE

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DECLARATION

I hereby declare that this dissertation is the result of my own investigations, except where otherwise stated. I also declare that it has not been previously or concurrently submitted as a whole for any other degrees at IIUM or other institutions.

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CHAPTER ONE

INTRODUCTION

This chapter first describes the background of the study that discusses the situations during the COVID-19 pandemic, as well as introduces the concept of inner experiences and sensory-processing sensitivity (SPS). Then, the chapter presents the statement of the problem, significance of the study, followed by the research questions and research objectives of the study. The chapter also presents the conceptual and operational definitions and the delimitation of the study.

1.1 BACKGROUND OF THE STUDY

The global pandemic of COVID-19 that was declared by the World Health Organization (WHO) in March 2020 has caused major changes throughout the world. Lockdown and movement restrictions were implemented across the globe to control the spread of the virus, and procedures and new norms such as mask wearing and physical distancing were introduced. However, within these major changes, there were also great losses experienced during the pandemic, including the loss of lives.

The loss of lives, especially the loss of loved ones, is a significant experience that a person goes through in life. For the people who personally experienced the loss of their loved one, the experience affects them greatly, especially emotionally (Khawaja & Khawaja, 2019). Particularly during the COVID-19 crisis, management of the dead was handled differently than pre-pandemic times, causing deeper and stronger grievance experiences by an individual. To the individuals with high level of sensory-processing sensitivity (SPS), these changes due to the pandemic may intensely affect them as they are known to have high sensitivity. To understand how these individuals experience the COVID-19 new norms particularly in relation to the loss of a loved one, exploring their inner experiences is essential.

Inner experience is the experience that occurs within the mind, while outer experience occurs outside of the mind, usually involves physical objects (Fite, 1895).

Inner experience takes many forms (e.g., thoughts, feelings, sensory awareness; Heavey & Hurlburt, 2008; Mihelic, 2010) and it allows an individual to process the experience they undergo (Fite, 1895). Inner experience is important as it provides meanings for outer experience. An outer experience that occurs without an inner experience may increase despair because a person cannot understand and make sense of an experience (International Pathwork Foundation, 1971).

Sensory-processing sensitivity (SPS) is a temperament or personality trait characterized by a deep and complex processing of information. It describes the individual differences in terms of sensitivity in processing environmental information (Greven et al., 2019). Due to the way they process sensory and environmental information, people with high SPS experience overarousal from sensory input, strong emotional reactivity, great empathy, and high awareness of subtle cues in the environment (Greven et al., 2019), causing them to easily become overwhelmed and experience greater stress. In order to neutralize the overwhelming feelings, people with high SPS often need frequent breaks during busy days and need more time to respond to stress and negative emotions (Aron & Aron, 1997; Black & Kern, 2020).

Negative emotions and mental health issues are often associated with high SPS. In fact, high SPS is a risk factor for mental health issues (e.g., anxiety, depression, and stress), lower levels of subjective happiness and life satisfaction, poor stress management and emotional regulation, and other maladaptive outcomes (Ahadi & Basharpour, 2010; Bas et al., 2021; Greven et al., 2019). Past studies highlighted that the majority of population is characterised as having lower sensitivity while the minority has higher sensitivity (Aron & Aron, 1997), with high SPS individuals covering 30 % of a population (Lionetti et al., 2018). While this group is considered a minority, 30% in a population is considered as a significant number that the society should recognize and pay attention to, for example, by offering help and support to them. Additionally, studies found that high SPS individuals are vulnerable to experiencing mental health issues and that 50% of people who underwent counselling treatment are high SPS individuals (Smith et al., 2019), highlighting the importance of acknowledging the experiences of high SPS individuals. However, it is to be noted that high SPS is not only about the negative consequences. Aside from negative emotions, people with high SPS also show intense positive emotions and greater positive change

from psychological intervention programmes than people with low or medium levels of SPS (Aron & Aron, 1997; Bas et al., 2021; Greven et al., 2019; Kibe et al., 2020). They also have aesthetic sensitivity (AES) whereby they show openness to experience aesthetic and positive stimuli, higher creativity (e.g., art, music), greater attention to details, and better communications skills which promote prosocial and helping behaviours, to be compared with people with low or medium levels of SPS (Costa-López et al., 2021; Greven et al., 2019; Sobocko & Zelenski, 2015; Vander Elst et al., 2019).

The recent outbreak of COVID-19 has affected many aspects of one's daily life, including the experience of loss and grief. High SPS individuals may experience this more intensely, particularly in the form of inner experience, as they are known to have deep sensory information processing and lower sensory threshold as well as characterized as having deeper emotional intensity, easily overwhelmed, and easily affected to negative and positive stimuli (Aron & Aron, 1997; Greven et al., 2019) which may complicate the process of grief. Thus, this paper discussed how high SPS individuals experienced loss and how they cope with the loss during the COVID-19 pandemic.

1.2 STATEMENT OF THE PROBLEM

The outbreak of COVID-19 has caused the world to undergo many changes as countries implement new norms and standard operating procedures (SOP). These changes forced people to adapt to the new environment, for example work-from-home setting, new learning system, lockdown and quarantine, and the mandatory wearing of face mask (Corpuz, 2021). However, different people have different susceptibilities to the environment (Greven et al., 2019). Some people may have a hard time adapting and adjusting to the new environment, for example, people with high SPS.

The COVID-19 pandemic has reported a high number of deaths. Data shows that more than 32,000 COVID-19 deaths have been reported since September 2021 (Ministry of Health Malaysia, 2022). The COVID-19 procedures were constantly changing during the early period of the pandemic in Malaysia. The procedures related to the grieving process and funeral ceremony for the deceased loved one during the

pandemic were different than before the pandemic, especially if the death was due to the COVID-19. For example, before the pandemic, attending to house chores and taking care of family members (particularly children) during the grieving process was supported by relatives (Kristiansen & Sheikh, 2012). However, during the COVID-19 pandemic, visits by relatives are limited because of the movement restrictions. There has been a lack of physical meetings and physical touch (e.g., hugging, wrapping on in arms) to comfort and soothe the bereaved. Rituals such as *tahlil* for the deceased also could not be done physically. Thus, due to the unavailability of the above-mentioned support systems, it can be expected that those moments were more difficult for the high SPS individuals than individuals with low or medium levels of SPS. Hence, there is a need to explore how individuals with high SPS experienced and coped with the grief.

A few characteristics of high SPS individuals as described by past literatures are being easily overwhelmed and having deeper emotional intensity and empathy, which often relate to how they are easily affected by negative environments (e.g., stressful and overwhelming situations) and have a high risk of experiencing negative emotions and mental health issues (e.g., depression, anxiety, stress; Aron & Aron, 1997; Greven et al., 2019). Meanwhile, past studies also noted that high SPS individuals are prone to experiencing intense positive emotions and positive outcomes from interventions (Aron & Aron, 1997; Bas et al., 2021; Greven et al., 2019). Past studies also found that introversion among high SPS individuals is a strategy to reduce the feelings of being overstimulated to avoid psychological distress (Ahadi & Basharpour, 2010; Bas et al., 2021). However, while high SPS individuals need time alone, they also need to reach out for social support to cope with upsetting and overwhelming stimuli (Black & Kern, 2020; Greven et al., 2019; Sobocko & Zelenski, 2015; Ueno et al., 2019).

Past studies have reported a lack of literature in the area of SPS (Ahadi & Basharpour, 2010; Bas et al., 2021; Greven et al., 2019). Firstly, to the researcher's knowledge, studies of high SPS among Muslims in the Malaysian community have not been found. Secondly, studies related to coping experiences among high SPS individuals are limited. Thirdly, the Highly Sensitive Person (HSP) Scale, which was developed to measure the degree of SPS, has limitations in terms of interpreting the results. For example, overstimulation was overemphasized and depth of processing traits were indirectly included in the aesthetic sensitivity (AES) component (Bas et al.,

2021). Moreover, the items in the HSP Scale also do not lead to an in-depth understanding of high SPS individuals' inner experiences related to loss. Fourthly, there is limited to no study of grief that focuses on SPS or inner experiences. Aside from that, a noticeable research gap exists within IPA studies in exploring loss experiences during the COVID-19 crisis (Grinapol et al., 2021; Roxburgh, 2022). Therefore, the present study aims to close these research gaps by exploring qualitatively the inner experiences and coping experiences of high SPS individuals in facing the loss of a loved one during COVID-19 crisis.

1.3 SIGNIFICANCE OF THE STUDY

The present study focuses on the experiences of people with high SPS dealing with loss based on the three forms of inner experience (thoughts, feelings, sensory awareness) and how they cope with the loss during the COVID-19 situations in Malaysia. For the theoretical significance of the study, a qualitative approach was adopted to contribute to new hypotheses for future studies of SPS. Given the limitations of the HSP Scale in interpreting the experiences of individuals with high SPS as well as past literatures that cover the coping experiences related to a specific stressful situation, the present study aims to explore the experiences of adults with high level of SPS during the COVID-19 crisis, particularly related to managing and coping with loss and grief. The present study also wishes to contribute to the study of loss and grief, particularly in relation to the use of IPA approach. The study also examines the experiences of Malay participants. Religion plays an important role in the daily lives of most Malay people (Nur Atikah et al., 2018). Thus, the findings of the study aim to enhance the understanding of high SPS Muslim adults' viewpoints related to coping with loss and contribute to the study of religious coping as well as to the Islamic spiritual psychological framework. It is hoped that the study can contribute to the body of knowledge of SPS, especially within the Malaysian Muslims community.

For the practical significance of the study, the study aims to contribute in providing suggestions for people with high SPS on ways to cope with loss and grief during the COVID-19 crisis, as well as to provide insights for support groups and professional helpers such as psychologists and counsellors to focus and offer help to

people with high SPS who experience the situations more intensely during such crises. Overall, the study wishes to contribute in producing a community that understands and supports each other, especially among people with high SPS who experience the loss of loved one during tough times.

1.4 RESEARCH QUESTIONS AND RESEARCH OBJECTIVES

Two main research questions of the study were: 1) How do individuals with high SPS experience the loss of loved one(s) during COVID-19 crisis; and 2) How do individuals with high SPS cope with the loss of loved one(s) during COVID-19 crisis?

The research objectives of the study were: 1) To explore the inner experiences of individuals with high SPS in dealing with the loss of a loved one(s) during the COVID-19 crisis; and 2) To explore the coping strategies of individuals with high SPS undergoing the loss of a loved one(s) during COVID-19 crisis.

1.5 CONCEPTUAL AND OPERATIONAL DEFINITIONS

The study aims to explore the experiences of high SPS individuals in dealing with loss during the COVID-19 crisis in three forms of inner experience and to explore how they deal with the loss during the crisis.

People with high SPS, sometimes referred to as highly sensitive individuals, is defined as people who experience great depth of cognitive processing, easily overstimulated, have high emotional reaction and empathy, and are sensitive to subtle stimuli, which cause them to easily become overwhelmed due to the constant awareness of the subtle cues (Greven et al., 2019). The present study focused on people with high SPS in the general population and not in the clinical population. Participants who have high SPS are determined by the score of Highly Sensitive Person (HSP) Scale. The cutoff score for a high level of SPS is 4.66 (Lionetti et al., 2018).

The inner experience of high SPS individuals is defined as the experiences related to the loss of loved one that the participants faced during the COVID-19 crisis. The study focused on three types of inner experiences: thoughts, feelings, and sensory

awareness, obtained through semi-structured interviews. The interviews were transcribed into verbatim and were analysed to explore how the participants who have high SPS reflect on their thoughts, feelings, and sensory awareness related to the experience of loss of loved one.

The loss of loved one(s) is defined as the loss of close people such as spouse, family member(s), and/or close friend(s) whether due to COVID-19 or other causes. This information was obtained in a form distributed before the interview was conducted in order to learn more about the participants. COVID-19 crisis includes the situations that affected Malaysia particularly since the pandemic lockdown in March 2020 until the current year, which is 2022.

1.6 DELIMITATION OF THE STUDY

The present study posed several delimitations in terms of demographic, forms of experiences and time period. This paper is limited to exploring the inner experiences of high SPS individuals in facing the loss of loved one(s) during COVID-19 pandemic. Therefore, it focuses on exploring the individuals' experiences and does not cover the diagnosis of any psychological disorders.

Furthermore, the study only focuses on the group of individuals with high SPS and does not cover the experiences of individuals with other levels of SPS (medium and low). The study mainly emphasized the experiences of loss of loved one(s) during the pandemic and does not focus on any other timeline or other stressful life events. Moreover, to contribute to the Islamic spiritual psychological framework, the study focuses on exploring the experiences of Malaysian Muslim adults, which are included in the criteria of participants in the study.

1.7 CONCLUSION

The chapter has introduced Sensory-Processing Sensitivity (SPS) and the traits of high SPS individuals, the situations related to the COVID-19 pandemic, how the pandemic affected the loss of lives and the experiences of loss of loved one, as well as the forms of inner experiences. The chapter also presented the statement of the problem and the

significance of the study, along with two research questions and two research objectives. Conceptual and operational definitions and delimitation of the study that define the study were also discussed in the chapter. To further explore the concept of sensory-processing sensitivity and other theories used in the study, the paper will present the review of the literature in the next chapter.



CHAPTER TWO

REVIEW OF THE LITERATURE

This chapter presents the literature review of the study and the theoretical frameworks used in the study. The review examines the experiences of coping with the loss of a person as well as the Islamic perspective on death and grief. The review also examines the characteristics and experiences of individuals with high SPS. The theoretical frameworks described are the Highly Sensitive Person theory, and Five Stages of Grief theory.

2.1 COPING WITH LOSS

The awareness of one's own death (i.e., causes by natural aging process or life-limiting diseases) or of the death of others can trigger emotional distress that can lead to complicated grief or depression (Fisher et al., 2020; Kukla et al., 2022). The experience of death, whether in confronting one's own death or the death of others, is inevitable, and one needs to rely on coping strategies to cope with the psychological distress caused by the awareness of death. Coping with loss can be explained based on the study of death coping self-efficacy (DCS) that is defined as the abilities or skills one has to deal with one's own death or with the death of others, which include the ability to understand death, the ability to express emotions related to death and the ability to communicate with the dying and bereaved (Lin et al., 2021).

SPS studies that focused on bereavement and coping with loss have yet to be found in the academic field. According to a therapist who specialized in SPS, individuals with high SPS tend to experience intense grieving (Tomasello, 2022). Past studies have found common characteristics among highly sensitive people with other personality traits, for example neuroticism, openness, and introversion (Grimen & Diseth, 2016). Among these personality traits, high introversion and high neuroticism were found to be negatively correlated with the ability to cope with grief and death preparation (Lin et al., 2021). High neuroticism individuals who often experience anxiety, depression, hostility, and impulsivity tend to have emotionally focused coping

strategies, which are considered as negative coping strategies as they are associated with lower life meaning and job satisfaction (Lin et al., 2021). In contrast, the level of extroversion predicts the intensity of grief. Studies found that there is a significant relationship between high extroversion and low intensity of grieving experience, as extroverted bereaved people tend to look for social support to cope with the grief (Ibanez, 2001; Pai & Carr, 2010; Silva et al., 2016). Similarly, Silva et al. (2016) also found a small but significant positive correlation with openness to experience, whereby bereaved individuals with high openness to experience tend to be more willing to engage in activities to cope with the loss, even if it may invite negative social exchanges such as judgment or criticism from their social circle (Silva et al., 2016).

Meanwhile, studies on attachment style found that different attachment styles influence how an individual copes with the loss of a loved one. Two main attachment styles are often referred by the attachment theory, i.e., secure attachment style and insecure attachment style. Adults with secure attachment style experience less difficulty in getting close and maintaining proximity with other people and tend to express low levels of anxiety and avoidance behaviours in relationships (Schenck et al., 2016). Past studies reported secure attachment is associated with lower levels of complicated grief (Russ et al., 2022). Meanwhile, adult attachment theory recently measured attachment styles among adults along two continuums of anxious attachment style (attachment anxiety) and avoidant attachment style (attachment avoidance; Russ et al., 2022). According to Meier et al. (2013), anxious attachment style predicts grief severity. As individuals with anxious style tend to be overly reliant on their loved one, the loss of the loved one may lead them to experience intense yearning and inability to cope (Maccallum & Bryant, 2018). Even so, Huh et al. (2020) found that more severe complicated grief was associated with avoidant style among adults. As individuals with avoidant style tend to maintain emotional distance with their loved one, their attempts to avoid painful emotion from losing someone may fail, triggering intrusive rumination in a severe form, which may complicate their grieving process and ability to cope with loss (Huh et al., 2020). Complicated grief may become a disorder known as prolonged grief disorder (as named in the new DSM-5-TR) which refers to “separation distress, with several accompanying symptoms (e.g., anger, difficulties accepting loss and moving on) within ≥ 12 months post-loss” (Boelen, 2021, p. 1). Meanwhile, Montoya-

Pérez et al. (2021) found that high SPS and insecure attachment (i.e., anxious style, avoidant style) significantly increase the level of emotional regulation difficulties. In contrast, high SPS individuals with secure attachment experience less difficulty in emotional regulation. This can be explained by the fact that high SPS individuals respond more intensely to emotional stimuli, both positive and negative stimuli. Thus, the studies mentioned show that there are relationships between attachment styles and the ability to cope with loss as well as emotional regulation difficulties, in the way that insecure attachment (i.e., anxious style, avoidant style) is related to grief severity and complicated grief, while secure attachment predicts less emotional regulation difficulties, particularly among high SPS individuals. Considering the influences of attachment style on grief, the present study will take note of the attachment style of the respondents towards their loved ones.

2.2 ISLAMIC PERSPECTIVE ON DEATH AND GRIEF

Different schools of Islamic thoughts have different views on the process of grief. Unlike most grieving rituals practiced in many cultures, Islam discourages extreme expressions of grieving (e.g., loud crying, wailing). Islam teaches that death is not the end of a life, but only a waiting period for all souls, Al-Barzakh, before entering the Afterlife (Azhar, 2020). Nevertheless, the expression of grieving by itself is permitted in Islam.

Past study found that high SPS is associated with high religiosity and spirituality, with people who attended religious events at least once a week found to have higher sensitivity than people who attended the events less than once a week (Malinakova et al., 2021). Religious belief provides a way to cope with negative emotions. It can help the bereaved in giving meaning about life and death (Khawaja & Khawaja, 2019). A study on bereaved Muslim parents found that religion helps them to go through the grieving process as it gives psychological comfort to them as it provides a way to accept death as a part of one's life (Nur Atikah et al., 2018). The belief that their loved ones return to God and are at a better place becomes a way to comfort Muslims who are grieving for the loss, and the thoughts that the hardships they experience are a form of a test from Allah bring them the feelings of acceptance (*redha*),

indicating that Islam serves as protective and therapeutic effects to the grieving Muslims (Khawaja & Khawaja, 2019; Nadzirah et al., 2015). This is similar to the findings of past SPS studies that highlighted high SPS individuals' strategies to cope with life stress are mindfulness, acceptance and reflection, and positive thinking (Bas et al., 2021; Yano et al., 2021).

Muhammad Iqbal is a Muslim scholar who specialized in the knowledge of religion, history, civilization, and philosophy. In conceptualizing the philosophy of human personality development, Muhammad Iqbal who developed his epistemology based on the Al-Quran, the Islamic foundation, and the Westerners ideology used intuition, contemplation, and speculative thinking (Mohd Abbas, 2011). According to Muhammad Iqbal's concept of human personality development, an individual's self (ego) interacts with two factors: the environment and the God. The interaction between self and the environment (the physical world, including the nature and society) forms the 'efficient ego', while the interaction between self and the connection with Allah forms the 'appreciative ego'. The interaction between the efficient ego and the appreciative ego is important whereby the appreciative ego 'reminds' and guides the efficient ego of its purpose in life, protecting it from indulging too deep into the physical world and getting further from Allah (Mohd Abbas, 2011). This concept explains the role of Islamic religiosity and spirituality in the process of coping with death and grief, whereby Islam serves as protective and therapeutic effects to the Muslims by giving meaning about life and death, and providing psychological comfort that can help them to feel acceptance (*redha*; Khawaja & Khawaja, 2019; Nadzirah et al., 2015; Nur Atikah et al., 2018).

2.3 INNER EXPERIENCE

Inner experience takes many forms. In a codebook of forms of inner experience, 16 forms were classified, in which in a Descriptive Experience Sampling (DES) study, it was found that five forms of inner experience that were frequently mentioned were inner speech, inner seeing, unsymbolized thinking, feelings, and sensory awareness (Heavey & Hurlburt, 2008).

Inner speech was described as the pattern of forming a mental dialogue in one's own voice without external sound or motion. An example of the occurrence of inner speech is when a person is eating an apple and says (internally) to himself, "this is a good apple" (Mihelic, 2010). Since inner speech cannot be observed directly, it can only be inferred indirectly. For example, Alfred Binet found the occurrence of inner speech after observing his two daughters' descriptions of experiences using "I told myself this...", from which he deduced that "most thoughts recruit inner speech" (Morin, 2012, p. 437). Meanwhile, inner seeing is described as seeing imaginary objects that are not actually present, for example, when a person imaginably sees the face of their best friend (Heavey & Hurlburt, 2008). Another form of inner experience, unsymbolized thinking was described as thinking that occurs without the formation of words, images, or any symbols. When an individual does not notice or remember words, images, or any symbol during the occurrence of an inner experience, it reflects the way the individual thinks: to use unsymbolized thinking without forming words or other forms of symbols (Heavey & Hurlburt, 2008).

Feelings as a form of inner experience is described as affective or emotional experiences such as anger, sadness, joy, and happiness. It does not only describe the emotion one is experiencing, but also when a person feels that it is difficult to describe the emotions, the description, for example, tight feeling in the chest and little shakiness, is also considered as feelings (Heavey & Hurlburt, 2008). In a qualitative study of SPS (Bas et al., 2021), a high SPS participant mentioned her experience of strong emotional response to negative comments, "I suddenly start thinking: ouch!" (p. 7), which shows the participant's inner experience of feeling.

Sensory awareness is described as the experience of paying attention to sensory stimuli in the environment (Heavey & Hurlburt, 2008; Mihelic, 2010). Sensory awareness was considered as a specific phenomenon as it is different from sensory sensation or perception. Unlike noticing sensory stimuli as described in sensation and perception theory, sensory awareness as an inner experience occurs when one pays attention to the sensory stimuli such as paying attention to the colour contrast of an object (Heavey & Hurlburt, 2008; Hurlburt et al., 2009). Sensory awareness as a form of inner experience is often described among high SPS individuals who are known to have high awareness to subtle cues. Bas et al. (2021) found that high SPS individuals

reported that they are quick to notice other people's needs, for example, they immediately notice who is feeling well and who is fighting among them (p. 8).

2.4 SENSORY-PROCESSING SENSITIVITY

Sensory-processing sensitivity (SPS) is characterized as the temperament of individuals who process sensory information in a deep and complex way. The study of SPS has grown since Aron and Aron (1997) conducted a study on sensitivity, which eventually led to the development of a scale to assess SPS called the Highly Sensitive Person (HSP) Scale. According to Aron (2016), while both highly sensitive people and low sensitive people may be sensitive, highly sensitive people may not be able to cope with a stressful situation as calm as low sensitive people would. Past studies have found common characteristics among highly sensitive people with other personality traits, for example neuroticism, openness, and introversion (Grimen & Diseth, 2016). The positive correlation between SPS factor (Ease of Excitation; EOE) and neuroticism leads to the proneness to worrying, easily nervous and upset, and having tense behaviour, while the positive correlation between SPS factor (Aesthetic Sensitivity; AES) and openness leads to the likeliness to be open to aesthetic experiences such as experiences related to music and art (Grimen & Diseth, 2016). On the other hand, among highly sensitive individuals, introversion is considered as a form of strategy. Due to the sensitivity to internal and external stimulation, highly sensitive people easily become aware of the subtleties in the environment, making them to be easily overstimulated when being in a social situation (Aron & Aron, 1997). Thus, they will seek solitude to reduce overstimulation to avoid psychological distress (Ahadi & Basharpour, 2010; Bas et al., 2021; Black & Kern, 2020). However, although highly sensitive people prioritize their time alone, they also consider the social dimension of wellbeing as important. In this dimension, small supportive relationships are considered as their psychological strategies (Bas et al., 2021), which contribute to their positive wellbeing and can help them cope with upsetting and overwhelming stimuli (Black & Kern, 2020; Greven et al., 2019; Sobocko & Zelenski, 2015; Ueno et al., 2019).

According to Black and Kern (2020), one of the barriers of highly sensitive people's wellbeing is the overwhelming feelings due to having too much to do. Due to

the trait that makes them easily overstimulated, highly sensitive people perceive their work environment as chaotic and overwhelming, which leads them to give up in managing the work (Evers et al., 2008). They are easily overstimulated by sensory and social stimuli and tend to experience pressure and difficulties due to the overwhelming work (Bas et al., 2021; Cater, 2017). Due to the ease of excitation and low-sensory threshold, people with high SPS experience more emotional exhaustion when experiencing more workload and emotional load. Moreover, as they are more sensitive to external sensory information, they tend to be easily overstimulated, showing stronger emotional reactions, which lead to stress (Vander Elst et al., 2019).

In addition, another characteristic of highly sensitive people is high levels of emotional reactivity and empathy (Costa-López et al., 2021; Greven et al., 2019). A qualitative study on the characteristics of high SPS individuals conducted by Bas et al. (2021) found that two of the themes were found to be related to emotional reactivity and empathy: “Emotional Responding”, and “Relatedness to Others” (Bas et al., 2021). Highly sensitive individuals tend to respond strongly to negative events, and emotions and behaviours of others. They also tend to notice, understand, and pay attention to other people’s emotions and needs such as offering help to others. In addition, Black and Kern (2020) also found that one of the barriers of wellbeing of highly sensitive individuals is having strong emotional responses and empathy, as they can easily feel exhausted from being exposed to stimuli related to other people’s emotions.

Many studies have found significant correlations between SPS and negative mental health. According to Aron (Smith et al., 2019), 50% of counselling clients are characterized as having high SPS. Due to their sensitivity, highly sensitive individuals are prone to experiencing negative mental health such as anxiety, depression, stress, cognitive and emotional fatigue, and sleep disturbances, which may negatively affect their quality of life (Bas et al., 2021; Costa-López et al., 2021; Grimen & Diseth, 2016; Kibe et al., 2020; Sobocko & Zelenski, 2015; Vander Elst et al., 2019). However, past studies also found that high SPS individuals are prone to experience intense positive emotions (Aron & Aron, 1997; Bas et al., 2021; Greven et al., 2019). Due to their sensitivity, they are able to engage in positive thinking (Yano et al., 2021) and low-arousal positive emotions (e.g., calmness, relaxation, peacefulness) to enhance their positive wellbeing (Black & Kern; 2020). They also have high aesthetic sensitivity

(AES) whereby they show openness to experience aesthetic and positive stimuli, higher creativity (e.g., art, music), greater attention to details, and better communications skills which promote prosocial and helping behaviours (Costa-López et al., 2021; Greven et al., 2019; Sobocko & Zelenski, 2015; Vander Elst et al., 2019).

In relation to the COVID-19 pandemic, individuals with high SPS have a higher risk of developing negative mental health (e.g., loneliness, fear and anxiety, and helplessness) during COVID-19 pandemic (Malinakova et al., 2021). COVID-19 pandemic partly mediates the relationship between SPS and negative mental health. While the situations related to COVID-19 pandemic affect the relationship between SPS and mental health, it is only partially responsible in affecting it (Burgard et al., 2022). Other than that, Imura (2022) also found that high SPS is associated with high level of COVID-19 stress. However, Bordarie et al. (2021) hypothesized that due to their sensitivity, high SPS individuals are able to adapt to new environment such as COVID-19 lockdown, although the study could not prove the significant relationship.

Past studies highlighted the coping strategies that most highly sensitive individuals practiced. Highly sensitive people tend to have low sociability as a form of strategy to avoid overstimulation in social situations. They tend to avoid stimulation and seek solitude when they feel overstimulated in order to neutralize and calm themselves from the stimuli and to engage in calming activities to recharge from overstimulation (Aron & Aron, 1997; Bas et al., 2021; Black & Kern, 2020; Sobocko & Zelenski, 2015). However, it was also noted that social support is important in coping with overstimulation and negative emotions among highly sensitive individuals (Bas et al., 2021; Greven et al., 2019; Yano et al., 2021). Moreover, engaging in practices such as mindfulness, acceptance and reflection, engaging in positive thinking, and emotional expression are psychological strategies practiced by highly sensitive individuals (Bas et al., 2021; Yano et al., 2021).

The experience of loss of life is inevitable. An individual who experiences the loss of a loved one needs to cope with the psychological distress caused by the loss in order to adapt to a new life without the loved one. There is a lack of academic literature about the relationship between SPS and coping with loss. To examine the experience of coping with loss, the present study refers to studies related to other personality traits

that are correlated with SPS (i.e., neuroticism, introversion, openness) to explore the relationship between the personality traits and coping with loss. Individuals with high levels of neuroticism often rely on emotionally focused coping strategies to cope, while individuals with high levels of extroversion (low introversion) use social support to cope with the loss of a loved one. Similarly, individuals with high levels of openness are more willing to engage in activities to cope with the loss (Lin et al., 2021; Pai & Carr, 2010; Silva et al., 2016).

Recent studies of SPS have shown the strength and improvement in the field, i.e., Bas et al. (2021), Black and Kern (2020), Bordarie et al. (2021), Burgard et al. (2022), and Yano et al. (2021). Bas et al. (2021) focused on the qualitative study of SPS and explored the experiences of high SPS individuals in daily routines within a balanced sample in terms of age, gender, and education background and concluded that high SPS individuals tend to experience strong emotional responses and strong relatedness to other people, engage in deep thinking, experience overstimulation, perceive greater details and many more. Studies also explored and highlighted coping strategies that high SPS individuals used to cope with their sensitivity (Bas et al., 2021; Black & Kern, 2020; Yano et al., 2021). There were also only a few studies that focused on SPS in relation to the COVID-19 pandemic (Bordarie et al., 2021; Burgard et al., 2022). Nevertheless, the study of SPS is young and there are a lot of research gaps that can be filled by future studies. Bas et al. (2021) highlighted a few research limitations, for example, the limitation in interpreting the HSP scale results due to its content validity and the participants' limitation in the knowledge of SPS. Moreover, other past SPS studies pointed out the limitation in literature, for example, the limited evidence of characteristics of each sensitivity group (i.e., low, medium, high; Yano et al., 2021) as well as the limited knowledge of high SPS traits that can be explored more in order to improve the quality of life of high SPS individuals (Costa-López et al., 2021; Greven et al., 2019). The present study also found that there are a lot of fields of study, for example, the studies of loss and grief, attachment styles, personality styles or temperament, and inner experiences, to name a few, that can be further linked to the SPS study.

In conclusion, individuals with high SPS are characterized by having deep and complex information processing and low sensory threshold, which leads them to easily

become overwhelmed from having too many tasks to do, have deeper emotional intensity and empathy, and easily experience negative emotions. High SPS is also positively correlated with other personality traits such as high introversion, neuroticism, and openness. As high introversion and high neuroticism are associated with more intense grieving experiences, high SPS individuals may also experience the loss and grieving experiences the same. Past studies have highlighted the coping strategies practiced by high SPS individuals. Islam as a religion also plays an important role in helping its people to cope with loss. As the situations related to the COVID-19 crisis are uncertain, the way highly sensitive people experience the loss of loved ones is unknown. Thus, by focusing on the inner experiences of high SPS individuals, the study aimed to explore their loss experiences and coping strategies they use to cope with the loss during the crisis.

2.5 THEORETICAL FRAMEWORK

To guide the study, two theoretical frameworks were referred: Highly Sensitive Person theory and the Five Stages of Grief.

2.5.1 Highly Sensitive Person Theory

Highly Sensitive Person (HSP) theory, also known as Sensory-Processing Sensitivity (SPS) theory, is a theory that was first studied by Aron and Aron (1997) to describe the inter-individual differences related to the sensory processing style (Ahadi & Basharpour, 2010). This theory falls under the Environmental Sensitivity framework, a framework that suggests that people vary in how they respond to the environments, with some are more affected than the others (Pluess, 2015). Along with the HSP theory, the Differential Susceptibility Theory (DST) and Biological Sensitivity to Context (BSC) theory also fall under the Environmental Sensitivity framework (Greven et al., 2019; Pluess, 2015).

The Highly Sensitive Person theory discusses that highly sensitive individuals are characterized as having a great depth of cognitive processing which affects the way they make sense of and react to the environment. They are usually known to have high

emotional reactivity and empathy, greater awareness towards environmental subtleties, and being easily overwhelmed. Due to these characteristics, they are prone to experience negative mental health such as stress, anxiety, and depression. They also tend to have low sociability in order to neutralize their overstimulation from the depth processing of environmental information. Other than the negative experiences, highly sensitive individuals also show intense positive emotions and great positive change from psychological intervention programmes. They also tend to appreciate aesthetic and positive stimuli, have high creativity, pay attention to details, have great communication skills, and exhibit prosocial and helping behaviours.

Along with the development of the Highly Sensitive Person theory, Aron and Aron (1997) also developed the Highly Sensitive Person (HSP) scale, the first measure to assess SPS. The factor analyses on the HSP scale suggest the components of the scale include Low Sensory Threshold (LST), Ease of Excitation (EOE), and Aesthetic Sensitivity (AES). LST component consists of items that measure the sensitivity to subtle external stimuli, EOE component consists of items related to being easily overwhelmed by internal and external stimuli, while AES component measures the openness and pleasure of aesthetic experiences and positive stimuli (Greven et al., 2019).

2.5.2 Five Stages of Grief

The Five Stages of Grief model, introduced by Kübler-Ross (1969), states that people who are terminally ill experience five stages of grief: denial, anger, bargaining, depression, and acceptance. These stages are experienced not necessarily in order and not through all five stages, and applicable not only among terminally ill patients who are expecting death, but also among the people who are expecting the loss of other people as well as people who provide care for the dying and bereaved individuals (Corr, 2020). This model was referred to analyse the experience of loss of loved one faced by the participants who are high SPS individuals while also considering other important information that may be present within the participants' descriptions of their inner experiences.

2.5.3 Synthesis of the Theories

The present study aims to explore the inner experiences of individuals with high level of SPS and their coping strategies to cope with the loss of a loved one(s) during the COVID-19 crisis. To explore these experiences, the present study referred to the Highly Sensitive Person theory and the Five Stages of Grief model.

The Highly Sensitive Person theory was referred to in order to pinpoint the common characteristics of highly sensitive individuals which significantly differ from individuals with other levels of sensitivity (low, medium). These characteristics highlight the experiences of individuals with high SPS, especially when facing a stressful situation such as the loss of a loved one during the COVID-19 crisis.

To study the loss experiences faced by the highly sensitive individuals, the Five Stages of Grief model was referred. This model suggests the stages that bereaved individuals go through to cope with grief from losing a loved one. Along with the Highly Sensitive Person theory, the Five Stages of Grief model served as the theoretical framework of the present study to explore the experiences of individuals with high SPS in facing the loss of loved one(s) during COVID-19 crisis and their coping strategies to cope with the loss.

2.6 CONCLUSION

The chapter has presented the literature review and theoretical frameworks that are involved in the study. The literature review has included the characteristics of individuals with high SPS, the correlations between SPS with other personality traits (i.e., neuroticism, openness, introversion), the experience of coping with loss and the attachment styles, and the Islamic perspective on death and grief. The literature review also discussed the Islamic coping strategies as well as the Islamic concept of human personality development introduced by a Muslim scholar Muhammad Iqbal that explains the role of Islamic religiosity and spirituality in a coping process. The chapter also presented the theoretical frameworks that guide the main focus of the study: Highly Sensitive Person theory and Five Stages of Grief theory, and has synthesized both of

the frameworks. The upcoming chapter, Chapter Three, will present the methods used in the study.



CHAPTER THREE

METHODS

This chapter aims to describe the methods used in the study. The inclusion criteria of the participants, the sampling method used, and participant recruitment process is first described in the study. Then, the chapter describes the research design, instruments used in the study, and the validity of the research design used. The chapter also describes the process of the pilot study and discusses the data collection procedure and data analysis procedure. The chapter also states the ethical consideration taking into account the sensitive nature of the study.

3.1 PARTICIPANTS

Since there is a lack of study related to SPS and Muslims, the study focused on Muslim adult participants. To reach the saturation point (no additional data can lead to new information; Fusch & Ness, 2015; Saunders et al., 2017), the present study recruited five participants that met the inclusion criteria. To get a better understanding of the lived experiences of a phenomenon from the participants, phenomenological studies suggested the size of a sample to be small: between two to 25 (Creswell, 2013, as cited in Alase, 2017), three to six (Smith et al., 2009, as cited in Roşca et al., 2021), or less than ten (Reid et al., 2005, as cited in Wentink & Van der Merwe, 2020), with few recent phenomenological studies selected seven participants to be studied (Roşca et al., 2021; Wentink & Van der Merwe, 2020). Therefore, the present study selected five participants to study their lived experience. Purposive sampling is commonly employed to get a homogenous sample for the phenomenological research, although, if a number of participants is unable to be reached for any reason, snowball sampling can be applied to attract more participants (Alase, 2017). Moreover, purposive sampling is commonly used for a study with specific inclusion criteria (Campbell et al., 2020).

For the present study, the inclusion criteria for the participants were: a) Malaysian Muslim adults, b) with high SPS, c) who experienced loss of their loved one(s) during the COVID-19 crisis. SPS level was measured using HSP Scale whereby

the participants were selected if they scored 4.66 and above, which was classified as high SPS (Lionetti et al., 2018). Loss of loved one(s) include close people such as spouse, family member(s) and/or close friend(s), whether due to COVID-19 or other causes.

An online form was distributed to recruit participants. Out of 34 submissions that were received, eight individuals were interested to participate in the study. Among them, one individual did not meet the inclusion criteria (low level of SPS), one did not respond when being contacted, and one individual was not able to complete the interview. Since the sample size of a phenomenological research is relatively small (two to 25; Creswell, 2013, as cited in Alase, 2017) and the number of interested participants could not exceed five after employing purposive and snowball samplings, taking into account that similar data was found from the last participants, the study concluded that there was no more additional data that could lead to a new information (saturation point; Fusch & Ness, 2015; Saunders et al., 2017). Among the participants, only one participant agreed to participate in a physical interview whereby the interview took place at KLCC Park. Meanwhile, one participant preferred video call and three participants participated in a voice call interview, with the interviews taking place at their homes. All participants were in a comfortable and safe environment to participate in the interview. Online data collection helps create a non-threatening and comfortable environment for participants especially when discussing sensitive issues, other than offering the advantages of cost and time efficiency (Nicholas et al., 2010, as cited in Alase, 2017). All the participants are female Malaysian Muslims aged between 20 to 30, have high scores in the HSP Scale, and have experienced loss of their loved one(s) during COVID-19 pandemic, specifically in the year of 2021.

3.2 RESEARCH DESIGN

Qualitative approach is the most suitable for the study because inner experience is a subjective phenomenon that is only known by the individuals who experience the situation, which quantitative approach may not be able to provide in-depth information. An interpretative phenomenological analysis (IPA) approach is adopted as it allows a detailed exploration of how participants are making sense of their world. IPA is

conceptualized based on the combination of two research paradigms introduced by Guba (1990) and Burrell and Morgan (1979). The critical theory paradigm by Guba (1990) enables the exploration of a phenomenon experienced by the research participants, while the interpretive paradigm by Burrell and Morgan (1979) allows the narration on how the phenomenon impacts the lived experiences of the participants explicitly and interpretively (Alase, 2017). Unlike the general inductive approach that focuses on finding themes and categories for qualitative data, phenomenological approach provides in-depth descriptions and interpretations of how a phenomenon has impacted the research participants' lived experiences (Thomas, 2006, as cited in Alase, 2017). Multiple individuals who experience a phenomenon are able to share their stories without any distortions, while the phenomenological researchers are able to describe what all participants have in common in relation to the phenomenon (Alase, 2017). Thus, IPA allows the researcher to explore the experiences of adults with high SPS who experienced the loss of a loved one during the COVID-19 crisis from their own narrations. This method also involves the researcher's personal conception as well, since the researcher plays an important role in making effort in understanding the participants making sense of their world (double hermeneutic; Smith & Osborn, 2003).

According to Van Manen (2002, as cited in Rich et al., 2013), the world of lived experience is the everyday world that we naturally experience through daily interactions and activities. There are four lifeworld existentials that interact with each other to experience lived experience: lived body (bodily presence in our everyday lives), lived time (time as we experience it), lived space (the space we experience in that may affect the way we feel), and lived human relations (relations we make with others).

Since the present study focuses on Muslim participants and their experiences in facing the loss of loved one(s), it is imperative for the study to refer to the Islamic concept of human personality development. In addressing the Islamic concept of human personality development, the present study refers to the concept developed by Muhammad Iqbal, a Muslim scholar who specialized in the knowledge of religion, history, civilization, and philosophy (Mohd Abbas, 2011). In Muhammad Iqbal's philosophy of ego (*Khudi*), ego refers to the innermost being of an individual, which the existence of ego can be felt through intuition (Mohd Abbas, 2011). Muhammad Iqbal stated that intuitive cognition is a cognition process that occurs in "heart", at once

without step-by-step procedure, and cannot be separated from the object of our experience (Muhammad Iqbal, 1934, as cited in Popp, 2019). According to Muhammad Iqbal, intuition is the way of acquiring metaphysical knowledge, such as the knowledge of the essence of man and of God. Thus, a study relating to varied lived experience and intuition is important as it provides extensive knowledge about how one experiences the world. Therefore, the present study used inner experiences as a mean to explore the Muslim participants' experience of losing their loved one during the COVID-19 crisis.

3.3 INSTRUMENT

3.3.1 Demographics

Participants completed the demographic questions consisting of information about age, gender, ethnicity, religion, and whether the target participants experienced loss during the COVID-19 crisis in order to confirm the inclusion criteria are being met.

3.3.2 Highly Sensitive Person (HSP) Scale

The HSP Scale was used to assess the participants' levels of SPS. The HSP Scale (Aron & Aron, 1997) was obtained from The Highly Sensitive Person website ("Measurement Scales for", n.d.). The scale consists of 27 items with seven-point Likert scale, ranging from 1 (Not at All), to 4 (Moderately), and 7 (Extremely). The scale was reported with a high level of validity and reliability, with an internal consistency of 0.87 Cronbach alpha. The scale consists of questions that address common experiences related to sensitivity (e.g., "Do other people's moods affect you?", "Do you find yourself needing to withdraw during busy days?", "Do changes in your life shake you up?"). According to Lionetti et al. (2018), the mean scores for low level of SPS is ≤ 3.71 , medium level is between > 3.71 and ≤ 4.66 , and high level is > 4.66 .

3.3.3 Semi-Structured Interview

The interview questions were designed based on the research questions which are to explore the participants' inner experiences in dealing with the loss of loved one(s)

during COVID-19 crisis and to explore the way they cope with the loss. The interview questions were also designed based on the SPS theory, Inner Experience theory, and Five Stages of Grief as well as adapted from past SPS studies (Bas et al., 2021; Black & Kern, 2020) to find out the inner experiences related to loss during the COVID-19 crisis of high SPS adults (see Appendix A).

3.4 VALIDITY

Unlike quantitative studies that employ statistical methods to establish validity and reliability of data, qualitative studies incorporate methodological strategies to ensure the trustworthiness of the qualitative data (Noble & Smith, 2015). To enhance a comprehensive understanding of the lived experiences as well as to ensure the validity of the methods used, theory triangulation (Fusch et al., 2018) was used whereby different theories, particularly the Highly Sensitive Person theory and the Five Stages of Grief model, were referred to analyse and interpret the data obtained. Other than that, data triangulation (Fusch et al., 2018) was also used whereby data were collected from five different cases to gain multiple perspectives. The study also used other methods to achieve trustworthiness such as audit and credibility-checking (Larkin & Thompson, 2011). An independent audit was used to maintain the validity of the IPA approach that is used in the study. Independent audit is the record of chain of evidence that leads from initial documentation to the final report (Smith et al., 2009). The independent audit included the research proposal, initial notes on the research questions, the interview details, original documents of verbatim, annotated transcripts, tables of themes, draft reports, and the final report. To ensure the content validity, the semi-structured interview questions were developed based on the researcher's prior knowledge of the study, literature review, as well as expert opinions related to the study (Brod et al., 2009). Though qualitative studies that use interview as the data collection methods do not necessarily require experts to validate the interview protocol (Radzuwan, 2020), the present study has contacted two SPS researchers, Sharell Bas and Corina Greven during the process of developing the interview questions. The interview questions were revised based on the feedback provided, for example the inclusion of questions about feelings, thoughts, and sensory experiences, as well as about the importance of Islamic teachings

in coping with the loss. The analysis also went through member checking and was tested with the participants to establish the validity of the data (Lincoln & Guba, 1985, as cited in Nowell et al., 2017). It also continuously went through the process of check and rechecking by the researcher and research supervisors and recorded in audit trails to enhance the trustworthiness of the findings (Carcary, 2021). Moreover, rich and thick descriptions were used as the data verification procedures to ensure the quality of the data (Carcary, 2021; Lincoln & Guba, 1981, as cited in Morse et al., 2002).

3.5 PILOT STUDY

Pilot study in a qualitative interview helps in testing and improvising the interview protocol so it can increase the quality of data that can be obtained from the main study (Mohd Aliff et al., 2017). A pilot study for the present study, not included in the analysis, was conducted. Two high SPS Muslim adults were recruited to participate in the pilot interview. While the participants did not experience the loss of loved one(s) during the pandemic, the participants had experienced difficult situations (i.e., participant/family members experienced medical emergency) during the pandemic. The interview questions were asked related to the difficult situation mentioned by the participants. The interviews were conducted via text messages and phone calls, which lasted for one hour.

Minor changes such as the structure of the interview protocol were made in the interview protocol and the possibility of overlapping responses (i.e., thoughts, feelings, sensory) were considered based on the pilot interview. Furthermore, based on the process of the pilot study, a script was developed to guide the process of the future interview to make sure the important information is delivered properly to the participants (Jacob & Furgerson, 2012). Other than that, the length of the interview was increased to one hour and 30 minutes to make sure the data for the study can be obtained smoothly.

3.6 DATA COLLECTION PROCEDURE

Using purposive sampling, five participants were recruited via an online form that was distributed through social media and messaging platforms such as WhatsApp and Telegram. The online form includes demographic questions and the HSP Scale to obtain the respondents' levels of SPS. To ensure the comfortability of the participants in discussing sensitive issues related to the study, the form also asked for the respondents' interest to participate in the study, their preference of interview methods (physical meeting, video call, voice call, or online chat), and language (Malay and/or English). The form also included the objectives of the study as a reference for the participants.

Participants who met the inclusion criteria and were interested to participate in the study were contacted via email or WhatsApp to schedule for an interview. After the interviews were scheduled, the participants were asked to sign the informed consent form before the interview was conducted. Since the topic of the study is sensitive in nature, the interview questions were provided for the participants' reference before the interview, and a list of available mental health supports in Malaysia was provided in the informed consent form.

In accordance with the data collection procedures for an IPA study, the semi-structured interviews were conducted within one hour and 30 minutes, depending on the participants' preference of method of interview and time availability (Alase, 2017). The participants were briefed about the nature of the study before the interview started. Consent for recording the interview for analysis purposes was asked from the participants, and they were told that they may skip the questions or withdraw from participating in the study if they feel uncomfortable. Data was collected online and analysed from November 2022 until March 2023. A total of five interviews were conducted, one interview for each participant. After the interview, they were contacted via text messages to clarify certain information obtained during the interview.

3.7 DATA ANALYSIS PROCEDURE

With the participants' consent, the interviews were recorded in voice recording format (and video format for an interview conducted via video call) and transcribed into

verbatim. The participants were only referred to by pseudonyms given by the researcher (Fatimah, Aisyah, Sofia, Aminah, and Putri).

Using document and data software such as Microsoft Word and Microsoft Excel, the data analysis process went through six steps, according to the IPA approach, manually. Firstly, the data obtained from the interview were familiarised. The entire transcript was considered as data and there was no attempt to omit the content of the transcript. Secondly, exploratory comments were used to identify and explore the contents of what the participants have shared from the interview. Three types of exploratory comments were used: 1) descriptive comments to describe the content of the information obtained in the interview, 2) linguistic comments to explore the use of language, similarities and differences, repetitive words, word stress, etc. used by the participants, and 3) conceptual comments to prompt further questions for the analysis (Smith et al., 2009). The participants' inner experiences (thoughts, feelings, sensory awareness) were identified, distinguished, and highlighted using the exploratory comments based on the participants' use of words, repetitive words, word stress, etc. The comments were written as notes and were continuously analysed until the emergent themes were identified.

The emergent themes were then recorded as the third step. In the fourth step, the emergent themes were analysed and explored to identify the pattern between the emergent themes through the processes of abstraction, subsumption, contextualization, numeration, and function (Smith et al., 2009) whereby the emergent themes were connected, and a new name (super-ordinate theme) was developed to identify the cluster of the themes wherein the super-ordinate themes were the focus of the analysis. The development of themes was considered based on several reasoning, for example, its occurrence in each case (i.e., mentioned by each participant), its pragmatic concerns, and the level of commenting and theming (Smith et al., 2009; i.e., the degree of importance it was articulated by the participants). Some themes were discarded, reorganized, or renamed as they were unsuitable for the cluster.

Then, the fifth step involves the analysis of other four cases of different participants whereby the analysis process was repeated from step one to step four. New emergent themes were identified and were ready to be connected with other themes.

The final step involves looking for patterns among the emergent themes across the five cases. The emergent themes were reconstructed and relabeled. A table was created to list together the themes. Each theme was revised before the write-up analysis was conducted. The themes were translated into a narrative account with detailed and clear explanations. Points between what the participants said and what the researcher interpreted were distinguished. The analysis process is recorded in Table 3.1.

The data analysis process continuously went through the process of check and rechecking by the researcher and research supervisors and recorded in audit trails to enhance the trustworthiness of the findings (Carcary, 2021). Rich, thick description was used to analyse the extent of a certain behaviour (e.g., voices, feelings, word stress, etc.) presented as the significance of an event (Ponterotto, 2006).

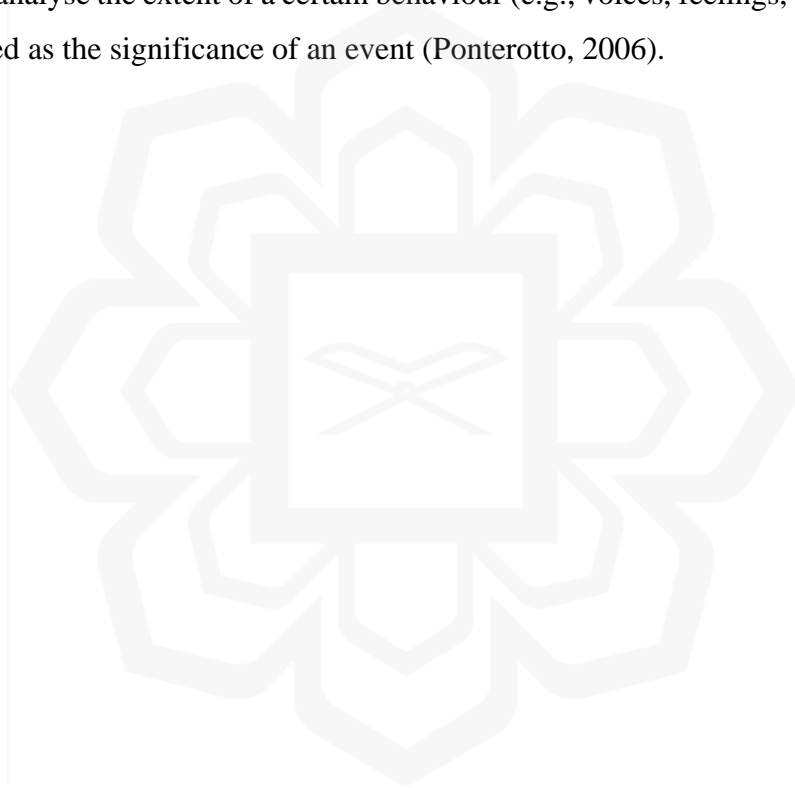


Table 3.1 Analysis Process

Step One	Step Two	Step Three	Step Four	Step Five	Step Six
<p>Interview is transcribed. Pseudonyms were provided to address the participants.</p> <p>Data obtained from the interview is familiarized.</p> <p>Intonation and word stress are recorded in the transcription.</p>	<p>Exploratory comments are used to identify and explore the contents of participants' experiences:</p> <p>1) Descriptive comments (normal text)</p> <p>2) Linguistic comments (<i>italic</i>)</p> <p>3) Conceptual comments (<u>underlined</u>)</p>	<p>Emergent themes identified from the exploratory comments are recorded.</p>	<p>Emergent themes are analysed and explored to identify the pattern between the emergent themes through the processes of abstraction, subsumption, contextualization, numeration, and function.</p> <p>Emergent themes are connected, and super-ordinate themes are created to identify the cluster of themes. Some themes are discarded, reorganized, or renamed.</p>	<p>The analysis of other cases of different participants is conducted and Step One to Step Four are repeated.</p> <p>New emergent themes are identified and are ready to be connected with other themes.</p>	<p>Patterns among the emergent themes across all five cases are analysed.</p> <p>The emergent themes are reconstructed and relabeled.</p> <p>A table is created to list together all the identified themes.</p> <p>Each theme is revised, and the write-up analysis is conducted.</p>

3.8 ETHICAL CONSIDERATION

Approval from the IIUM Research Ethics Committee (IREC) was obtained before the recruitment process. Personal information about the participants was kept confidential. A consent form was given to the participants before the interview was conducted. The participants were informed that the study is sensitive and may affect their emotions as they recall their memory. Links for mental health services available were provided to help any participants that may need mental health support. They were told that the interview will be recorded. The researcher's contact information was provided in case the participants have any inquiries about the study. The participants were allowed to choose the interview methods (physical meeting, video call, voice call, online chat), in consideration of highly sensitive people who may feel uncomfortable with some methods and to ensure their comfortability in discussing about the sensitive issues related to the study. The identity of the participants was kept confidential, and they were only referred to using a pseudonym. Since the study focused on the experience of loss, which is sensitive in nature, the interview questions were presented to the participants first before the interview was conducted. Participants were also reminded that they are allowed to skip the questions or withdraw from the study at any time without any negative consequences. For the security of the data obtained, any video, audio and/or taped recorded information were stored in a password-protected drive before the transcription process and were deleted and destroyed from the data storage for the safety and protection of the participants (Alase, 2017). The data were saved since the start of the collection process (November 2022) and were destroyed after the analysis process (March 2023).

3.9 CONCLUSION

The chapter has described the methods used in the study and the inclusion criteria of the participants were presented. The IPA approach was adopted as the research design and three instruments: demographics, the HSP Scale, and semi-structured interview were used to achieve the objectives of the study. The data collection procedure and data analysis procedure, as well as the ethical consideration for the study were discussed in

the chapter. Using the methods presented, the next chapter, Chapter Four, will present the findings of the study.



CHAPTER FOUR

FINDINGS

The chapter discusses the findings of the study. The chapter first describes the participants' background including Islamic education, their general experiences as highly sensitive individuals, and brief summary of the event of loss of their loved one(s). Next, the chapter describes the findings of the first research question which is the inner experiences in facing the loss of loved one(s) during COVID-19 crisis. Then, the findings for the second research question which is the coping strategies to cope with the loss of loved one(s) during COVID-19 crisis is presented. Lastly, the chapter describes the loss and coping experiences in Islamic perspectives mentioned by the participants.

4.1 PARTICIPANTS

Five participants were selected and recruited via an online form that was distributed during the early process of the participant recruitment. The participants were given pseudonyms: Fatimah, Aisyah, Sofia, Aminah, and Putri. All the participants were female Malaysian Malay Muslims aged between 20 to 30. All the participants were single and were living with their family during the loss experience. All, except Sofia, were working adults, while Sofia was a student at the time of the interview. The information of the participants that may help with identifying the data is presented in Table 4.1.

Table 4.1 Participants' Information related to the Study

Participant	Pseudonym	Age	Gender	HSP Score	Loss	Cause of Loss
1	Fatimah	26	Female	5.78	Mother	Long-term disease
2	Aisyah	26	Female	6.00	Mother, Father	Heart attack, COVID-19
3	Sofia	24	Female	5.30	Mother	COVID-19
4	Aminah	23	Female	5.37	Grandmother	COVID-19
5	Putri	26	Female	5.74	Grandfather	Heart attack

4.1.1 Participant One: Fatimah

The first participant, Fatimah, is a working Malay Muslim aged 26. She has received Islamic education since kindergarten until high school and attended a few Islamic programs and classes at university. She was also involved in a small Islamic gathering group '*usrah*' as her source of Islamic education after graduating from high school and university.

Fatimah was asked if she had heard the term Sensory-Processing Sensitivity (SPS) before the interview. She responded that she was aware of the term. When being asked if she had moments of isolating herself from other people, Fatimah shared that she had a specific spot for herself during high school and university to escape from other people. The spot had a scenery that could calm her. To her, she can still recall the scenery, for example the trees and the sky, even until now. Moreover, Fatimah also shared that noises such as crowd noise and high-pitch noise make her uncomfortable. Even so, as she is exposed to the crowd noise, she eventually can endure the noise, though uncomfortable. Additionally, Fatimah shared that she tends to associate smell with a memory. When she experiences difficult times, she can recall a scent that she used to smell during her university time. For example, when she was experiencing

stressful situation during the period of taking care of her sick mother, Fatimah shared that she could recall the scent of her room at her university. This experience was mentioned as follows:

I can remember the smell during a time... (like) that smells like that (time), this smells like this (time). But basically, I notice this when (I'm having a) hard time [slow tone] ... (For example) I was stuck, like, when I was going to my work, with the COVID and everything ... I became nostalgic during university time ... I could recall the smell of my room during... semester one, semester two, ...

The loved one that Fatimah lost during the COVID-19 pandemic was her mother. According to Fatimah, it has been more than 10 years since her mother was diagnosed with breast cancer and had undergone her first chemotherapy. During early 2020, her mother's cancer relapsed. Her mother's health declined and worsened in mid-June 2020 during the Recovery Movement Control Order (RMCO). It was by that time that Fatimah and her family received her mother's prognosis and were notified of her mother's short life expectancy. Since then, Fatimah took turns with her family to take care of her mother until she quit her job and fully took care of her mother for three months until her mother passed away. According to Fatimah, she and her family were physically and mentally prepared as they had received her mother's prognosis information early. Most of the experiences shared by Fatimah involved the period of taking care of her mother until after the loss, for example, feeling stressed and overwhelmed due to having too much to focus on while taking care of her mother (will be discussed in the section 4.2). The interview asked the participants who they were with throughout the period of loss (e.g., before the loss, when receiving the news of the loss, and during the period of coping). Throughout the period, Fatimah stayed with her family. Fatimah experienced her loss during the nationwide total lockdown Full Movement Control Order (FMCO) that was implemented from 1 June until 14 June 2021.

When being asked "How do you describe your relationship with your mother?", Fatimah first mentioned that different people define 'being close' differently. To her, her relationship with her mother was "just in the middle", between close and distant. The analysis first assumed she was not close to her mother and had insecure attachment style towards her mother. To confirm this, Fatimah was contacted again for member

checking. However, Fatimah only provided an unclear response, and the analysis could not obtain a clear answer to describe the relationship between Fatimah and her mother. To probe more for the answer, Fatimah was asked to answer The Experiences in Close Relationships-Revised Questionnaire (ECR-R; Fraley et al., 2000). The result of the scale indicates Fatimah's fearful-avoidant attachment towards her mother. Fearful-avoidant attachment style is the attachment style that characterizes people who avoid close relationships due to the fear of possible abandonment (Ege & Ege, 2022). When being asked of her opinion about that attachment style, Fatimah responded that she always worries about her relationship with her parents and constantly seeks validation as their daughter, which indicates the relationship she had with her mother. Fatimah's response for the question about her relationship with her mother is as in the following statement:

The constant worry is always present whether I strongly depend (on parents) or not ... I am still someone to them: their daughter. (I) still need validation, whether I am valid or not, whether I'm useful or not, or would I rather not to be born in the first place, like, I'm being put to worry about that because I still have ties with them, they are not a total stranger ... I chose not to open up because I feel like I wouldn't be able to, whether it has been normalized that way growing up or they themselves did not show it on the surface ... while it's true I would rather turn to other outlets to seek those three things (comfort, protection, and support), I can't deny that they still have provided them in rather a vague way, or at least I could see from my mother, and also sometimes I do unknowingly seek those sources from them, in a vague way too.

When being asked if she had a period of coping with the loss, Fatimah responded that she considered her period of coping as the time she was not in contact with her circle of friends. She shared that she had about a week to a month being out of touch with her friends. Even so, when being asked about her experience of accepting the loss, Fatimah shared that she only started to accept the loss about a year after the loss, indicating Fatimah's period of coping with the loss.

4.1.2 Participant Two: Aisyah

The second participant, Aisyah, is also a working Malay Muslim aged 26. Her formal Islamic education background was until high school, but at university, she participated in a lot of religious activities such as club activities and *surau* committee activities.

When being asked about the common experiences of high SPS individuals, Aisyah commented that she usually could not stand loud noises from the speaker of nearby mosque, car noises from the nearby highway, and the loud noises (i.e., music, chat) made by her co-workers as it makes her uncomfortable. To neutralize her overwhelming feelings from the noises, she would go to the *surau* or the pantry to calm herself for a few minutes before coming back to her desk. Additionally, Aisyah particularly noticed the experience of having high SPS after the loss of her parents. For example, before the loss, she listened to loud music but after the loss of her parents, she could no longer stand such music as it would trigger her migraine. This difference was noticed by her younger sister as well. Aisyah also shared that before, she used to not bother of her surroundings, but after the loss of her parents, she found that she makes effort to help her friends and would even feel stressed if she could not help them.

Aisyah lost both her parents during the pandemic. Her mother passed away at the end of May 2021 during the nationwide total lockdown FMCO, while her father passed away four months later. Throughout both the time of the losses, Aisyah was with her family. Her mother's death was suspected to be due to heart attack. Before her sudden heart failure, Aisyah's mother, whose parents had histories of heart attack, did physical labour which Aisyah assumed the possible cause for the heart attack. At that time, Aisyah and her family was in quarantine due to having a close contact with an infected person. As it was sudden, the whole family was in panic and unsure of what to do. It was during the peak of COVID-19 cases and there was limited ambulance available. Aisyah expressed that it was stressful as they had to wait for two hours for the ambulance to arrive while there was nothing the family could do other than CPR. Her mother's body then had to be sent to the hospital's forensic unit to be tested for COVID-19, which the test sample was sent to another town. Aisyah expressed that the long process of managing her mother's funeral due to the pandemic situation at the time

which took about four days after the death affected her greatly as she felt stressed and overwhelmed about the situation while having intense feelings about the loss.

Throughout four months after the loss of Aisyah's mother, Aisyah reported that her father was in intense sadness. He would frequently cry, and Aisyah and her siblings would stay with him to cheer him up. Then, Aisyah's father told Aisyah and her siblings that he wanted to join a *tabligh* gathering. Aisyah and her siblings, though hesitant, encouraged him to go so he could heal from the loss. However, Aisyah's father was infected with the virus at the gathering. Upon hearing the news, Aisyah and her siblings asked him to return home. Then, Aisyah and her siblings immediately cared for him by testing him using COVID-19 test kit and oximeter, bathing him, and feeding him. Even so, Aisyah's father was eventually sent to the hospital when his condition turned worse. The hospital, however, was too packed with COVID-19 cases that outdoor tents were placed outside of the hospital to treat the patients. Aisyah's father had to stay at the outdoor tent for about two days before being transferred to an indoor ward. As they discussed with the doctor, Aisyah and her siblings eventually accepted and "prepared for the worst" since they were also aware of their father's health condition. About two weeks after receiving the news of her father being infected by the COVID-19, Aisyah's father passed away. It was around the end of September 2021, during the implementation of the National Recovery Plan (NRP) that was enforced phase by phase since 15th June 2021.

When being asked "How do you describe your relationship with your parents?", Aisyah mentioned that she was close with both of her parents, but closer to her late mother. She shared that she spent most of her time with her mother, while with her father, he would regularly check on her and ask about her working life, indicating the close relationship she had with her parents. She further described her relationship with her parents in the following statement:

For me, I'm close to [word stress] mother, because, my personality is similar to hers ... Then, the closeness is like ... I looked for a workplace that is close to home, then... during lunch (break), (I) will go out with mother [makes gesture], ... go out for lunch with her, (then, I will) go shopping with her after work, (I) talk about (my) problems with her only, really, (I) will confide anything with mother, it's because we... have the same interest [makes gesture]. With father, (because) father is... [word

stress, makes expression] soft-spoken ... He would, like, (when) we (I) got home from work, he would ask, "How's sales today? Was it okay?" ... At the beginning, (I) could feel it (the loss) [makes expression], because when coming back from work, there's no one to ask me anymore [shaky tone]. (I'm) close to both of them, but... to me, I'm closer to mother.

While describing her inner experiences related to the loss of her parents, Aisyah shared her intense experiences such as passing out during the funeral (will be further discussed in section 4.2). The interview asked, "Do you think there was a difference between how you dealt with the loss of your parents and how your other siblings did?". In response to this question, Aisyah compared herself with her other siblings in terms of support system. She remarked that she did not have many friends and was attached only to her parents who provided her physical and emotional support. On the other hand, her other siblings had their own spouses, family in-law, friends, and school activities to help them cope. Hence, Aisyah considered her experiences about the loss of her parents differently than her other siblings.

Aisyah shared that she was out of contact with her social circle for about a month after the loss of her mother. She considered the period of not contacting her friends as the period of coping with the loss. According to Aisyah, there is a hill close to her home that she passes on her way back from work. For about two months after the loss of her parents, she would "automatically" cry upon passing the hill as the scenery reminded her of her parents. She was also unable to touch a cold pot for about a month or two after the loss of her mother as it reminded her of the body identification process.

4.1.3 Participant Three: Sofia

The third participant, Sofia, is a Malay Muslim student aged 24. Sofia, too, received her Islamic education until high school and took a few religious courses as elective courses at university. Sofia also mentioned that her mother has implemented Islamic practices within the family, which Sofia made point that performing Islamic practices is normal to her.

Sofia particularly mentioned that she is an extrovert that prefers to be around people, especially her friends and family. She does not feel uncomfortable with loud

noises and rather feels bored being in a quiet place. Though Sofia isolates herself from other people, it is on very rare occasions, only when she feels tired and needs her alone time. When being asked about the experiences of high SPS individuals, Sofia shared that she is aware of subtle cues in the environment and has high empathy. She would notice the awkwardness she felt when being with her friends when they had a fight. On a different occasion where she would find her friends having financial problems, she would act on her empathy towards her friends by buying them food or accompany them to eat. Sofia particularly mentioned that people are aware that she is sensitive. She also shared that she is uncomfortable with people raising their voice at her and she would be triggered over small things.

On August 2021, Sofia lost her mother to COVID-19. Within the short period before receiving the news of the loss, she was alone and was in quarantine as she was a close contact of an infected person. Sofia mentioned that as she was separated from her mother due to the hospitalization, she felt the loss of her mother as she was with her all the time during the pandemic. After receiving a call from the hospital that they needed to be prepared for anything that could happen, her brother went to the hospital as they could not reach the hospital after the call and her sister-in-law accompanied her in the house. When receiving the news of her mother's passing, Sofia described that right during the moment, she stopped moving and became speechless as she could not process what happened. When she was finally able to process it, she started crying. It was in August 2021 during the implementation of NRP.

While describing her experiences in facing the loss of her mother during the pandemic, Sofia also mentioned that the procedures related to the COVID-19 pandemic affected her as she could not see her mother for the last time and could not involve herself with managing her mother's funeral. Being unable to manage her mother's funeral, which was her mother's wishes for her when she took the religious course during high school, made her feel disappointed and regretful.

When being asked "How do you describe your relationship with your mother?", Sofia emphasized that she was "very close" and "overly attached" to her mother. She would tell "every single thing" to her mother and there was no secret between them. While staying on campus, she would call her mother "not just once a day, but million

times". She also considered herself as being pampered (*'manja'*) by her mother as her mother was with her most of the time in her life, supporting her. She would also frequently hang out with her friends and her mother that her friends would call her mother "mom" instead of "aunty", indicating their close relationship. Sofia also repeatedly mentioned that her life was mostly dependent on her mother. She took the religious course during high school to fulfil her mother's wish that she would manage her mother's funeral one day. She also continued her study as per her mother's wish.

As Sofia described her close relationship with her mother, being physically and emotionally attached to her, and that her life was mostly dependent on her, the experience of loss impacted Sofia greatly that she had a hard time to cope with the loss. As mentioned by Sofia, she was still unable to move on from the loss even until now (at the time of the interview).

4.1.4 Participant Four: Aminah

The fourth participant, Aminah, is a working Malay Muslim aged 23. Aminah's formal Islamic education background was also until high school. After graduation, she participated in a small Islamic gathering group '*usrah*' and received Islamic input from it.

When being asked about the common experiences of high SPS individuals, Aminah shared that she had experience of isolating herself from the crowd to take a break from overstimulation. Especially when her anxiety is triggered, she would have to get out of the crowd to take a break and apply the deep breathing technique. Aminah also shared that she tends to empathize with others, for example, she would feel worried of her depressed friends and would make efforts to advise and recommend them to seek for treatment. Aminah also mentioned that she would be affected by other people's emotions. She shared that she would easily be emotionally affected listening to other people who lost someone or even watching sad videos of strangers.

During the early phase of the pandemic in Malaysia, Aminah's grandmother was healthy. Until a week or two after that, her health deteriorated which Aminah decided to check her blood pressure. Learning that her grandmother's blood pressure had turned

abnormal, Aminah immediately brought her grandmother to the hospital. During the COVID-19 pandemic, the hospital would assume that cases related to the lung infection could be related to the virus, so Aminah's grandmother was admitted to the hospital even though she was tested negative for COVID-19. After three days, her grandmother's condition got better, and she was allowed to go home. As it turns out, she suddenly got a high fever and was infected with the COVID-19 virus after being transferred to the secondary-class ward. As Aminah was in contact with her hospitalized grandmother via phone calls, she would calm her grandmother even while she was feeling upset. Day by day, her grandmother's health condition continued to deteriorate that the hospital notified Aminah that the survival rate turned 50-50 as her grandmother was at the Stage Five of COVID-19, eventually led to her passing. However, Aminah expressed her disappointment as she shared that the hospital did not notify about her grandmother's passing immediately as she only learned about it from a relative that worked in the hospital. Aminah also expressed her frustration and disappointment towards the hospital as her grandmother was not being taken care of properly as she was infected by the virus from the hospital.

When being asked "How do you describe your relationship with your grandmother?", Aminah shared that she was raised by her grandmother. Her grandmother had provided a lot of support for her and her family. As she grew up, she spent more time with her and would talk about her problems with her. Aminah also stated that she felt more comfortable talking to her grandmother than her mother or siblings. These statements show that Aminah's relationship with her grandmother was as close as that with a parent, and her grandmother provided support to her physically and emotionally.

Aminah experienced about a week of intense grieving whereby she eventually decided to look for a part-time job to not stay in the house. When being asked how long she took to cope with the loss, Aminah answered that she took a month.

4.1.5 Participant Five: Putri

Finally, the fifth participant, Putri, is also a working Malay Muslim aged 26. Putri received Islamic education within home as well as *surau* institution is located nearby her house.

Putri shared that she has learned about SPS and has used her high sensitivity as a strength in her working and interpersonal life. When being asked whether the common characteristics of high SPS were relatable to her, she answered, “Oh, yes, definitely”, emphasizing the certainty. Putri shared that she would notice particularly subtle smell and sound information that others would not notice yet. She also mentioned that she could “read other people in a room easily” and can “pinpoint what other people actually need”. To Putri, she uses the characteristics of high SPS as a strength for her to manage her team members. In addition, Putri also mentioned that she frequently isolates herself from other people to take a break and neutralize her overwhelming feelings, something that most high SPS individuals would do. She shared that at family gatherings, she would “be the first to volunteer to wash the dishes”, at work, she would “take three-minute break to the toilet”, and on a long day, she would “have a one-hour time in her room” so she could take a break and calm herself. She also stated that having a high empathy and being easily affected by other people’s emotions, she would feel overwhelmed. Using the metaphors “emotional sponge” and having a brain “like a bank”, she would “store the stories shared by other people in her brain”, feeling what other people feel while having her own emotions, causing her to feel overwhelmed.

Putri lost her grandfather on June 2021, during the implementation of NRP, though the procedures related to the COVID-19 did not affect the funeral process. Putri’s grandfather had been unwell for almost three years and had been receiving treatment. Due to the condition of the treatment, he had a heart attack. When she received a call from her mother about her grandfather not doing well, Putri was alone for her own appointment at a hospital. About two hours later, she was informed that her grandfather had passed away in which she immediately postponed her appointment and went back to her family.

Additionally, Putri viewed her period of coping with the loss based on a few factors of her life. As she is someone who prioritizes work ethics, she was back on track

with her work life about a week after the loss of her grandfather. However, she only met her friends three months after the loss. She also shared that even until now (at the time of the interview), she still could not get back to her small food business as she would be reminded of her grandfather and would feel down because of it.

In describing her relationship with her grandfather, Putri shared that her grandfather was not a talkative person, but he was always around at family events, and they would share jokes with each other. Putri also shared that her grandfather was proud of his family and when he went to the *surau* or the eatery, he would introduce her to his friends. To Putri, she considered that they were close even though they did not speak much, and he provided emotional support for her.

For the study, the participants briefly introduced themselves by describing their background, explaining the experiences they had as highly sensitive individuals, and describing their relationships with the loved one(s) they lost during the COVID-19 pandemic. They also briefly shared the event of the loss to help the interview run smoothly. The interview then proceeded with questions related to the participants' inner experiences in facing the loss of loved one(s) during COVID-19 crisis. The findings will be presented in the next section.

4.2 INNER EXPERIENCES IN FACING THE LOSS OF LOVED ONE(S) DURING COVID-19 CRISIS

This section discusses the findings of the first research question of the study which is: "How do individuals with high SPS experience the loss of loved one(s) during COVID-19 crisis?". Based on the analysis of verbatim, the study found nine themes related to participants' inner experiences (thoughts, feelings, sensory awareness). The themes are: "Sorrow", "Saudade", "Intense Feelings", "Denial", "Anger, Disappointment, Regret", "Worry", "Reflection", "Acceptance", and "Sensory Experiences". A few themes described the inner experience of feelings such as Sorrow, Saudade, Intense Feelings, Anger, Disappointment, Regret, and Worry, while the themes Denial, Reflection, and Acceptance described the inner experience of thoughts. Even so, the occurrences of feelings and thoughts may have happened together. Additionally, the themes presented in 4.2.1 until 4.2.8 depicted the intense experiences (thoughts and feelings) commonly

mentioned by high SPS individuals in the past studies (will be discussed in Chapter Five). Meanwhile, the theme Sensory Experiences described the inner experience of sensory awareness. The development of themes was considered based on several reasoning, for example, its occurrence in each case (i.e., mentioned by each participant), its pragmatic concerns, and the level of commenting and theming (Smith et al., 2009; i.e., the degree of importance it was articulated by the participants).

4.2.1 Sorrow

The participants were asked, “During the period of loss (before/during/after), how did you feel (i.e., emotions) about the loss?”. All participants immediately mentioned the feeling of sadness. Other than sadness, the participants also mentioned the experience of intense sadness leading to feeling depressed and hopelessness. In this study, “Sorrow” was used to categorise these experiences.

Fatimah shared that she cried at the time of the loss, which was unlike her usual nature. Fatimah said, “Generally, it’s hard for me to cry ... but at the time (of the loss), I was already emotionally unstable because of many things (that were happening), so I burst out (crying) first”. This statement indicated her intense sadness about the loss, even for someone who is hard to cry.

According to Fatimah, while she was cleaning her mother’s belongings after the loss, she felt melancholic that made her “felt like this”. When being asked what she was feeling at the time, Fatimah said: “(I was) feeling about the loss, I think? Like, (I was) not sure whether to feel sad or empty or fear or still in denial,”. When being asked if sadness was one of her feelings about the loss, Fatimah confirmed that it was.

Meanwhile, when being asked about her feelings about the loss, Aisyah immediately mentioned sadness. She shared that within two months after the loss of her parents, every time she passed by the hill close to her home, she would “automatically cry” throughout the journey until she reached home. When she arrives home, she would sit in her car and cry for a while before going inside the house. Aisyah mentioned that she was reminded of her parents when passing by the hill, indicating the occurrence of

inner experiences of feelings and thoughts. This experience demonstrated Aisyah's intense feeling of sadness even after two months.

Aisyah also shared that the intense sadness she experienced led to the feeling of hopelessness. According to Aisyah, she lost consciousness and passed out during both times of the loss of her parents. When being asked what was in her mind that led to her passing out, Aisyah shared that she felt hopeless. She said, "During father's time (of passing), since both of them have gone, it felt like, there was, there was [word stress] no hope left...". She used a metaphor to emphasise her experience, "It really felt, really, really [makes expression] felt the world has turned black, during that time". Aisyah used the expression "the world turned black", indicating the intense feeling of sadness and hopelessness. She also shared her deep thoughts about what will happen next, whether she could replace the role of a guardian for her younger siblings, whether she could change herself for her responsibility. The thoughts were too overwhelming to her that she lost consciousness.

Similarly, Sofia also mentioned her experiences of feeling sad. At the time she received the news about her mother, Sofia shared that she was speechless, unable to process what was happening, until she was finally able to process it and cried. Sofia said:

When I received the news, I was on my way from back to the front (of the house), [word stress] I stopped, and my sister-in-law was already at the front, (but) I stopped, I sat down, I was speechless, [shaky tone] I didn't cry yet. I was speechless, then I—when I've finally processed it, then I [word stress] cried.

Sofia also shared that she felt sad every time she received calls from her mother's friends. After the loss, her mother's friends would often contact her and mentioned how her mother was proud of her, which would make her sad and cry. Although she feels disappointed by the thoughts that she still had a lot of achievements she wanted to show to her mother but could no longer do it, her sadness was reduced as she learned from her mother's friends that her mother was proud of what she has achieved so far. This experience was mentioned in the following phrase:

My late mom's friends would always contact me ... I would cry every time they shared about how my mom [word stress] was proud of me. For me, I have never made her proud yet, because, I have no [word stress]

big achievement in my life so far for me, but for my mom there's a lot of big achievements that I (have) achieved, that she was proud of me, she told her friends that she (was) proud of me, that... (makes me) feel sad when ... her friends told me (about) how proud she was. But that reduces my sadness at least. I managed to... make my late mom happy even though [word stress] there's a lot more of my achievement that she wished for, that I haven't achieved.

Sofia also shared that her sadness overwhelmed her that she was not able to stay in her mother's house. She remarked that every corner of the house reminds her of her memories with her mother, which would lead her to feeling sad and upset, anxious, and depressed. Sofia stressed that she does not like having those negative feelings. To avoid those feelings, she decided to stay with her brother. Even until now (at the time of the interview), she still has not gone back to her mother's house. When being asked, "What did you experience that made you not want to stay at the house?", Sofia answered:

I feel sad. Because (in the house,) I had fun with my mom. My mom would shampoo my hair at the hall, ... did facial (treatment) to me. I feel the existence of my mom in [word stress] every angle in the house ... The [word stress] bad side is, it's going to lead me to depression, anxiety, ... so I don't like that kind of feelings. So, I want to avoid (living in the house) ... I can't (be in the house). Maybe when I get stronger, or (when) I get better, maybe I can stay in that house again, but not now ... The [word stress] bad side (of feeling mother's existence) is going to lead me to feel more upset, so I don't like that kind of feeling.

Due to her sadness, Sofia also mentioned that she did not eat, did not sleep, and did not do much due to the pandemic lockdown during the period of loss to cope, indicating her difficulty to cope with her loss during the pandemic lockdown. This experience was mentioned as follows:

During that time (period of loss)? (I did) nothing. I didn't eat. Being in a daze ('*termenung*') ... [word stress] (It was) MCO, right? Nothing much I can do, I just... sat, stared, prayed, ate... ate only just to fill the stomach, sometimes I ate once a day... recited (the Al-Quran). [word stress] Just those, nothing much to do.

Even until now (at the time of the interview), Sofia would still feel affected by the loss. She shared that she would burst into tears when she has her meals alone, since her mother has always been with her even via video calls when she was living on the campus. Even until now, Sofia admitted that she still has yet to move on from the loss.

Meanwhile, Aminah also immediately mentioned sadness upon being asked about her feelings about the loss as she shared: “(My) feelings at the time, of course, we (I feel) very, very sad”, indicating that it is natural to be sad for a loss. Aminah also shared that, as she and her grandmother shared a deep conversation during the last time, they were together before her grandmother was hospitalized, the final memory left a deep impression on her that it made her feel really sad.

In addition, Aminah particularly shared that she was severely depressed due to the loss of her grandmother. She found herself too weak at the time that she decided to look for mental health support. Aminah said, “There was a time ... at the time, I was ... severely depressed, ... I could no longer hold it in, couldn’t suppress it [shaky tone] ... I looked for a mental health support group”.

Aminah shared that she experienced intense sadness and sorrow that led to her being hospitalized for depression. As she depended on her grandmother for emotional support (as described in section 4.1.4), she experienced hopelessness and felt as if her world had disappeared. These intense experiences were described as in the following phrase, indicating the inner experiences of feelings and thoughts occurring together. Aminah shared:

At the time, I started to feel ... half of (my) world has gone ... I thought, “What else could I do to live?”, “There’s no one else to... to take care of me”, “...to express my feelings to...”, [stress tone] “What else could I do, staying in her house?” ... “How else do I live?” ... So that comes the suicidal thoughts that... eventually, within a few months, when there’s too much of those thoughts... I was hospitalized at the time.

Similar to other participants, Putri also immediately answered with feeling sad upon being asked about her feelings about the loss of her grandfather. She mentioned that mainly, her feeling about the loss was sadness, aside from feeling grateful for the time she had spent with her grandfather (will be further discussed in section 4.3). Putri said:

Mainly (I feel) ... sad, but a part of me was also grateful for the time that I had with my grandfather ... I get to share some life milestone with him, and then he was proud of me ... But another thought of, like... “I lost one person to pray for me” ... (That makes me) feel sad. Most of the time, (when) I think about the loss, [word stress] it’s saddening, and then there’s grateful.

The participants immediately mentioned sadness when being asked about their feelings towards their loss. They shared that the sadness they experienced was intense, lasting for months after the loss and led to other negative feelings such as feeling depressed and hopelessness. Thus, “Sorrow” was named after this theme to describe the experience of intense sadness experienced by the participants. After describing the experience of sadness, the participants described the experience of saudade, which will be presented in the next theme.

4.2.2 Saudade

The present study found that the participants mentioned the feeling of loss, yearning and longing for the loved one they lost, and the loneliness they felt. Saudade, a Portuguese-originated word, is described as the psychological experience that is often triggered by spatial separation or spatial-temporal separation (death) with a loved one. Although difficult to translate, the closest English words to describe this experience are longing, yearning, missing, homesickness, and/or nostalgia (Neto & Mullet, 2022). These experiences were mentioned by the participants differently. Some participants shared that they experienced saudade negatively leading to sorrow, while other participants expressed it with rather positive and accepting feelings. In this study, these experiences which include the negative experience of saudade such as the feeling of loss, yearning and longing, and loneliness, and the positive experience of saudade such as melancholy, nostalgia, and the experience of reminiscence were categorised under the theme “Saudade”.

Fatimah shared that while she was cleaning up her mother’s belongings with her family, she would have moments of remembering her mother and feeling longing and melancholy. Fatimah also shared that it was hard for her to clean up her mother’s belongings due to the feeling of saudade. Fatimah said:

Since (I was) cleaning up my mother’s belongings, there was a feeling of, like, reminiscence. Mostly, I felt reminiscence during that time ... Sometimes I feel this way, sometimes I didn’t know what (to) feel... (It was) hard for me to clean up mom’s belongings because I feel like I want to keep them all, (even though) we were supposed to let go of some of her clothes.

Meanwhile, Aisyah frequently mentioned the feeling of loss and saudade. Aisyah, who was close with both of her parents, shared her feeling of loss and yearning for her parents as there would be no one to greet her when coming back home from work. She said, “At the beginning, (I) could feel (the loss) [makes expression], because when coming back from work, there’s [shaky tone] no one to ask me anymore”.

Additionally, Aisyah shared that she used to write her thoughts during the period of loss since Aisyah did not express her thoughts and feelings with other people. Aisyah mentioned that her writings, including the one that she read, were written right during the moment she was feeling and thinking about it. When being asked what kind of writing she did, Aisyah voluntarily read one of her posts. In the few of the lines in the writings, it was expressed that she was “feeling lonely and empty”, that she “felt the pain of missing them and their hugs”. These lines indicate the feelings of yearning and longing for her parents.

Moreover, Aisyah also shared that she used to hug her mother every time she came back home from work. After the loss of her mother, she experienced yearning for a hug from someone, but there was no one to hug, which affected her greatly. Using word stress to express her yearning, Aisyah described the experience as follows:

Because [makes gesture and expression] I’m the type that doesn’t have many friends, I was with my parents even with anything... (so) I really felt affected to the point, I feel... since I used to hug my mother every time I came back home (from work) ... It felt like, coming back home (from work), [stress tone] I feel like I want to hug someone, but I’m not sure who to hug [makes gesture and expression] because there’s no one (to hug).

Sofia shared that the loss of her mother was a big loss to her. Because she has never been apart from her mother, her life turned upside down after the loss. Sofia said, “...to be honest, (it) never happened in my life, to be alone...”. As she was pampered by her mother, she could not accept the loss as she thought, “who else would do these things for me?”, indicating the feeling of saudade. Sofia also shared that ever since the MCO, her mother has always been with her. So, when her mother was hospitalized, Sofia felt uneasy. Sofia said, “During the MCO, my mother was 24 hours with me, so when she wasn’t there even for [word stress] a day, I felt like, when is mom going to get home?”, indicating Sofia’s experience of feeling loss.

Besides that, according to Sofia, she would be reminded of the memories she had with her mother if she stayed in her house. As she does not like the negative feelings of sadness and feeling depressed from remembering the memories, she decided to avoid staying in the house. According to Sofia:

I feel the existence of my mom in [word stress] every angle in the house. Yes, it's good for me to feel like, "Oh, mom is always here,". The [word stress] bad side is, it's going to lead me depression, anxiety, ... so I don't like that kind of feelings. So, I want to avoid (living in the house).

However, based on the statement above, Sofia also viewed positively about the feeling of saudade. She said, "Yes, it's good for me to feel like, "Oh, mom is always here,". She also shared that when she would study by herself, she would think about her mother: "How nice it would be if mom is here". When she listened to the songs that she used to sing with her mother or went to the places that she used to go to with her friends and her mother, she would reminisce about the memories with them. These experiences show the positive feeling of saudade experienced by Sofia.

Similarly, Aminah also shared her experience of saudade as being in the house reminded her of her grandmother. She shared, "When I stay at home, ... I would remember her. I went to the toilet, suddenly, ... I went to her room". Since staying in the house reminds Aminah of her grandmother, she decided to leave the house and look for a part-time job during the pandemic.

On the other hand, Putri shared that she would feel sad at the thought of her grandfather no longer around, that she lost one person that prays for her and that she can no longer show her achievements to her grandfather to make him proud. Putri also shared that she had stopped her food business as she would remember that her grandfather used to love her cooking. She also shared that during the loss period, her thoughts were mostly about her memories with her grandfather. These experiences described the feeling of saudade experienced by Putri.

The participants shared the experiences of feeling loss, yearning, longing, loneliness, melancholy, and nostalgia about the memories they had with the loved one(s) they lost. These experiences are called "Saudade" and were categorised under this theme. Since the experience of saudade led them to experience negative feelings, the participants viewed it as a negative experience. Even so, some participants also

viewed the experience of saudade positively, as reminiscing the memories they had with their loved one(s) encourage them to always remember their loved one(s). As the participants described their inner experiences, they expressed the intense feelings they experienced during the period of loss, which will be presented in the next theme.

4.2.3 Intense Feelings

As the participants shared the intense sadness they experienced that led to depression and hopelessness, they also mentioned having heavy, indescribable, confused, mixed, and overwhelmed feelings, which eventually led to the feeling of numbness. These feelings were experienced related to the loss, to the presence of other people during the period of loss, and/or to the COVID-19 situation during the period of loss. Due to the way they described the intensity of the feelings and how it led to other feelings such as overwhelm and numbness, these experiences were categorised under the theme “Intense Feelings”.

Fatimah particularly shared that she was feeling confused as she experienced a lot of indescribable feelings, leading to the numb feeling. With empty expression, Fatimah shared her confused feeling towards her own feelings related to the loss, “(I was) feeling about the loss, I think? Like, (I was) not sure whether to feel sad or empty or fear or still in denial”. This indicates that Fatimah perceived she had to feel something about the loss, rather than her true feelings. It shows that Fatimah had an inner conflict as she was confused about how she had to react to the loss of her mother, which can be interpreted that she may be having intense feelings, leading to feeling overwhelmed that made her confused and numb.

When being asked about her thoughts during the period of loss, Fatimah shared that she was “thinking about a lot of things and also feeling empty at the same time”. When being asked if she experienced numb feeling, she agreed to it. She said, “Because, generally, it’s hard for me to cry ... At that time (of the loss), I was already emotionally unstable because of many things (that were happening), so I burst out (crying) first, ... Then, I [slow tone] was not sure... what to feel...”. This statement shows that Fatimah experienced the feeling of overwhelm (“I was already emotionally unstable because of

many things (that were happening)”), having intense feelings, leading to her feeling confused (“I was not sure what to feel”).

Moreover, Fatimah also mentioned feeling overwhelmed. As she has a sense of responsibility as the eldest daughter to replace her mother’s role, she felt overwhelmed from having to meet the expectation of being the eldest in the family. Fatimah said:

Actually, after my mother had [slow tone] gone, that was what I was really scared of. It was like, I felt the burden, because after this, ... (to my) younger siblings, I would be the one to take care of them, [slow tone] to do everything ... I was not sure (if) I [slow tone] can do it or not. And then (I felt) overwhelmed too at the time.

Additionally, Fatimah spent a period of taking care of her mother mostly at home. Fatimah shared that, during that period, she felt overwhelmed from having many guests coming over to the house to visit her mother. The schedule such as feeding her mother and giving her medication was interrupted and having to help her to the toilet became out of control because of the presence of other people, leading her to feeling overwhelmed. Besides that, having to comply with the COVID-19 procedures because of house visits also affected her. For example, the house would need to be sanitized after a guest visit, and if it was delayed, she would be scolded.

Furthermore, Fatimah also mentioned her habit of repressing memories. When being asked about her experiences during the loss, Fatimah frequently responded that she could not remember her experiences. As she felt overwhelmed from the intense and confused feelings she experienced about the loss, she repressed the memory. She said, “I... don’t really remember [laughs]. Either I couldn’t recall, or I blocked (the memory).”

Meanwhile, Aisyah also shared her intense feelings about the loss. Aisyah shared that she lost consciousness during both times of the loss of her parents, describing that she had a lot of thoughts about her life without her parents and feeling hopelessness that led to her passing out. This experience shows that during the time of the losses, Aisyah experienced intense feelings of sorrow and hopelessness. When being asked if she thinks she experienced the loss more intensely than her other siblings, Aisyah compared that her siblings have other people to lean on, while she only depended on her parents for physical and emotional comfort.

Moreover, Aisyah also expressed her heavy feelings of emptiness and loneliness in her writing of thought. She read her writing, “Today feels heavier than usual, quiet and empty,”. While reading the entry, Aisyah shed tears, indicating the intense feelings she experienced about the loss of her parents. In addition to that, she also shared her heavy feelings about the responsibility to replace her parents’ roles. Using the metaphor “a load fall on her (*batu terhempap*)”, she expressed her intense thoughts and heavy feelings she experienced as follows:

Actually (I) felt stressed too, because... (I) want to do the same with what our (my) parents have done (to us) ... Maybe it would be better (if I were to) take only (my mother’s) responsibility, but it’s two roles at once [makes gesture], both of their roles at the same time would be more heavy (*berat*) ... It was really... (it) felt burdening (*terbeban*). That’s why, during my father’s passing, I felt... [makes expression] I felt, like, there was a load fall on me (*satu batu jatuh terhempap atas saya*).

As she felt the intense feelings of loss, Aisyah experienced a moment of acting on her grief. Because she could not contain her feelings, she sat next to her mother’s body and expressed her sadness. Though Aisyah mentioned that it was not as severe as mourning, the action of talking out loud to the deceased is interpreted as a way to mourn one’s death (Corcione, 2018). This experience was shared as follows:

During the passing of my late mother, I felt like... I wouldn’t say mourning (*meratap*), but since [makes expression] (I) couldn’t hold it in, there was no one else, [tone] we (I) sat next to the (mother’s) body and said [inhales] “Mom, didn’t I say that I [shaky tone] couldn’t live without you?”

When being asked if she experienced feeling numb during the loss period, Aisyah shared that she experienced the feeling of unable to focus whereby she would need to take a rest. Aisyah also shared that having to work while worrying about her hospitalized father made her stressed, indicating her feeling overwhelmed. She also mentioned that if she was to perform outdoor sales during the period of loss of her mother, she would feel overwhelmed.

Similarly, Sofia also shared her intense feelings about the loss of her mother. She shared that she has yet to move on from the loss and was still unable to go back to her mother’s house even until now (at the time of the interview) to avoid feeling negative. She also shared that she could no longer taste her favourite food as it reminds

her of her mother. These statements show the intense feelings Sofia experienced about the loss that hindered her from having the life she used to have. Moreover, Sofia also shared that after the loss, she finds it hard to focus on her studies. Since pursuing her study was her mother's wish and her mother was always with her while she was studying, the loss of her mother heavily affected her study. Sofia shared:

Now I pursue my study, [word stress] also, because of her wish ... I do think that it is easy. [word stress] I do think I can (do it), but I feel like it's really hard to take it, maybe because, before this, my mom was always with me while I was studying ... I think (my study) is [word stress] really difficult. Even though it's something that I understand but I'm not sure why I couldn't answer it properly.

Furthermore, while describing her opinion about sleeping as a strategy to cope with her intense feelings, Sofia also hinted that she wailed over the loss. This statement can be observed as follows:

When we sleep, we're relaxed, we're calmed down, we are not exhausted... then we can think, like... "I shouldn't do this, (this is an act of) mourning" ... We can't think [word stress] if we are exhausted, that is in my opinion. So, if we wailed and so on, when we get exhausted, we cannot think, we would do something... out of emotions. I'm aware of it but I still did it.

Sofia also shared the feeling of numbness as she received the news of the loss. When hearing about the news, she stopped moving and became speechless. This experience portrays the numb feeling she experienced as she became overwhelmed and could not process the situation. When she was finally able to process it, she started crying. Moreover, as her loss experience was during the national lockdown, Sofia shared that she could not do anything to cope with the loss. As she mentioned being unable to eat and being in a daze which can be observed in the following statement, it shows that she was experiencing numb feeling:

During that time (period of loss)? (I did) nothing. I didn't eat. Being in a daze (*'termenung'*). To the point my brother ordered a lot of food through FoodPanda, until I could eat. [word stress] (It was) MCO, right? Nothing much I can do, I just... sat, stared, prayed, ate... ate only just to fill the stomach, sometimes I ate once a day... recited (the Al-Quran). [word stress] Just those, nothing much to do.

On the other hand, Aminah shared her experience of numbness as she heard the news of her loss from a relative, describing it as her "body became soulless". She said,

“At the time, I didn’t know how to respond ... [clicks tongue] I was like... my body became soulless”. When being asked about her feelings during the loss, Aminah shared that she had confused feelings as to what she should be feeling as well as experienced mixed feelings about the loss. She mentioned that she felt angry and disappointed, particularly towards the hospital who delayed informing her about the loss. Aminah described, “At the time, I couldn’t digest, couldn’t process what kind of feelings I should have at the time. I felt like... I felt angry, I felt... disappointed ... in other words mixed feelings”.

Aminah also shared that she experienced intense grieving and depressed due to the loss, describing her condition as very bad. As she experienced intense grieving that led to depression, Aminah eventually looked for a mental health support group. She shared, “My condition at the time was very bad, I (was) grieving very, very bad, to the point I... took her shirt in the closet ... I felt like her scent was still there. (I was) really, really grieving”.

On the other hand, Putri also mentioned the experience of feeling overwhelmed due to intense feelings during the period of loss. Putri was aware that as a highly sensitive person, she can easily “absorb others’ feelings” (using the metaphor of “emotional sponge”), leading to her feeling overwhelmed. Putri shared:

I did feel overwhelmed actually ... I’m like an emotional sponge [laughs] so whenever I go anywhere, (for example) to a party, or to a place, like, to visit a sick person or visit someone who passed away, I tend to absorb everyone’s feelings, even if it’s a [word stress] good feeling or bad feeling. It can be overwhelming to me [laughs]. I have my own feelings, and sometimes my feelings are heavy, and then, other people’s (feelings) would come too, so it’s like, there’s a lot in (my) head.

In this theme “Intense Feelings”, the study found the participants’ experiences of heavy, indescribable, confused, mixed, and overwhelmed feelings, leading to the feeling of numbness. Through how it was articulated, Fatimah particularly exhibited intense feelings that led to numbness. As she had a lot of intense thoughts about the loss, she felt overwhelmed with her inner experiences, which made her feel confused about her true feelings, resulting in numbness. Similarly, Aisyah, Sofia, and Aminah also experienced intense feelings about the loss of their loved one(s). As they had a lot of intense thoughts and feelings, they experienced intense sadness and sorrow, leading

to hopelessness, emptiness, and feeling depressed, and exhibited mourning behaviours (e.g., talking to the deceased, wailing, etc.). Additionally, Aisyah also shared her experience of passing out as she had a lot of intense thoughts and feelings during the loss of her parents. These experiences shared by the participants demonstrated the intense feelings they had about the loss. Other than experiencing the intense feelings because of the loss, they also experienced the feelings because of the presence of other people during the period of loss. Some participants also experienced intense feelings because of the COVID-19 situation during the period of loss. These experiences were analysed and categorised under the theme “Intense Feelings”.

4.2.4 Denial

The participants mentioned the experience of being in denial about the loss. They went through the experiences of convincing themselves that the loss was not going to happen or did not happen as they could not accept it, indicating the occurrence of inner experience of thoughts during the period of loss. Denial is one of the stages mentioned in the Five Stages of Grief theory. Thus, these experiences were categorised under the theme “Denial”.

Fatimah, who lost her mother to breast cancer, was notified in advance about her mother’s prognosis. Even so, she shared, “(I was in denial) that all of this was happening and the fact that my mother’s life has a limited life expectancy,”. After the loss, she was still in denial for about a year as she was still processing what had happened and what would happen. As times passed, her lifestyle changed and she had to handle and consider “a lot of things”, eventually, she accepted that her mother was no longer with her. Fatimah shared:

As times passed, (there were) changes of lifestyle, (I have to) handle, focus, and deal with a lot of things, ... eventually I have to accept ... (Before that, I was) in denial, or more like, still processing what was going on or what actually happened or what will happen.

Similarly, Aisyah shared that she had difficulty to accept the loss of her mother. She expressed that she could not accept the loss as she said:

During mother's (passing), (my) cousin said, "(Your) mother has helped (us) a lot," ... then we (I) felt like [inhales] couldn't, [word stress; makes gesture] couldn't accept it.

Aisyah also shared that one morning, she heard the sound of someone hoeing in the garden. Immediately, she thought that it was the sound of her mother, denying the loss experience that had happened. She said "(I) still wanted to deny what happened" as she shared her experience:

My mother liked gardening... So, there was this one morning, I was sleeping and then I heard the sound of [closes eyes] [word stress] hoe, the sound of hoe, I woke up, I was like "Oh, alhamdulillah, all of this was just a dream, mother's death was just a dream". Even though [word stress] that wasn't (the sound of) mother, that was the neighbour's, ... so it felt like... [shakes head] We (I) still wanted to deny what happened.

Meanwhile, Sofia shared her experience of being in denial before the loss, when her mother was hospitalized due to COVID-19. When receiving the news that her mother's condition was getting worse, she kept denying the situation while convincing herself that her mother would get better. Sofia said:

That night, we received a call (from the hospital) that we have to get ready... for anything (that would) happen ... I kept denying, like, "No, my mom will get better, no [convincing tone]" ... before (receiving) the news, I was in denial, when (the) doctor said, "You have to get ready, because the heart has stopped working, but we are doing CPR," ... I was in denial—My sister-in-law is a nurse, so I asked her, "Mom is okay, right? CPR is going to help, right?"

On the other hand, Putri shared that even until now (at the time of the interview), she would feel that her grandfather is still alive, being in disbelief that the loss happened. The experience of disbelief describes the stage of denial in the Five Stages of Grief (Boyd & Bee, 2019). Putri's experience of disbelief was mentioned as follows: "Just the thought of... knowing that he is not around ... it's saddening. Even until now, it feels like he is here but like, "Is grandfather really gone?" [laughs]"

The experience of denial was mentioned by the participants. To Fatimah who received about her mother's prognosis early, she was in disbelief of the limited life expectancy of her mother's. After the loss, it took her about a year to finally accept her loss after adapting to her new life without her mother. To Aisyah and Sofia, they were

in denial to the sudden loss of their parent(s) due to COVID-19, while to Putri, she was in disbelief that her grandfather is no longer with her. These experiences of denial were discussed under this theme “Denial”.

4.2.5 Anger, Disappointment, Regret

The participants also mentioned emotions related to anger, such as annoyance, frustration, and disappointment. They experienced these emotions related to external factors such as the presence of other people during the period of loss, the COVID-19 procedures, and the hospital management. Besides that, the participants also shared the experience of guilt and regret. Anger is a negative emotion that emerges from having a barrier that prevents the achievement of a goal, co-occurring with disappointment and regret (Matarazzo et al., 2021; Mill et al., 2018). Thus, the mentions of anger, annoyance, and frustration, as well as disappointment and regret are being analysed together under this theme “Anger, Disappointment, Regret”.

Fatimah expressed her frustration towards other people during the period of taking care of her mother until after the loss. While she was taking care of her mother, the sudden arrival of guests made her overwhelmed that she became frustrated. After the loss, while Fatimah had difficulty in regulating her emotions about the loss, she had to comply with the rules of the house. Fatimah shared that, while her strict father would instruct them to comply with the rules, her younger sibling would ignore it, which led to a conflict among them. The conflict led her to feeling frustrated that she eventually reached out to her aunt, who she was emotionally attached to, to talk about the situation at home.

Meanwhile, Aisyah expressed her frustration towards the COVID-19 procedures. The late arrival of the ambulance and the processes of sending her mother’s COVID-19 test sample to a different town delayed the process of her mother’s funeral to a few days after the death. Moreover, Aisyah also particularly expressed her frustration toward others’ comments about her loss as she shared:

... Some people would say, [makes expression] “You must have it good, getting a lot of money left by them”. [word stress] When in fact, [clicks tongue, makes gesture] that’s nothing to compare to what my parents

[frustrated tone] ... I don't want that [makes gesture], it would be better (if it can be) replaced with my parents, (I) don't need the money.

Other than that, since her father who was infected with COVID-19 was hospitalized until the end of his life, Aisyah expressed her regret that she could not properly take care of her father until his last day. The experience of regret was mentioned as follows:

(I feel) sad because, until the end, (we) couldn't take care (of him). Though, at home (before sending him to the hospital), we did give him bath, wore the gloves [makes gesture], the PPE, and everything... [inhales] but (it) felt like it wasn't enough. [word stress] It happened so fast, it wasn't enough. If possible, (I) want to take care of him until the end. I felt like, [clicks tongue] "Why didn't I become a doctor..." [smiles], like, I could have taken care of him.

Similar to Aisyah, Sofia also mentioned the experience of anger towards other people as she shared that she would get angry if someone commented about her mother, as mentioned in the following statement:

I can't take it if someone talks about my mother, for example, "Your mother didn't teach you?", "Didn't your mother do anything like this for you before?". [word stress] I would—I'm a hot-headed person [laughs], if I don't like something, I will get mad.

Sofia also expressed her disappointment towards the COVID-19 situation as it prevented her from offering her final goodbye to her mother. She shared, "So, the MCO made me feel like, I couldn't see my mom, I couldn't see my mom for the last time, (it was) only from video calls... [word stress, shaky tone] I couldn't kiss her for the last time."

Moreover, Sofia also expressed her regret that she could not contribute to managing her mother's *jenazah* due to the COVID-19 procedures, despite having the knowledge and the responsibility as the daughter to do it. Sofia said:

My mom said that she wants me to have a strong basic religious knowledge, so that I can manage her *jenazah* ... so it can be useful when she is gone. I feel disappointed ('*terkılan*') like... [silence]... I did this, for her. But I couldn't fulfil what she wished for. Not because I didn't want to do it, not because I didn't know how to do it [disappointed tone]. But because of the MCO.

On a different note, Aminah shared her disappointment towards the hospital management. It was "the most heart-breaking moment" for her when she received the

news of her grandmother's passing late. She also shared that the irresponsibility and inability of the hospital to control the spread of the COVID-19 in the facility disappointed her. This can be observed in the following statement:

There was (the feeling of) frustration... [frustrated tone] "What is all this?" "How did they...?" ... Especially when the situation at the hospital at the time was uncontrollable, like... (it was) too packed with the COVID cases, so like, the general cases became... the second place, third place... And especially when the hospital was too packed at the time, and... in that situation... my late grandma, she was transferred to a different ward, and she was infected there. We as the family members, of course would feel like, how could the situation become uncontrollable to the point the hospital could be careless in matters like this? How... could the infection happen in the ward? ... So back then it was like... we didn't know who to blame."

Furthermore, Aminah also mentioned the experience of guilt. Guilt and regret often occur together with bereavement. Bereaved people often wish that they could have done differently to prevent the loss (Stroebe et al., 2014). To Aminah, she could have solved the situation using a different way instead of sending her grandmother to the hospital. Even so, she realized that it could have been worse if she had not sent her to the hospital. Aminah shared:

I felt guilty at the time ... I sent her to the hospital, even though I was aware that the hospital was too packed with COVID cases at the time. But I would feel more guilty if anything happened to her, if she was at home, without receiving treatment.

Putri also expressed her frustration. As a highly sensitive person, she has always been aware of what other people are feeling. During the period of loss, she was aware that her mother was feeling down because of the loss, though did not express it, which made Putri feel frustrated. Additionally, Putri also expressed her regret that she did not meet her grandfather before his passing. She shared:

The night before (the loss), my sister slept over at my grandparents' house ... My sister stayed there for a few days before while I didn't meet (him). [word stress] And then the next day, he... passed away ... [clicks tongue] I do feel sad because (I) couldn't meet him that week.

The experience of emotions related to anger such as annoyance, frustration, and disappointment were experienced by the participants during the period of loss. These emotions were experienced particularly relating to the presence of other people during

the period of loss, about the COVID-19 procedures, and the hospital management. Furthermore, it can be observed that the experience of regret was experienced by the participants who lost their loved one(s) to COVID-19, for example Aisyah, Sofia, and Aminah. As they were separated by their loved one due to hospitalization, their time to spend together was limited, which led to the experience of regret that they wished they could make a different decision, spend more time to take care of their loved ones, or offer their final goodbyes to their loved ones. Putri, who lost her grandfather to heart failure, also experienced regret as she could not spend more time with her grandfather for the last time. These experiences were discussed under this theme “Anger, Disappointment, Regret”.

4.2.6 Worry

When being asked about their inner experience of thoughts during the period of loss, the participants mentioned the experiences of feeling worried and anxious as they wondered about what will happen in the future without their loved one(s). These experiences of fear and worry are analysed under this theme “Worry”.

Fatimah shared that after the loss, she was worried about whether she would be able to take up her mother’s role for her younger siblings. Fatimah mentioned ‘*takut*’ which directly translates to “scared” or “fear”, but by context, it refers to feeling worried. According to Fatimah:

Actually, after my mother had [slow tone] gone, that was what I was really scared of (‘*takut*’; worried). It was like, I felt the burden, because after this, ... (to my) younger siblings, I would be the one to take care of them, [slow tone] to do everything ... I was not sure (if) I [slow tone] can do it or not.

Like Fatimah, Aisyah also experienced worry over the responsibility as the older sibling to take up her parents’ roles and to take care of her younger siblings. She was also worried about how she would survive without her parents who had been her sole emotional support. Aisyah said:

It felt like, there was [shaky tone] no hope left. I thought, “After this, how do I manage...? Can I manage my younger siblings? Can I change

myself, to have [word stress] more sense of responsibility? [shaky tone]
Who else do I share my problems with after this?"

Meanwhile, Sofia said, "...to be honest, (it) never happened in my life, to be alone...". It was indicated that she felt anxious over the change in her life without her mother who had always been with her.

On the other hand, Aminah shared that she was worried if her family members would blame her for her decision to send her grandmother to the hospital. Aminah also mentioned '*takut*', which can be translated as "scared" or "fear", but by context, it refers to feeling worried: "At the time I was (feeling) really, really down because I felt like... [slow tone] I was scared ('*takut*'; worried) that my family members would blame me for my decision action at the time".

Individuals with high SPS are prone to experiencing fear and worry (Bas et al., 2021; Grimen & Diseth, 2016). The experience of fear and worry was shared by the participants as they shared their thoughts during the period of loss. They experienced fear and worry about what will happen in the future without their loved one(s). Additionally, Fatimah and Aisyah who are the older siblings in the family frequently mentioned their worry about the responsibility of taking care of their younger siblings to replace the role of their parent(s). These experiences were categorised under the theme "Worry". As the participants described the experience of worry, they also shared the experience of engaging in ruminative thinking and wondering about the future. These experiences will be presented in the next theme.

4.2.7 Reflection

When being asked about the inner experience of thoughts they had during the period of loss, the participants mentioned that they had engaged in ruminative thinking and wondering about how they would continue to live without their loved one(s). Thus, these experiences were categorised under the theme "Reflection".

Fatimah shared that she wondered whether she could replace her mother's role for her younger siblings. To her, this responsibility felt like a burden, and she was not

sure if she could do it. Fatimah also shared that she pondered about how she can talk to her younger siblings to relieve their worries. Fatimah said:

I didn't know what else to do ... [slow tone] Now that my mother is gone, I have to become the figure to... [mumbles] for example, (to have a) talk with my younger siblings... but I didn't know how to do (it) ... I'm not close to them so it became, it became a concern (for me) because, I didn't know what to do.

Similar to Fatimah, Aisyah also shared that after the loss, she was thinking a lot about whether she could take the responsibility of replacing her parents' roles for her younger siblings. She also reflected on her past self, that she should change herself as preparation to take the role of the guardian for her younger siblings. Aisyah shared:

I thought, if I keep on this habit of minding my own business (like) before, and then when, for example, (I) have (my) own family, how would I communicate with (my) children? If, with our children, we only mind our own business, but how would we ask [word stress] their problems? (Similarly) with my younger siblings, if I keep on minding my own business, how would I know their problems? Who else would (they) share (their) problems with?

Meanwhile, Sofia shared that after the loss, she could not do anything to cope due to the pandemic lockdown and was in a daze throughout the lockdown period. When being asked about what she was thinking being in the state, Sofia shared that she was thinking and brooding over how can she survive without her mother.

Similarly, Aminah also mentioned her experience of brooding over the loss, thinking about how she would continue living without her grandmother, leading to her depression. She then reflected that she had to relieve the negative feelings and decided to look for a mental health support group. Aminah shared her thoughts:

At the time, I started to feel ... half of (my) world has gone ... I thought, "What else could I do to live?", "There's no one else to... to take care of me", "...to express my feelings to...", [stress tone] "What else could I do, staying in her house?" ... "How else do I live?" ... So that comes the suicidal thoughts.

Alternatively, Putri shared that she often reflects on the time she spent with her grandfather. To her, reflecting on the memory helped her cope with the loss as the feeling of grateful reduced the negative feelings she had about the loss.

Thinking and reflecting are acts that high SPS individuals tend to engage in (Bas et al., 2021). When being asked about their inner experience of thoughts, the participants shared the experience of engaging in ruminative thinking and wondering about their life without their loved one(s). They reflected on their lives and made plans on what to do to continue living without their loved one(s). The experience of reflection was shared by the participants in a positive way as they implied the beginning of acceptance that their loved one is no longer with them, and they have to continue their lives without their loved one(s). This experience was categorised under the theme “reflection”. As they described their inner thoughts during the period of loss, they mentioned the experience of acceptance, which will be presented in the next theme.

4.2.8 Acceptance

The experience of acceptance was mentioned by the participants as they shared their thoughts of engaging in self-talk to calm themselves. Acceptance is the last stage in the Five Stages of Grief theory, after the stage Bargaining.

When being asked about the experience of acceptance, Fatimah shared that it took her about a year after the loss that she can finally accept the loss of her mother. Within the year, she was still in denial, processing what actually happened, what was happening, and what will happen. As time passed, her lifestyle changed and she had many things to focus on, she eventually accepted that her mother was no longer with her.

Meanwhile, Aisyah shared that as she learned about her parents’ good deeds, she started to experience acceptance:

While there was sadness, there was also the feeling of glad ... At the time, we just learned about [makes expression] the good deeds that our parents have done in secret, so it felt, [clicks tongue] “It’s fine... (they are) in a better place”, so it made us (I) felt a bit accepting (*‘redha’*) ...

In the writing that she shared, Aisyah mentioned that they (Aisyah and her siblings) should accept the fate that was written while spending the remaining time of their lives to repay her parents (*‘balas budi’*), to make them happy in the life of the hereafter.

On the other hand, according to Sofia, she has yet to move on from the loss even until now (at the time of the interview). Even so, she would calm herself and convince herself to accept the loss. Sofia shared:

I will convince myself that I'm not alone, I still have my family, I... still have someone that will support me no matter what, I still have someone... to share (my problems) with ... There's nothing permanent (in this world) ... Everyone will pass away. I'm going to get better, it's a matter of time.

Similarly, Aminah also mentioned acceptance. As she had done everything she could to protect herself and her grandmother from the COVID-19, the only thing she could do next was to accept what had happened. Aminah expressed:

We were not sure of what we should have done because, (even if) we have protected (ourselves), (even if) we had been cautious, if it's meant to happen, it will happen. We just have to accept it and '*redha*' no matter what, ... (I was) not sure how to feel about it [smiles] but, (I) just had to accept it.

Acceptance is the last stage mentioned in the Five Stages of Grief theory. The experience of acceptance was not directly mentioned by most participants. Even so, they shared the experience of convincing themselves and giving themselves time to heal and accept the loss. According to Sofia, she has started to heal from the loss that she agreed to participate in the study. Other participants such as Fatimah and Aisyah shared that they have eventually accepted the loss as time passes. These experiences of acceptance were discussed under this theme "Acceptance".

4.2.9 Sensory Experiences

The participants mentioned a few experiences related to their sensory awareness, for example, being reminded of their loved ones from the environmental information or being aware of the surrounding environment. Other than these two experiences, three participants also shared other sensory experiences, which will be discussed in the subtheme "Other Sensory Experiences". Individuals with high SPS are sensitive to internal and external stimulation. They are easily aware of the subtleties in the environment and tend to notice and pay attention to other people's emotions (Aron & Aron, 1997; Bas et al., 2021). The sensory information that was mentioned by the

participants include sense of touch, auditory information, taste, smell, and visual information.

4.2.9.1 Being Reminded of the Loss from Environmental Information

When being asked about their sensory experiences during the period of loss, few participants shared the experiences of recalling the memories related to the loss of their loved ones when being exposed to certain sensory or environmental information. This experience can be interpreted as cued recall whereby they recalled the loss experiences when being presented with retrieval cues (Goldstein, 2019).

Fatimah shared that she has a habit of associating a scent with the experience she had. According to Fatimah, when she experienced a difficult time during the pandemic lockdown, she could recall the scent of her room during her college years, a phenomenon called the Proust phenomenon (Chu & Downes, 2000). When being asked if the “difficult times” she referred to involves the period from taking care of her sick mother until the experience of loss, she agreed, indicating her odour-evoked memory related to the loss experience. According to Fatimah:

I can remember the smell during a time... (like) that smells like that (time), this smells like this (time). But basically, I notice this when (I'm having a) hard time [slow tone] ... (For example) I was stuck, like, when I was going to my work, with the COVID and everything ... I became nostalgic during university time ... I could recall the smell of my room during... semester one, semester two, ...

Meanwhile, Aisyah particularly shared that for about two months after she lost her mother, she was unable to touch a cold pot as it would “automatically” make her recall her experience during the body identification process of her mother, referring it as a “trauma”. Aisyah shared:

I was [word stress] traumatized to the point—The (mother's) body was frozen (for preservation) —It was to the point, even after one or two months, I couldn't touch [makes gesture] a cold pot, [smiles] because, [word stress] it was traumatizing, it felt like touching the body. I couldn't (touch a cold pot), (I) would automatically remember (it).

Aisyah also shared her one experience of being triggered by the sound of someone hoeing outside, thinking that it was the sound of her mother gardening. In

addition, Aisyah also shared that for about two months after her loss, as she passed a hill on her way back from her workplace, she would be reminded of her parents. This experience demonstrates the sensory experience she had whereby she would recall her parents when seeing and passing the hill. Aisyah expressed:

There's [makes expression] a hill along the way back home. [makes gesture] Starting from the way of the hill, I would [makes expression] automatically cry, remembering my parents, until (I) reached home. At home, I would stay in the car, (I would) cry ... That happened for about two months.

Similarly, Sofia also shared similar experience of being reminded of her loss from environmental information. When being asked about her sensory experiences, Sofia immediately shared her experiences of remembering her mother when being in certain places she used to go with her. Sofia shared:

Even when I go out with my friends, they, [word stress] too, will cry, "We used to come here with mother". And if we do certain activities, "We used to do this activity with mother" ... The environment will (make us reminisce) ... "If mother was here, she wouldn't want to eat this".

Sofia also shared that she could not stay in her mother's house as it reminds her of her memories with her mother. Sofia also mentioned that she could not listen to the songs she used to sing with her mother and still could not consume certain food that used to be her favourite. These experiences indicate the sensory sensitivity she experienced after the loss. She mentioned:

(Now) I have a lot of food that I couldn't eat, my favourite food that is no longer my favourite. My mom used to love making burnt cheesecake, so until now, I've only ever ate it [word stress] once ... I don't eat truffle because... before this, I've only ever ate truffle that my mom made. So, when my sister tried making it, I said, "It's not the same".

Meanwhile, Aminah also shared that she could not stay in the house as she would be reminded of her grandmother. Aminah said, "When I stay at home, ... I would remember her. I went to the toilet, suddenly, ... I went to her room".

On the other hand, Putri, who mentioned that her sensory sensitivity usually involves olfactory information, shared that during the early period of the loss, she would smell the scent of camphor (*'kapur barus'*; a chemical that is usually used in Malay/Islamic funerary ritual). Putri mentioned that as she smelled the scent, she would

be reminded of her grandfather, “(My nose) is very sensitive ... At the beginning (of the loss period), (I could) smell the scent of camphor [laughs] ... then I would recall it (the loss experience)”.

When being asked about their sensory experiences, the participants shared the experiences of being reminded of the loss from sensory and environmental information. In addition, they also shared the experience of being aware of the surrounding environment. This experience will be presented in the next subtheme.

4.2.9.2 Being Aware of the Surrounding Environment

Individuals with high SPS tend to notice or ‘feel’ other people’s emotions (Bas et al., 2021). The participants also mentioned having to be aware of the surrounding environment, for example watching out their actions and be considerate so as to not offend the people around them. In Malay, this behaviour is called ‘*menjaga hati seseorang*’.

Fatimah shared that during the period of loss, she sensed the tense environment within the house if someone does not obey the house rule. She said, “(I felt) tensed... with the situation. [silence] (We were all) in the same place, (if) something (unpleasant) happened, (everyone would be) affected, even if it’s not directly.

While Fatimah shared that she felt negatively about having to be aware of other people’s reactions, Aisyah viewed it positively. She said, “This (experience) made me notice the importance of being aware of our surroundings”. To her, before the loss, she was indifferent to the surrounding people, only focusing on her parents as her sole support system. After the loss, she focused on improving herself by paying attention to other people. She shared her opinion, “(I) feel like being more aware (that) we are not living alone until our death. We live (in this world) with other people”.

Meanwhile, Sofia shared her experiences of watching out for her actions so as to not make her family sad. Sofia said:

Normally, (when feeling sad) I don’t look for my family. I don’t want to offend them [laughs]. Because I lost my mother, but I still have my family. So I don’t want them to think, (that) they are... useless to me, no,

they are valuable (to me), it's just... [word stress] It's not that my family is not supportive, but I want to... take care of their feelings (*'jaga hati mereka'*).

Sofia also shared her experience of being affected by others' feelings. According to Sofia, she looks like her mother if she wears her glasses. There were a few times that she forgot to remove her glasses after a drive, and it triggered her family as she reminded them of their mother. To her, seeing her loved ones sad would make her sad as well. Sofia shared:

I don't like making other people sad, and I don't like people feeling sad because of me ... I don't like (seeing) people feeling sad, I [word stress] cannot (see) people cry, I would [word stress] cry (as well) ... I don't like wearing my glasses because I would make other people sad, in that way, I would feel sad too."

Similarly, Putri also mentioned that she had to observe her actions during the period of loss as she was aware that her mother was feeling down because of the loss and did not want to offend her mother. Putri shared:

I tend to be more hypervigilant of my mom ... I didn't want to upset her because she was already upset because of the loss ... [word stress] It was tiring, I was like, "Is what I'm doing correct? Am I doing the right thing? Am I being watched?" [laughs]

Putri also shared that she could sense the gloomy atmosphere during the period of loss. She also shared that she would feel overwhelmed from being affected by other people's emotions. She expressed:

I did feel overwhelmed actually ... I'm like an emotional sponge [laughs] ... I tend to absorb everyone's feelings, even if it's a [word stress] good feeling or bad feeling. It can be overwhelming to me [laughs]. I have my own feelings, and sometimes my feelings are heavy, and then, other people's (feelings) would come too, so it's like, there's a lot in (my) head ... Sometimes when I get overwhelmed, it will affect my sleep. When (I'm) going to [word stress] sleep, I (would) feel like inside my head, there's [word stress] market noises (*'bunyi pasar'*), like the noises at the market [laughs].

Being able to easily notice other people's mental condition is one of the traits commonly found among individuals with high SPS (Bas et al., 2021). This experience was mentioned by the participants. While they were experiencing the loss of loved one(s), they were also aware of the surrounding people's responses and had to observe their actions so as to not offend the people. Other than these experiences, a few

participants also shared other sensory experiences they had during the period of loss. These experiences will be presented in the next subtheme.

4.2.9.3 Other Sensory Experiences

Other than the sensory experiences mentioned in the above themes, the analysis also found that a few participants mentioned the sensory experiences that happened particularly during or after the loss experience. For example, they shared that they noticed their sensitivity after the loss, or they became sensitive to a certain stimulus during the period of loss.

Aisyah and Sofia particularly mentioned that they became more sensitive after the loss they experienced. According to Aisyah, she had never noticed her sensitivity before the loss. After the loss, she noticed that she could not stand loud noises and songs. Aisyah shared:

Before my parents passed away, I could listen to [makes gesture] loud songs. [word stress] After (the loss) [makes expression] I cannot (stand it), [clicks tongue, makes gesture] I feel like, how do I describe it... I feel like, [makes gesture] my head hurts... I cannot stand it.

Aisyah also shared that her younger sister also noticed the change of sensitivity, whereby she (Aisyah's sister) questioned why Aisyah could not stand the songs now when she used to listen to the songs before. Similarly, Sofia also mentioned that she became more sensitive after the loss of her mother that she will be emotionally triggered if someone talks about her mother.

On the other hand, when being asked about her sensory experience during the period of loss, Putri shared that she mainly experienced being sensitive to light. Because of the gloomy situation during the period of loss, she would stay in a dark room most of the time during the period. Putri explained:

At the time I stayed in a dark room most of the time ... I wouldn't turn on the light (most of the time) while I was doing my work, when I was done (doing my) work, (I was) tired, then I turned off the light, (I would) lie down [laughs]. I would like, "I'm tired..." [laughs].

The sensory experiences were shared by the participants when being asked about the inner experiences of sensory awareness during the period of loss. The participants

shared that they experienced being reminded of the loss from sensory and environmental information. They also shared the experience of being aware of the surrounding environment and having to observe their behaviour to avoid offending their family members. Besides that, Aisyah, Sofia, and Putri also shared other experiences such as noticing the change of sensitivity after the loss or being sensitive to sensory information such as light.

Based on the analysis of verbatim, nine themes of inner experiences were found which are “Sorrow”, “Saudade”, “Intense Feelings”, “Denial”, “Anger, Disappointment, Regret”, “Worry”, “Reflection”, “Acceptance”, and “Sensory Experiences”. These themes covered the inner experiences framework of the study which are thoughts, feelings, and sensory awareness. The experiences were also discussed in the past SPS studies about the characteristics of high SPS individuals and their experiences of daily lives, which will be discussed in Chapter Five. The next section will present the findings of the second research question.

4.3 COPING WITH THE LOSS OF LOVED ONE(S) DURING COVID-19 CRISIS

This section discusses the findings of the second research question of the study which is: “How do individuals with high SPS cope with the loss of loved one(s) during COVID-19 crisis?”. Based on the analysis of the transcription of the interview, the study found eight themes of coping strategies mentioned by the participants. The themes include: “Self-talk”, “Positivity”, “Social Withdrawal”, “Avoidance”, “Social Support”, “Distraction”, “Emotional Expression”, and “Other Coping Strategies”.

4.3.1 Self-talk

When being asked about the inner experience of thoughts, the participants shared the experience of engaging in self-talk to calm themselves and to cope with the loss. In this study, self-talk is defined as the act of talking to oneself as a strategy to cope with the inner experiences related to the loss.

According to Aisyah, as she learned the good deeds her parents have done secretly, she told herself, “It’s fine, (they are) in a better place”. In the writing of thoughts that she shared during the interview, she convinced herself that “Allah does not test beyond one’s capability” and encouraged herself to continue in the remaining time she has to contribute to their parents in the Hereafter.

Similarly, Sofia also shared that she engaged in self-talk to calm herself, saying to herself, “I’m not alone, I still have my family, I still have someone that will support me no matter what, I still have someone to share (my problems) with. (there’s) nothing permanent (in this world), everyone will pass away. I’m going to get better, it’s a matter of time,”. Sofia also shared that she could control herself from feeling negatively about the loss. This statement was mentioned as follows:

I still can control myself. I would (talk to myself), “Okay, I can’t be depressed, I shouldn’t (feel) this way, no, it’s not good to be depressed”. There’s so much way to control my emotions, there’s so much way... to be happy.

Like Sofia, Aminah also shared her experience of applying self-talk to calm herself and to cope with her feelings during the period of loss. Aminah shared, “At the time, I mostly isolated myself, so what I did, I talked to myself. I said, “Okay, it’s okay, you can (do it), (it will) pass,”.”.

As presented above, the application of self-talk to cope with the inner experiences related to the loss was observed from the thoughts the participants engaged in during the period of loss. To calm themselves, the participants applied self-talk so that they can slowly accept the loss. Thus, the theme “Self-talk” was identified as one of the coping strategies applied by the participants to cope with the loss. Other than self-talk, positivity was also found as the participants shared their inner thoughts during the period of loss. This coping strategy will be presented in the next theme.

4.3.2 Positivity

As the participants shared their thoughts about the loss, they indicated the application of positivity to cope with their inner experiences related to the loss. They mentioned the feeling of grateful as they look on the positive side of the experience. Thus, the theme

“Positivity” was identified from the analysis. The participants also applied positivity as they viewed the loss in Islamic perspective. This view will be discussed in the next section “coping experiences in Islamic perspective”.

Aisyah viewed having the relatives to help her and her siblings during the tough times positively. She said, “It was fortunate that mother’s siblings were living in this area, close to our house... so they’ve helped a lot,”. She also viewed positively about having the graveyard next to her house as they could watch the funerals of their parents from the house.

Similarly, Sofia also applied positivity as she shared her feeling of grateful for having her brother to manage her mother’s funeral, reducing her feeling of regret for being unable to fulfil her mother’s wish. This experience was mentioned as follows:

My brother managed it (the funeral), so I felt, “It’s okay, he’s also mother’s child”. Even though I couldn’t do it, even though she—my late mother wanted me to be part of the process, but... I couldn’t (do it). So, my brother managed it. So, I felt like, not... [word stress] not fully regret, because one of her children managed (the funeral).

Sofia also shared her positive view of having her circle of friends and family around her to help her cope with the loss. Moreover, Sofia also shared that she would look on the positive side of the loss by viewing that if her mother survived Stage Five of COVID-19, her mother could face more difficulties as her internal organ could be damaged. This experience can be observed in the following phrase:

I would say, “There’s a reason (*‘hikmah’*),” ... So, one thing I would say to myself, “There’s a reason behind this,”. If mother survived after the Stage Five of the COVID, maybe her internal organ (would be) damaged, there would be some difficulties, mother would suffer. There’s [word stress] a reason ... I [shaky tone] would calm myself like, “It’s better than her being in pain. Let her rest,”.

Likewise, Aminah also shared similar experiences like Sofia as she looked on the positive side of the loss by viewing that her grandmother was strong to not being put to sleep even at the Stage Five of COVID-19. The application of positivity was mentioned in the following statement. In addition, like Sofia, Aminah also shared that she felt grateful to have one of her relatives to participate in her grandmother’s funeral. Aminah shared:

She was (at) Stage Five at the time. But I'm so glad, while she was at Stage Five (of COVID-19), she wasn't put to sleep like how other (Stage Five) patients that were put to sleep. She was still strong, even though at the time, (she had to) rely on the oxygen (support).

Meanwhile, throughout the interview, Putri talked about her loss experiences positively. She shared that while she felt the loss of her grandfather, she viewed her times with him as something that she felt grateful for. This indicates the positivity Putri applied to cope with the loss of her grandfather. Putri expressed:

A part of me was also grateful for the time that I had with my grandfather ... I get to share some life milestone with him, and then he was proud of me ... Most of the time, (when) I think about the loss, [word stress] it's saddening, and then there's grateful.

Additionally, when being asked about the experience of loss related to the COVID-19 situations at the time, Putri shared her positive view as she and her family experienced it after the major outbreak, so the loss experience was bearable to her.

When being asked about the inner experience of thoughts, the participants shared the experience of viewing the loss positively to cope with their feelings about the loss. This indicates that the participants applied positivity as a coping strategy to cope with the loss experience as presented in this theme "Positivity".

4.3.3 Social Withdrawal

Social withdrawal refers to the behaviour of avoiding people in a social circle. There are three types of social withdrawal whereby two types were identified mentioned by the participants: unsociability and social avoidance. As the participants were in the process of recovering from the loss, they decided to avoid contacting their social circle. Thus, this experience was identified as one of the themes of coping experience "Social Withdrawal".

Fatimah shared that she was out of contact with her social circle for about a month after the loss of her mother. She referred to this period of social withdrawal as the period of coping with her loss. According to Fatimah, she withdrew herself from her social circle because she was "not ready to socialize", indicating the unsociability type of social withdrawal. Within a month after the loss, she slowly responded to her

friends as she was prepared to 'go back to the real world'. Fatimah said, "Actually, (during) the first month, I excluded myself from the outside world. And then after that, (I was) still coping but ... (I) could (go back) to the real world".

Similarly, Aisyah also shared that she withdrew herself from her social circle for a short period after the loss of her parents. To her, she wanted to avoid being reminded about her loss experiences while she was coping with the loss, indicating social avoidance. Even so, about a month after her loss, she started contacting her social circle.

Other than that, Aisyah also shared that she avoided being with other people because she felt uncomfortable hearing comments about her loss. One of the experiences was mentioned as follows:

There were some (people) who would say ... to father, that he can get remarried and all, ... so that makes it stressful [smiles] ... I really... [makes expression] didn't mingle with other people, because... (I) didn't want to hear what other people [makes gesture] would say.

Likewise, Aminah also shared that she isolated herself most of the time during the period of loss. She shared, "Most of the time, I isolated myself in (my) room...". The lack of seeking social support and low avoidance indicates that Aminah engaged in unsociability type of social withdrawal to cope with her loss.

On the other hand, Putri isolated herself to neutralize her overwhelming feelings about the loss. As the loss made the atmosphere within the family 'gloomy', she stayed in a dark room to cope with her inner experiences, indicating unsociability. She phrased, "(About being aware of the gloomy atmosphere) Hm-hm, right. That's why I stayed in a dark room. [laughs] I... didn't really meet other people [laughs]. It, it took me some time [laughs]".

Putri also shared that she decided to take time off work for a few days to cope with her feelings about the loss. To her, the loss affected her work, so she asked for a few days off to heal herself. She shared:

(The loss) kind of affected my work, like, I said to my (superior), I need some time off. I think I took about three days (off) ... three days then weekend, and then ... (I was) still recuperating and then (I) started to slowly work (on my tasks).

Contrary to the other participants' statements about social withdrawal, Sofia shared that she would rather make herself look approachable by not isolating herself and stayed outside of her room. To her, she wanted her family members to talk to her during the period of loss. This statement was shared by Sofia as follows:

I even slept outside (of my room), I didn't want to sleep in my room because I didn't want people to think I was isolating myself ... I tried to stay outside so people would talk to me, so they would know I was... approachable at the time. I wanted my brother to talk to me, so they don't have to think I was depressed (because of the loss).

The participants shared that they experienced social withdrawal after the loss. To some participants, they did not seek social support to cope and were not ready to socialize, indicating the unsociability. Meanwhile, to Aisyah, she wanted to avoid feeling negative from talking about the loss experience to others, indicating the social avoidance. Other than the experience of social avoidance mentioned by Aisyah, Sofia also shared the experience of avoiding the stressor to cope with her loss. The experience of avoidance will be presented in the next theme.

4.3.4 Avoidance

Avoidance was found to be another theme with regards to the coping strategies the participants applied to cope with the loss of loved one(s). Two participants, Aisyah and Sofia mentioned avoidance as a coping strategy to avoid the stressor while they were coping with the loss.

As mentioned under the theme "Social Withdrawal", Aisyah shared that the reason of her social withdrawal was to avoid being reminded of her loss experience. Having to talk about her loss to her social circle while she was still healing from the loss could make her feel worse, so she avoided her social circle. She said, "I really avoided from meeting them [shakes head] because [word stress] I wanted to avoid... from sharing to them [makes gesture] ... I didn't want to feel [shakes head] weaker ... (I) didn't want to make myself weak again". This statement shows avoidance as a coping strategy that Aisyah applied to cope with the loss.

Meanwhile, Sofia shared that she wanted to avoid being reminded of the memories with her mother. To her, staying in her mother's house would remind her of the memories she had with her mother, which could lead to her feeling sad and depressed. To avoid the negative feelings, she decided to leave the house. This experience was mentioned in the following phrase. Other than that, Sofia also shared that she has not consumed her favourite food, since it will remind her of her mother.

I feel the existence of my mom in [word stress] every angle in the house ... The [word stress] bad side is it's going to lead me depression, anxiety, ... I don't like that kind of feeling. So, I want to avoid (living in the house) ... I can't. Maybe when I get stronger, or (when) I get better, maybe I can stay in that house again, but not now ... The [word stress] bad side (of feeling mother's existence) is going to lead me to feel more upset, so I don't like that kind of feeling.

Avoidance was particularly mentioned by Sofia who avoided the stressors that could remind her of her loss. However, Aisyah also indicated avoidance as she shared her reason of social withdrawal. Thus, the theme "Avoidance" was identified as one of the coping strategies the participants applied to cope with the loss they experienced. Even so, the participants also shared the experience of seeking social support to cope with the loss. This coping strategy will be presented in the next theme.

4.3.5 Social Support

Social support is an important coping strategy among individuals with high SPS to cope with overstimulation and negative emotions (Bas et al., 2021; Black & Kern, 2020; Greven et al., 2019; Yano et al., 2021). While the participants mentioned social withdrawal as a coping strategy, they also acknowledged that social support helps them cope better. Hence, the theme "Social Support" was identified.

Fatimah shared that within a month after the loss of her mother, she slowly started to contact her social circle. To her, after the loss, she was not prepared to face and socialize with other people. A month later, she started to want to be "included with the outside world". Fatimah said, "It was a week or two (that I started interacting with people), but by stages, like (I) started with close circle first. After a month, then I was ready to interact with and reply to the others".

Even so, Fatimah mentioned that social support as her coping strategy was limited due to the pandemic lockdown. She shared that she preferred to meet her aunt (the closest family member she expresses herself to) face-to-face instead of talking over the phone. Because of the pandemic lockdown whereby she could not meet with her aunt, she ended up suppressing her feelings. Fatimah shared:

Usually I would share (my problems) ... I would go to my aunt ... but I'm the type that (prefers) to meet face-to-face. So, (through phone) message, I really would rarely contact (my aunt) [laughs]. If she doesn't call, I would... not contact (her) [silence]. So ... I suppressed it.

Meanwhile, Aisyah expressed her gratefulness for having her relatives, neighbours, and friends as a social support after the loss, supporting her and her siblings throughout the tough time. Aisyah also shared that as she socialized and mingled with her co-workers after the loss of her father, she started to feel better about the loss. She said, "At the time, (I) had to work in the office [makes gesture], so, (I) started to socialize. That made (me) feel... we (I) could forget (the experience)".

Additionally, Aisyah shared that she realized the importance of relying on multiple channels of social support after the loss. To her, she was affected greatly by the loss because her parents were her sole social support provider. During the early period of the loss, she perceived that there was no one else she could share her problems with. So, she decided to focus on building her own social circle after the loss of her parents. Aisyah phrased her experience as follows:

Before (the loss), I rarely spent time with my friends, but now, I would hang out with them, talk about [makes expression] work life. (Even) if we don't chat, I would listen to them. And then... I frequently go back home, to meet my siblings.

On the other hand, throughout the interview, Sofia expressed her gratefulness towards her friends and family as her support system as they have helped her go through the period of loss. Her friends had always been there while she was coping with her loss, accompanying her, sending her food, and making sure she was not alone, while her family would comfort her and invite her on a trip. To Sofia, having her family and friends around her during stressful situations is normal to her. When being asked about her opinions towards the presence of other people during the period of loss, Sofia answered:

My family, my friends... are always with me. So, even my brother (would) come (to me), hug me, comfort me. I feel like (it's) normal (to me), because, it's what [laughs] they always do, (it's) not something new ... As for my friends, (when) I don't eat, they (would) video call me, accompany me to eat, they (would) comfort me, it's normal within my circle.

Sofia also shared that even until now, when she feels sad, she will immediately look for her best friends, calling them or inviting them for a hangout or a trip so that she does not have to be alone. When being asked if being with her friends is a way to distract herself or to express herself, Sofia answered, "For me, [word stress] both, to express my feelings, to relieve my sadness, and, to make me forget the thing that triggered me".

Likewise, Aminah also talked about social support as her coping strategy. She mentioned the occurrence of coping mechanism as she socialized with her colleagues at her part-time job. She phrased it as follows:

(I) try to look for any job that I could ... I found a part-time job ... I think the coping mechanism occurred there, I socialized with (my) colleagues there ... so from there, slowly, I felt better, I could talk to people, I could socialize, I could eat properly.

Alternatively, Aminah also shared that during the period of loss, she found her social support within her Islamic gathering group '*usrah*'. Other than acquiring Islamic input about coping strategies, she was able to build a support system within the group. She expressed herself and shared her experiences with the members of the group, and they would encourage and support her to heal from the loss.

In the same manner, Putri also acknowledged the importance of social support to cope with the loss. Contrary to Sofia who would look for her best friends first before family members, to Putri, close family members helped her relieve her feelings about the loss of her grandfather. According to Putri, while friends would offer words of encouragement, close family members understood the situation as they also experienced the loss. Thus, speaking out her feelings and thoughts about the loss with close family members helped her to heal from the loss. Putri shared her opinion in the following phrase:

I think getting the right support helps. It can be friends, it doesn't have to be your family, (but) people that you trust. (For me,) it did help, speaking (expressing) to some of my family members, like, my sister

(and) my particular cousin, I only trust these two people, to be vulnerable with [laughs] ... With friends, they would offer you words of encouragement, but with family, I think crying together and then ... remembering (our) grandfather ... It kind of healed the heart.

While the participants shared the experience of social withdrawal during the early period of loss, about a month later, they looked for social support. This shows that they viewed social support as an important coping strategy to cope with their inner experiences related to the loss. Thus, the theme “Social Support” was identified since it was mentioned by all the participants. Alternatively, the participants shared that social support served as a distraction from thinking about the loss they experienced. Therefore, distraction as a coping strategy will be presented in the next theme.

4.3.6 Distraction

Distraction involves engaging in pleasurable activities to distract oneself from a stressful event (Allen & Leary, 2010). According to the participants, they looked for sources of distraction to distract themselves from brooding over the loss. By distracting themselves, they can avoid focusing on the loss experience and avoid the negative inner experiences they had.

After the loss, Fatimah and her family were doing clean-up of her mother’s belongings. Fatimah shared that focusing on the activity helped distract herself from thinking about the loss. She said, “Since we had to clean up, it distracted (me) from (thinking about the loss)”.

Meanwhile, when being asked if she did any activity to distract herself, Aisyah mentioned gardening, indicating that gardening served as a distraction to her. Aisyah also shared that socializing with her colleagues and focusing on her work helped her distract from focusing on the loss she experienced. This experience was mentioned as follows:

At the time, (I) had to work in the office [makes gesture], so, (I) started to socialize. That made (me) feel... we (I) could forget (the experience) ... but maybe since (I was) [word stress] busy with work ... (I) felt better.

On the other hand, Sofia shared that social support served as both a distraction and a place for her to express herself. She said, “...for me, [word stress] both... um, to

express my feelings, to relieve my sadness, and, um, to make me forget the thing that triggered me...”. However, during the early period of loss, there was a point whereby Sofia could not access her social support because of the pandemic lockdown. As there was nothing she could do to cope, she looked for other activities to distract herself, such as watching drama, reciting the Al-Quran, and talking with her sibling.

Similarly, Aminah also shared her coping mechanism occurred as she socialized with her colleagues as well as focusing on her work, indicating distraction as a coping mechanism to cope with her loss. Aminah said:

(I) try to look for any job that I could ... I found a part-time job ... I think the coping mechanism occurred there, I socialized with (my) colleagues there ... so from there, slowly, I felt better, I could talk to people, I could socialize, I could eat properly.

Putri also shared her opinion about distraction as her coping strategy. As Putri shared that she felt overwhelmed because of the loss, she shared that scrolling on social media and reciting the Al-Quran helped silence her mind, indicating that those activities helped her distract from thinking about her loss experiences.

Distraction was mentioned by the participants as one of the coping strategies they applied during the period of loss. As they shared the activities, they engaged in to cope with the loss and to stop brooding over the loss, distraction was indicated. Therefore, the theme “Distraction” was identified as one of the coping strategies the participants experienced to cope with the loss. Other than that, the participants also shared that expressing their inner experiences through variety of medium helped them cope with the loss. This coping strategy will be presented in the next theme.

4.3.7 Emotional Expression

The participants shared that they expressed their feelings and thoughts to cope with the loss of loved one through variety of medium. Some of them considered social support as a way of emotional expression, while others considered other mediums as a way to express themselves. To individuals with high SPS, being able to express themselves and to feel understood is important (Bas et al., 2021).

Viewing social support as a medium for emotional expression was mentioned by a few participants. Fatimah shared that she often expressed herself to her aunt. During the period of loss, as she could not contain her overwhelming feelings about the situation at home, she contacted her aunt to express herself.

Meanwhile, according to Aisyah, she rarely talks and shares her problems with anyone. During the period of loss, Aisyah shared that she wrote her thoughts to express herself and to cope with her inner experiences. In the interview, she read one of her entries to share her thoughts about the loss. Other than that, Aisyah also shared that she expressed her worries to her aunts. According to Aisyah, “Sometimes when (I was) not feeling okay, I would look for my aunts, share (my worries) with them ... (Then) they would comfort (me)”.

Similarly, Sofia shared that, other than distraction, her social circle also served as a way for her to express herself and relieve her feelings about the loss. She phrased, “For me, [word stress] both, to express my feelings, to relieve my sadness, and, to make me forget the thing that triggered me”.

Meanwhile, Aminah shared that her ‘*usrah*’ group helped her cope by expressing and sharing her loss experiences to the fellow group members. She also shared that she sought help from the crisis team and support group offered by a Malaysian NGO where she expressed her inner experiences related to the loss.

On the other hand, Putri shared that social support helped her express her inner experiences related to the loss. To Putri, there is a difference between expressing to friends and to family members. With friends, they could help by offering words of encouragement, but with family members, they experienced the loss of a family member as well. So, Putri would express herself with her close family members and cry and remember their grandfather together. Putri said:

(For me,) it did help, speaking (expressing) to some of my family members, like, my sister (and) my particular cousin, I only trust these two people, to be vulnerable with [laughs] ... With friends, they would offer you words of encouragement, but with family, I think crying together and then ... remembering (our) grandfather ... It kind of healed the heart.

In short, the participants shared the experience of emotional expression to cope with the loss. They considered social support as a way to express their feelings and thoughts about the loss they experienced. In addition, one participant Aisyah shared that writing helped her express herself while Aminah sought for support group and professional help to express her inner experiences related to the loss. Therefore, to highlight these experiences, the theme “Emotional Expression” was identified. Moreover, the participants also shared other coping strategies they applied to cope with the loss, which will be presented in the next theme.

4.3.8 Other Coping Strategies

Other than the above-mentioned coping strategies, the participants also shared activities they engaged in to cope with the loss. These activities served as a distraction from brooding over the loss. Besides that, the activities also triggered excitement as well as calmness to help them heal from the loss. They also shared the activities they engaged in during the pandemic lockdown to cope with the loss, since a lot of activities were limited because of the movement restriction.

When being asked about the activities she engaged in to cope with her loss, Fatimah particularly shared that there was a period whereby she engaged in online impulse buying, mostly of home appliances. To her, waiting for her purchase to arrive gave her excitement and happiness. In addition, Fatimah also shared that she started gardening after the loss. When being asked about her coping activities during the pandemic, she mentioned gardening, along with jogging (during the implementation of NRP).

Similarly, Aisyah also shared that she started gardening to cope with her loss, viewing it as an act of continuing her mother’s activities as mentioned in the following phrase. To her, gardening also helped her distract herself from brooding over the loss of her parents. Aisyah shared, “Gardening—We have like [word stress] a yard at our house, (so) I continued ... mother’s work in taking care of the garden”.

Other than that, when being asked about the occurrence of positive life events that helped her cope with the loss, Aisyah answered being comforted by her aunts. The

response indicates that Aisyah views the moments of being comforted by her family as a positive life event that helped her cope with the loss. Aisyah also shared that she and her siblings were invited by her aunts to a trip, to comfort them and make them happy.

When being asked about her coping activities during the pandemic, Aisyah said that she mostly did gardening. Additionally, Aisyah also mentioned reading to motivate herself, spending time with her siblings, and doing activities such as making food to make her siblings happy.

Meanwhile, Sofia also shared that going on a vacation with her friends or family helped her cope. To her, she does not feel lonely being on a trip, as people are always with her. Sofia shared her opinion as mentioned in the following phrase:

For me, the way I heal myself (is by) going on a vacation because I really like going on a vacation. My family will go on a trip every year, so... the way I cope, I go on a vacation. At least people are always with me on vacation. I have to avoid living by myself.

Furthermore, Sofia also shared that sleeping helped her cope with the loss as it stopped her from thinking. She also viewed that sleep helps put one's mind at rest, which they will be able to reflect themselves after getting enough rest. Sofia phrased her opinion as follows:

When (I) sleep, I don't have to think about anything. Because (we're) sleeping, right? We're not thinking (about anything) ... Sometimes, it becomes stress—It triggers (us) because we are [word stress] exhausted. When we go to sleep, we get enough rest, waking up, like, "Okay, I shouldn't do like this, I should do that, I shouldn't..." and all.

When being asked about her coping activities during the lockdown, Sofia shared that she did nothing. As her coping strategies usually involve spending time with her friends, due to the pandemic lockdown, she could not find any other activities to cope with her loss. Even so, she tried to look for a few ways to cope, for example by watching drama and reciting the Al-Quran to distract herself and spending time with her family.

On the other hand, Aminah shared that she looked for professional help to cope with her loss experiences. During the pandemic lockdown, Aminah spent her time with her younger sibling, sharing deep talks and doing something together to cope during the lockdown.

Alternatively, Putri shared that she would reflect on her life with her grandfather to cope with the loss. By reflecting on the time, she spent with her grandfather, she was able to cope with her feelings about the loss and accepted it. Putri also shared that as a highly sensitive person, she has always practiced introspection to cope with her sensitivity. During the period of loss, Putri practiced introspection and compartmentalization to cope. This experience was mentioned as follows:

I'm aware of the state of my high SPS, so I tried to compartmentalize my mind so I can work ... Even though I lost someone, I can still work ... I don't dismiss my feelings ... but I tend to have a certain lock time, like, "Okay, this is your time to feel sad. Okay, you feel sad now," [laughs] "After this, it's done" [laughs].

Furthermore, Putri also said that sleeping helps her cope as it is "the only way that could help her shut down". In addition to that, Putri also shared that gardening helped her cope and heal from the pain of the loss. When being asked about her coping activities during the pandemic, Putri shared that she would go for a drive or shop for groceries (during the implementation of NRP).

The participants shared the activities they engaged in to cope with the loss. The activities served as a distraction for them. Other than that, the activities also gave them the feelings of excitement and calmness to help them cope with the intense inner experiences they had during the period of loss. Moreover, due to the movement restriction, a lot of activities such as spending time with friends or doing outdoor activities became limited. Hence, the participants shared the activities they engaged in during the pandemic lockdown, for example, gardening and spending time with family members, to cope with the loss.

To summarize, based on the analysis of verbatim, eight themes of coping strategies were identified which are "Self-talk", "Positivity", "Social Withdrawal", "Avoidance", "Social Support", "Distraction", "Emotional Expression", and "Other Coping Strategies". These strategies were found mentioned by the participants as they shared their inner experiences related to the loss as well as the coping activities, they engaged in to cope with the loss. These strategies were mentioned in the past SPS studies about the common coping strategies applied by high SPS individuals. Chapter five will discuss the findings of the study and how it relates to the past studies of SPS.

4.4 LOSS AND COPING EXPERIENCES IN ISLAMIC PERSPECTIVE

Religion plays an important role in the daily life of most Malay people (Nur Atikah et al., 2018). While describing their backgrounds, all the participants mentioned that they have received Islamic education via school and/or within the family. As the participants shared their inner experiences in facing the loss of loved one(s) during the pandemic and their coping strategies to cope with the loss, they also mentioned their views from the Islamic perspectives. Three themes of religious views about the loss and coping experiences were found mentioned by the participants, which are “*Redha*”, “Islamic Practices” and “The Importance of Islamic Teachings”.

4.4.1 *Redha* (Total Acceptance)

The participants mentioned their views about accepting (*redha*) what has been written by Allah (*taqdir*). The experience of whole-hearted acceptance of a calamity is a protective effect of Islamic religiosity towards negative feelings (Nadzirah et al., 2015).

Aisyah shared that, even if she made efforts to protect her parents from the COVID-19, if it has been written by Allah (*taqdir*), it will happen. This view was mentioned by Aisyah as in the following statement:

I was worried to the point I didn't allow my parents to leave the house, I was willing to [makes gesture] go back during lunch hour to buy lunch (for them) ... to protect (them), but of course, '*taqdir*', it still happened.

In her writing of thoughts, Aisyah viewed the loss of her parents as a test from Allah and He does not test beyond the capability. She and her siblings have to accept and repay their parents and continue their good deeds to contribute to their life in the Hereafter. In addition, Aisyah also shared that upon learning about the good deeds her parents have done secretly, she started to feel accepting (*redha*).

Similarly, Sofia also shared that she viewed the positive side of her loss to experience the total acceptance (*redha*). To her, there is a reason (*hikmah*) for the loss experience. She reasoned that if her mother survived Stage Five of COVID-19, she

might suffer from damaged internal organ, quoted as follows. With this thought, Sofia was able to feel acceptance (*redha*). Sofia phrased this experience as follows:

I would say, “There’s a reason (*‘hikmah’*),” ... So, one thing I would say to myself, “There’s a reason behind this.” If mother survived after the Stage Five of the COVID, maybe her internal organ (would be) damaged, there would be some difficulties, mother would suffer. There’s [word stress] a reason behind it.

Additionally, Aminah also shared her views about the loss. Even though she has tried her best to protect her grandmother, if Allah wills the happening, it will happen. What was left for her was to accept (*redha*) of the happening. Aminah shared this view in the following statement. Other than that, Aminah also shared her experience of applying self-talk to calm herself by convincing herself that it is a test from Allah:

We were not sure of what we should have done because, (even if) we have protected (ourselves), (even if) we had been cautious, if it’s meant to happen, it will happen. We just have to accept it and ‘*redha*’ no matter what, ... (I was) not sure how to feel about it [smiles] but, (I) just had to accept it.

Likewise, Putri also mentioned that, as Muslims, people should believe that the death is beyond anyone’s control. As she reflected on the time she had spent with her grandfather, she felt total acceptance about the loss of her grandfather. Putri shared, “We as Muslims, we (know) we can’t do much, it’s already the time ... We were given the time (to) spend time together, and then... I had the time to treat (him) ... (I feel) it’s okay”.

As the participants shared their inner feelings and thoughts about the loss, they shared that they have to whole-heartedly accept (*redha*) that the loss was part of Allah’s plan. They realized that even if they had made efforts to control the spread of the COVID-19, if Allah wills it, the calamity will still happen, and there is nothing they could do other than to accept (*redha*). Therefore, the theme “*Redha*” was identified for this view.

4.4.2 Islamic Practices

When being asked about Islamic practices they engaged in to cope with the loss, the participants shared a few practices such as praying (*doa*) for their loved one(s), reciting

the Al-Quran, and performing charity (*sadaqah*), among others. When being asked if they performed the practices more than usual during the period of loss, they agreed to it, indicating the coping activities.

Fatimah shared that she engaged in the activity of reciting the Al-Quran during the period of loss. According to Fatimah, recitation of Al-Quran is part of the scheduled routine in the house. Even so, during the period of loss, there were moments that she would recite the Al-Quran outside of the schedule, indicating the coping experience. This experience was mentioned in the following statement. Fatimah also shared that she recited the Al-Quran more than usual during the period of loss as she said:

(I think), on other days, we did it because we had to, but at the time (during the period of loss), (I) randomly felt like doing it, reciting the Al-Quran. Even if not by reciting it, occasionally, (I would) read... its translation.

Similarly, Aisyah also mentioned that she engaged in the activity of reciting the Al-Quran. In addition to that, she also shared that she engaged in the practices that her parents used to do, such as doing charity and practicing *zikr* (a form of Islamic meditation) and prayers. To her, engaging in these practices is an act of continuing her parents' good deeds while they were alive. Other practices that Aisyah engaged in to continue her parents' good deeds include gardening, doing charity, practicing *zikr* and prayers, maintaining the friendships between her parents and their friends, as well as maintaining the family practice of having a short family meeting during the period between after *Maghrib* and before *Isya'*. Furthermore, Aisyah also shared that when she was feeling down, she would stop by any mosque on her way back from work to join any religious class or talk to calm and heal herself.

Meanwhile, Sofia shared that reciting the Al-Quran was one of her limited coping activities during the pandemic lockdown. She also shared that when she felt sad, she would recite the Al-Quran to calm herself first before looking for her friends. Moreover, Sofia also mentioned her view of engaging in Islamic practices to contribute to her mother's life in the Hereafter. Sofia shared, "It was the [word stress] usuals, pray (*doa*), recite (the Al-Quran), perform the prayers, do charity (*sadaqah*) ... on behalf of my late mom".

To Sofia, performing Islamic practices has always been a norm in her family. To her, engaging in the practices is not only when she experiences difficult times, but at any time. Thus, to Sofia, the frequency of engaging in the Islamic practices is always the same whether before the loss of her mother or after the loss.

Similarly, Aminah also mentioned that reciting the Al-Quran helped her cope with her loss. When she was reminded of her grandmother, she would recite the Al-Quran to calm herself. To Aminah, she engaged in this practice to contribute to her grandmother's life in the Hereafter. She said, "I would recite the al-Quran, I said (pray), "Ya Allah, I recite (the al-Quran), please give all the reward to her"".

Aminah also mentioned that, as she wondered about her grandmother, she would pray for her. She shared her prayer for her grandmother as mentioned in the following quote. Other than that, Aminah also shared that she learned about Islamic ways to cope with the loss of loved one from participating in '*usrah*'. She said, "(When) I think (wonder) about how her situation is, (her) condition in there... I would (pray), Ya Allah, please don't torment her, I don't want her to be in pain".

Meanwhile, Putri viewed the activity of reciting the Al-Quran helps her cope as it could distract herself. She also shared her view of performing Islamic practices to offer it (*sadaqah*) to her grandfather. In addition, Putri also mentioned that she would personally browse and listen to podcasts by religious teachers about how to deal with emotional friction in Islamic perspective.

The participants shared the Islamic practices they engaged in to cope with the loss such as praying (*doa*) for their loved one(s), recited the Al-Quran and so forth. These practices served as a distraction to avoid focusing on the inner experiences they had about the loss. Moreover, the practices also helped them calm themselves. They also shared their reasons for engaging in the practices, for example to continue the good deeds their loved ones have done and to offer (*sadaqah*) the rewards from the good deeds to their loved ones.

4.4.3 The Importance of Islamic Teachings

To explore the participants' opinions on the importance of referring to Islamic teachings about the loss, they were asked "Why does referring to Islamic teachings important to you?". The participants shared various views about the importance of Islamic teachings, for example going back to *fitrah* (original disposition) and to meet their loved one in the Hereafter.

According to Fatimah, her family has always emphasized the importance of Islamic education. She has been exposed to Islamic education since kindergarten. According to Fatimah, performing the practices such as reciting the Al-Quran and Al-Mathurat (a collection of selected Quranic verses and Al-Hadith presented in the form of a litany) is a routine in the household. As she was taught the importance of Islam since childhood, it is natural for her to engage in Islamic practices to cope.

On the other hand, Aisyah mentioned that it is natural for humans to go back to *fitrah* (original disposition). Aisyah also shared that referring to Islamic teachings makes her feel calmer. To her, since she depended on her parents as her physical and emotional support, after the loss, she only has Allah who understands her. She mentioned her opinion on the importance of referring to Islamic teachings as follows:

Because it (is about) back to *fitrah* ... For example, before, when I'm stressed, maybe I would [makes expression] listen to music ... When [word stress] (going) back to Islam, it (makes me) feel calmer [nods], because after (my) parents have gone, I felt like my dependency towards Allah becomes stronger, because before this, we (I) would share everything to (my) parents, but, we know when (they have) gone, who else would understand us (other than Allah).

Meanwhile, similar to Fatimah, Sofia shared that her mother has emphasized Islamic education in her life. Her mother would regularly remind her to perform prayers and to recite the Al-Quran. Thus, to Sofia, performing Islamic practices is normal to her that it is not that until her mother has gone that she started doing it. Sofia said, "It's not that when my mom has gone that I perform it (Islamic practices), no, (it's that) it has always been that way since my childhood ... So basically, it is the basic (knowledge) in the family".

Additionally, similar to Aisyah, Aminah also mentioned that Islam is a basic aspect in one's life. One will refer to Islam to calm themselves and make them happy. Aminah shared her opinion on the importance of referring to Islamic teachings as follows:

I think it is the very basic thing in our life, because it is our *fitrah* ... When at some point, we think that we are getting far away, we [word stress] will go back to basic, back to square, from where we came ... I think it is [word stress] really our natural disposition (that) at some point we will search for something that (makes us) calmer, something that makes us feel happy.

Alternatively, when being asked about her opinion on the importance of referring to Islamic teachings to cope with her loss, Putri shared her view about the life in the Hereafter. After the loss, she realized that she could have a reunion with her grandfather in the Hereafter, so she aims to improve her *iman* (belief). Putri shared her view as follows:

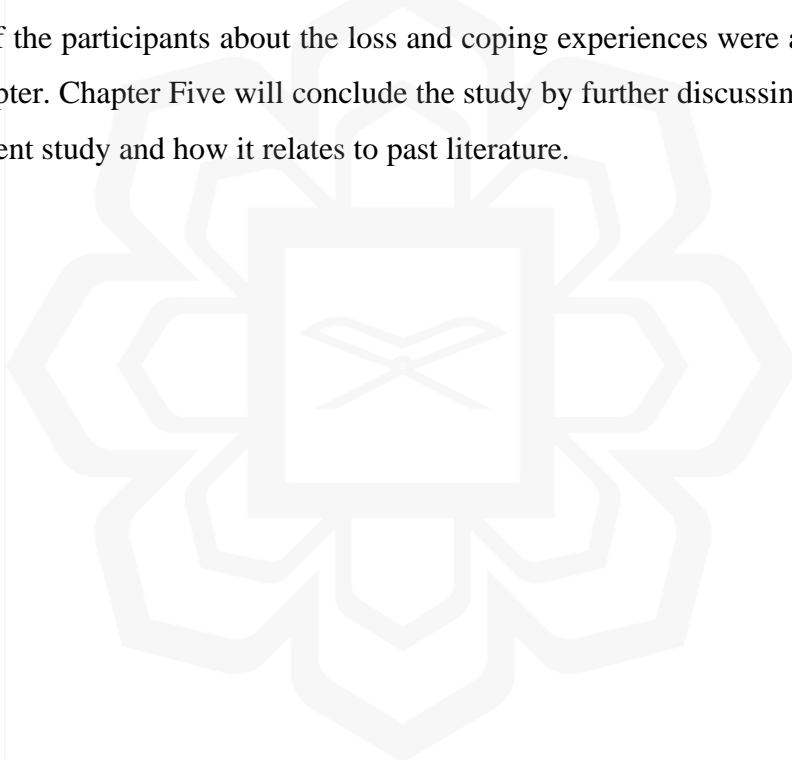
At the beginning, I [word stress] couldn't understand why people look forward... like, I know, I learned (about) the Hereafter ... After the hot zone (of the loss), I kind of feel like this loss helps me motivate myself to increase the (Islamic) practices so that, "Okay, if I were to meet my grandfather I want to meet (him) in the Heaven," ... So, I need to (improve) myself so that we can be reunited ... So, I think when I noticed this, then, "Oh, okay, I think I should see the Islamic perspectives... Okay, what should be done, how to strengthen (my) *iman*".

The participants shared their views on the importance of referring to Islamic teachings about their loss experiences to cope with the loss. Aisyah and Aminah viewed that Islam is the original disposition that one would want to get back to, while Fatimah and Sofia viewed that referring to Islamic teachings are normal to them. Meanwhile, Putri shared that referring to Islamic teachings help her look forward to her reunion with her grandfather in the Hereafter.

As most Malay people consider religion as an important role in the daily life (Nur Atikah et al., 2018), the participants who are Malay Muslims mentioned their religious views on the loss while they shared their inner experiences related to the loss they experienced. They also shared the Islamic practices they engaged in to cope with the loss. These experiences were analysed, and three themes were identified which are "*Redha*", "Islamic Practices" and "The Importance of Islamic Teachings".

4.5 CONCLUSION

This chapter, Chapter Four, has presented the findings of the study. The chapter first introduced the background of the participants and briefly described their experiences as highly sensitive individuals. The events of their losses were also presented as well as their relationship with the loved one(s) they lost. Next, the chapter presented the findings for the first research question which was related to the inner experiences the participants had about the loss of the loved one(s) during COVID-19 crisis. Then, the chapter presented the findings for the second research question which was related to the coping strategies the participants applied to cope with the loss. Finally, the religious views of the participants about the loss and coping experiences were also presented in this chapter. Chapter Five will conclude the study by further discussing the findings of the present study and how it relates to past literature.



CHAPTER FIVE

DISCUSSION

This chapter aims to discuss the findings of the present study. The findings of the first research question are discussed in the first subtopic based on the Sensory-Processing Sensitivity framework and other past literature. The first subtopic also discusses the Inner Experience framework and Five Stages of Grief theory. Next, the second subtopic discusses the findings of the second research question based on the SPS studies and other past literature. Then, the chapter discusses the findings of loss and coping experiences in Islamic perspective found in the analysis of verbatim. Finally, the chapter concludes the study. Limitation of the study is discussed and recommendation for future study is suggested, and the impact of the study on society is discussed in this chapter.

5.1 INDIVIDUALS WITH HIGH SPS EXPERIENCE THE LOSS OF LOVED ONE(S) DURING COVID-19 CRISIS

This section aims to discuss the themes for the first research question of the study, “How do individuals with high SPS experience the loss of loved one(s) during COVID-19 crisis?”. The participants described their feelings, thoughts, and sensory awareness related to the loss of loved one(s) they experienced during the COVID-19 crisis. The study found nine themes of inner experiences, which are: Sorrow, Saudade, Intense Feelings, Denial, Anger, Disappointment, Regret, Worry, Reflection, Acceptance, and Sensory Experiences.

According to past SPS studies, high SPS individuals are prone to experiencing negative mental health such as anxiety, depression, stress, cognitive and emotional fatigue, and sleep disturbances, with 50% of counselling clients were characterized as having high SPS (Bas et al., 2021; Costa-López et al., 2021; Grimen & Diseth, 2016; Kibe et al., 2020; Smith et al., 2019; Sobocko & Zelenski, 2015; Vander Elst et al., 2019). While the study of SPS and grief is limited, prolonged grief disorder could be found among high SPS individuals since they are prone to experiencing negative mental health, especially when they are separated from their loved one and exposed to

distressful environment while coping with the loss. However, the present study only focused on the participants' inner experiences related to their grieving experiences and there were no symptoms of prolonged grief disorder and other psychological disorders reported by the participants.

The world of lived experience is the everyday world that we naturally experience through daily interactions and activities. Lived experience derives from the interaction of four factors: body, space, time, and human relations (Van Manen, 2002, as cited in Rich et al., 2013). According to a Muslim philosopher Muhammad Iqbal, the development of personality of an individual derives from the interaction of human ego with the environment (the physical world, including the nature and society) and with the relationship with God (Mohd Abbas, 2011). These principles show that the experiences that an individual faces in life are important to be explored. Inner experience is defined as the experience that occurs within the mind (Fite, 1895). To explore the experiences of the participants who have high SPS in facing the loss of loved one(s) during the COVID-19 crisis, the study aimed to explore three types of inner experiences: feelings, thoughts, and sensory awareness about the experience of loss. Among the themes, Sorrow, Saudade, Intense Feelings, Anger, Disappointment, Regret, and Worry described the participants' feelings about the loss. Meanwhile, the themes Denial, Reflection and Acceptance were found while the participants shared their thoughts during the period of loss, while Sensory Experiences were described by the participants while they shared about their sensory awareness. Within the concept of inner experiences, the participants tend to "feel" more than having thoughts or having sensory awareness related to the experience of loss of loved one. Nevertheless, it is to be noted that in informal Bahasa Melayu, "*saya rasa* (I feel)" is often being used to refer to thoughts ("I think"). In pragmatics, conversational implicature refers to the pragmatics inferences whereby the meaning of what the speaker said is implied based on conversational meaning of words together with its context, rather than its literal meaning (Song, 2010). Furthermore, it is also important to note that the descriptions of experiences mentioned by the participants implied the occurrences of particularly two inner experiences at one time: feelings and thoughts. Based on these statements, instead of highlighting that the participants either experienced "feelings" or "thoughts", the study concludes that the participants integrated their feelings and thoughts at the same

time, which make the experiences of loss they had. As mentioned by one of the participants Aminah, her thoughts about the loss were mostly related to how she felt. Additionally, most of the participants were not aware of the term sensory-processing sensitivity, which they attributed their experiences to other factors such as support systems and attachment towards their loved ones.

When being asked about their feelings about the loss of loved ones, the participants of the present study immediately shared the feeling of sadness. Thus, the study presented the theme “Sorrow” first among other themes. Olwit et al. (2018) defined sorrow, or chronic sorrow, as “the periodic recurrence of permanent, pervasive sadness or grief associated with significant loss” (p. 1). All the participants mentioned the experience of feeling sad for the loss. However, three participants shared the intense feeling of sadness, leading to feeling depressed and hopelessness. Negative feelings such as sadness, depression, and hopelessness are often associated with bereavement (Fried et al., 2015). Although the experience of sorrow due to the loss of a loved one is a normal reaction, it can lead to serious cases of mental health problems such as depression if coping styles are ineffective (Olwit et al., 2018). High SPS is a risk factor for negative mental health. When facing stressful situations, high SPS individuals are prone to experience intense emotions leading to depression (Ahadi & Basharpour, 2010; Bas et al., 2021; Greven et al., 2019). Among the five participants, at least three participants (i.e., Aisyah, Sofia, and Aminah) mentioned feeling depressed, with one of them (i.e., Aminah) was diagnosed for clinical depression. Additionally, all the participants also mentioned that their sadness and sorrow for the loss lasted for two months to a year, indicating the intense sorrow they experienced for the loss.

After the mention of sadness and sorrow, the participants also mentioned the feeling of loss, yearning and longing for the loved one they lost, and loneliness. The feelings of yearning and searching for the dead person is one of the four normal responses to the loss of a spouse or close family member (Bowlby, 1980, as cited in Butcher et al., 2015). To categorise these experiences, “Saudade” was used to describe the theme. Saudade, a Portuguese-originated word, is described as the psychological experience that is often triggered by spatial separation or spatial-temporal separation (death) with a loved one (Neto & Mullet, 2022). The experience of saudade is complex as it involves multiple aspects such as cognitive, emotional, behavioural, and

motivational aspects, and can be viewed as positive as well as negative experience (Neto & Mullet, 2020). According to Neto and Mullet (2022) who studied the experience of saudade, mourning was found to be associated with saudade, for example mourning related to the death of grandparents. It was also found that saudade can be triggered by a significant place. These findings were mentioned by the participants of the present study, for example, Putri shared that she had lost one person who could pray for her, and Sofia often mentioned her experiences of saudade when visiting the places she used to go with her late mother.

High SPS individuals are prone to experience intense emotional response, becoming a barrier to experiencing positive wellbeing (Bas et al., 2021; Black & Kern, 2020; Greven et al., 2019). The proneness to experience intense emotional response leads the high SPS individuals to easily feel overwhelmed. After expressing the feelings of sorrow and saudade, the participants also expressed the experience of having heavy, indescribable, confused, mixed, and overwhelmed feelings. Three participants (i.e., Fatimah, Aisyah, Sofia) also shared that the intense feelings they experienced led to the feeling of numbness. These experiences were presented under the theme “Intense Feelings”. The experience of painful mix of emotions is considered as one of the common responses towards the death of a loved one (Schenck et al., 2016). Even though it is one of the common responses towards the death of a loved one, three participants (i.e., Aisyah, Sofia, Aminah) also shared the experience of mourning as a result of having intense emotions due to the loss. The act of mourning serves as a process to address the emotional needs of the bereaved, providing a sense of closure (Azhar, 2020) between the bereaved with the loss one (Kristiansen & Sheikh, 2012) and between the people alive with the meaning of death. It may also help the bereaved to process grief (Corcione, 2018).

The feeling of numbness is also considered as one of the normal responses to the loss of a loved one (Bowlby, 1980, as cited in Butcher et al., 2015). Nevertheless, individuals with high SPS tend to need more time to process their emotions than individuals with other levels of SPS (Bas et al., 2021). Stress Responses Model describes numbness as a response that one unconsciously applies away from a stressor (Compas et al., 2005). The participants shared that they felt numbness as they felt overwhelmed due to the intense feelings they experienced about the loss. For example,

Fatimah demonstrated the experience of intense feelings that led to numbness. Because of the intense thoughts she had after the loss of her mother, she felt overwhelmed with her inner experiences, which made her feel confused of her true feelings, resulting in numbness. Similarly, other participants (i.e., Aisyah, Sofia, Aminah) also demonstrated intense feelings. As they had intense thoughts and feelings about the loss of their loved one(s), they experienced intense sadness and sorrow that led to hopelessness, emptiness, and feeling depressed. They also exhibited mourning behaviours (e.g., talking to the deceased, wailing, etc.), indicating the intense feelings they had about the loss. Thus, the present study concludes that high SPS individuals are prone to experience intense negative emotional response towards impactful negative life events such as the loss of loved one.

A sense of disbelief and difficulty to accept the loss are one of the normal responses to the experience of loss of a loved one (Bowlby, 1980, as cited in Butcher et al., 2015; Schenck et al., 2016). According to Kübler-Ross (1969), Denial is the first stage that grieving people experience in the Five Stages of Grief (Boyd & Bee, 2019). The experience of denial was presented under the theme “Denial” whereby the participants experienced being in denial and disbelief about the loss. This theme will be further discussed within the framework Five Stages of Grief.

Anger is considered as a social emotion whereby it emerges as a response to other people’s actions (Mill et al., 2018). Studies on emotions found that anger frequently co-occurred with other emotions, such as sadness, surprise, disgust, disappointment, and irritation (anger-in behaviour) and fear, sadness, and disappointment (anger-out reactions; Mill et al., 2018). In the relationship between anger, disappointment, and regret, anger occurs when there is an obstacle that prevents the achievement of a goal (Matarozzo et al., 2021). There are two types of anger that were distinguished by the direction of the emotion (internal and external): anger towards oneself and anger towards circumstances (Matarozzo et al., 2021). In the present study, all the participants shared the experience of anger and frustration. A few participants particularly implied the directions of anger. For example, Sofia and Aminah indicated anger towards circumstances as they expressed their feelings towards the COVID-19 situation: Aminah towards the hospital management that did not control the spread of COVID-19 – infecting her grandmother, and Sofia towards being unable to fulfil her

mother's wish of managing her body because of the COVID-19 procedures, though the anger expression was suppressed. Anger (towards circumstances) and regret have similar characteristics whereby both emotions increase with forced choice and negative outcome (Matarazzo et al., 2021). Meanwhile, anger towards oneself was found to increase with free choice, negative outcome, and responsibility (Matarazzo et al., 2021). Aisyah indicated anger towards herself when she expressed self-attribution towards her past choice of not getting into the medical department, as she was not able to take care of her father at the hospital during the pandemic.

Anger and disappointment are similar in terms of valence and intensity but differ in that they exhibit different behaviours (Mill et al., 2018). Additionally, guilt and regret often occurred with bereavement as the bereaved people wish that they could have prevented the loss or to live up to the wishes of the person they lost to (Stroebe et al., 2014). Unfinished business that leads to guilt and regret frequently occurred with immediate family and friends and/or in the case of sudden death of loved one (Holland et al., 2020). On the other hand, disappointment and regret are similar emotions whereby both emerge when a negative outcome happened and there is a desire for a different, better outcome to happen (Marcatto & Ferrante, 2008; Matarazzo et al., 2021). The difference between these two emotions involves choice whereby disappointment increases with external attribution towards forced choice while regret increases with both forced choice and free choice (Matarazzo et al., 2021). These experiences were demonstrated by the participants, for example, Aminah demonstrated external attribution towards the hospital management as she expressed her disappointment towards the inability of the hospital to control the infection of the virus whereas Aisyah expressed her regret of her past free choice, resulting in her being unable to take care of her father in the hospital during the pandemic. In that sense, the experiences of anger, disappointment, and regret were analysed under the same theme ("Anger, Disappointment, Regret").

In addition, Bas et al. (2021) found that high SPS individuals tend to easily experience worry. According to a study about the relationship between SPS and other personality traits, individuals with high SPS and high neuroticism are prone to experiencing worry, easily nervous and upset, and having tense behaviour (Grimen & Diseth, 2016). Four participants (i.e., Fatimah, Aisyah, Sofia, Aminah) shared their

experiences of feeling anxious and worry after losing their loved one(s). Fatimah, Aisyah, and Sofia expressed their feelings of anxious and worry about what will happen in the future without their loved ones. Two participants, Fatimah and Aisyah particularly shared their experience of worry about taking over the responsibilities of their parent/s to take care of their younger siblings. Meanwhile, Aminah shared that she was feeling anxious and worry about how her other family members would perceive her decision of sending her grandmother to the hospital that could be the reason leading to the loss. While they described the experience, they used “*saya takut* (I fear)”. Fear is an emotion that activates the fight-or-flight response, involving three components of cognition, physiology, and behaviour. In contrast, feeling anxious refers to the blend of unpleasant emotions and cognitions that are more directed towards the future, without the activation of fight-or-flight response (Butcher et al., 2015). Thus, considering the conversational implicature (Song, 2010) whereby the participants used “I fear” to describe their worry about the future without their loved ones, the study concluded that they were referring to the experience of worry, which was presented under the theme “Worry”.

The experience of being preoccupied in thoughts about the loss is one of the normal responses towards the loss of a loved one (Schenck et al., 2016). However, according to Bas et al. (2021), individuals with high SPS are prone to engaging in in-depth thinking and reflecting. In the present study, the experience of thinking and reflecting was demonstrated as the participants shared their inner experience of thoughts about the loss they experienced, presented under the theme “Reflection”. For example, all the participants engaged in in-depth thinking and reflecting about how to continue living without their loved ones. Fatimah and Aisyah shared their thoughts during the period of loss about whether they can replace the roles of their parent(s). Besides that, all the participants also used reflection to plan on what they should do to relieve their negative feelings about the loss and to look over the time they have spent with their loved ones.

Acceptance is one of the stages described in the Five Stages of Grief theory. As the bereaved people cope with the loss, they eventually reach the phase of acceptance and rebuild their life without the loved one (Bowlby, 1980, as cited in Butcher et al., 2015). Individuals with high SPS tend to engage in psychological strategies such as

positivity, acceptance, and reflection to deal with negative thoughts (Bas et al., 2021). The state of acceptance acts as the mediating variable between the relationship of SPS and symptoms of depression and anxiety (Greven et al., 2019). In the present study, the participants shared the experience of acceptance. In order to reduce the negative feelings that they had about the loss, they engaged in self-talk and convinced themselves to accept the loss. Some participants also shared that they took a long time to accept the loss, for example, Sofia was still trying to move on with the loss at the time of the interview while Fatimah shared that as times passed, she eventually accepted that her mother was no longer with her. These experiences were presented under the theme “Acceptance”.

Individuals with high SPS are sensitive to internal and external stimulation. They become easily aware of the subtleties in the environment (Aron & Aron, 1997). Under the theme “Sensory Experiences”, three subthemes were analysed. Interestingly, the present study found that the participants tend to associate sensory stimuli with experiences, which has yet to be found in the past SPS studies. One participant (i.e., Fatimah) mentioned that she tends to associate odours with memories. She could recall a certain odour when she experienced a distressful situation, for example, the loss experience. This phenomenon is called the Proust phenomenon whereby odours spontaneously cue autobiographical memories (Chu & Downes, 2000). Meanwhile, when being asked about their sensory experiences during the period of loss, two participants (i.e., Aisyah, Sofia) shared the experience of being reminded of the loss experience when being exposed to certain stimuli. Aisyah could not touch a cold pot without being reminded of the body identification process she went through while she was retrieving her mother’s body at the hospital, which she addressed the experience as “traumatising”. Bodily experiences (e.g., the feeling of touch or pain) are often associated with emotional experiences such as stress, discomfort, or fear (Gentsch & Kuehn, 2022). Sofia would be reminded of her mother when being in the places she used to go with her. These sensory experiences mentioned by Aisyah and Sofia can be interpreted as cued recall whereby they recalled the loss experiences when being presented with retrieval cues (e.g., cold pot, places Sofia used to go with her mother; Goldstein, 2019). These experiences were presented in the subtheme “sensory information that reminds them of the loss”.

In addition to that, the study also found that the participants were affected by having high awareness of the subtleties in the environment. They were aware of the surrounding people such as their bereaved family members and had to observe their actions and behaviours so as to not offend the family members while having to deal with their own inner experiences related to the loss. Individuals with high SPS are easily aware of the subtleties in the environment. They tend to notice and pay attention to other people's emotions, which become a challenge to their positive wellbeing (Bas et al., 2021; Black & Kern, 2020; Costa-López et al., 2021; Greven et al., 2019). This experience was presented in the subtheme "Being Aware of the Surrounding Environment".

Additionally, some participants also shared other sensory experiences. A participant (i.e., Aisyah) shared that she noticed her sensitivity, for example feeling uncomfortable with loud noises and being highly empathetic to other people, only after the loss of her parents. According to Aisyah, one of her siblings also experienced the same whereby she (her sister) became easier to notice dirt after the loss compared to before the loss. According to the past SPS study, about half of high SPS traits interact with genetic factors while the remaining half with environmental factors (Greven et al., 2019). This could assume the possibility that Aisyah (and possibly her sister too) has always been sensitive, but noticed her sensitivity only after the loss of her parents – a stressful event in her life. Another participant, Putri, shared her experience of isolating herself in a dark room due to the gloomy atmosphere in the house during the period of loss. The study assumes the possibility that due to the great awareness of environmental subtleties, Putri felt overwhelmed because of the gloomy atmosphere in the house that she had to isolate herself in a dark room to neutralize her feelings and thoughts about the loss of her grandfather and the environment around her. This experience was mentioned by past SPS studies whereby high SPS individuals tend to notice the environmental subtleties and are more easily over-aroused (Aron & Aron, 1997). These experiences were presented in the subtheme "Other Sensory Experiences".

Therefore, based on the themes found, the study concludes that the participants experienced sorrow, saudade, intense feelings, denial, anger, disappointment, regret, worry, reflection, acceptance, and a few sensory experiences. Within the concept of inner experiences, the participants experienced feelings about the loss of loved one(s)

more than thoughts or sensory awareness, as presented under the themes such as Sorrow, Saudade, Intense Feelings, Anger, Disappointment, Regret, and Worry. This proves that individuals with high SPS are prone to experience intense emotional response (Bas et al., 2021; Black & Kern, 2020; Greven et al., 2019). The participants also described their thoughts, as presented under the themes Denial, Reflection, and Acceptance. Additionally, they also experienced sensory awareness during the period of loss as presented under the theme Sensory Experiences. These experiences also prove that high SPS individuals are prone to engaging in thinking and reflecting (Bas et al., 2021) and easily aware of the subtleties in the environment (Aron & Aron, 1997). Due to having a great emotional intensity, being easily overwhelmed, and being easily affected to negative (and/or positive stimuli), the participants experienced intense inner feelings, thoughts, and sensory awareness about the loss of loved one(s) during the COVID-19 crisis.

The experiences of high SPS individuals and individuals with other levels of SPS (low or medium) could not be compared since the literature in the study of SPS is limited. Nevertheless, the experiences of the bereaved who lost a loved one to COVID-19 within the general community can be used to compare with the loss experiences of high SPS individuals, since non-high SPS individuals cover the 70% of the general population (Lionetti et al., 2018). Cipolletta et al. (2022) who explored the experiences of the bereaved who lost a loved one to COVID-19 found that shock, bewilderment, apathy, a sense of void, disbelief, regret, constant worry, ruminative thinking, concentration problems, and anger were some of the experiences experienced by the bereaved. These experiences were mentioned by the participants in the present study as discussed under the themes “Saudade”, “Denial”, “Anger, Disappointment, Regret”, “Worry”, and “Reflection”. However, other experiences, for example as discussed under the themes “Sorrow”, “Intense Feelings”, and “Sensory Experiences”, were not found in the study conducted by Cipolletta et al. (2022). In addition, unlike the past study, the participants of the present study who have high SPS also described and emphasized the intense feelings, thoughts, and sensory awareness during the period of loss, indicating the intense inner experiences they had about the loss of loved one(s). For additional note, the inner experiences as mentioned in 4.2.1 until 4.2.8 were supported by past SPS studies that highlighted the intense feelings and thoughts that

individuals with high SPS often experienced, while the experiences mentioned in 4.2.9 (Sensory Experiences) were mentioned by past SPS studies in relation to the awareness to subtle cues in the environment (Aron & Aron, 1997; Bas et al., 2021; Greven et al., 2019). According to a therapist who specialized in working with high SPS individuals, Christine Tomasello, high SPS individuals tend to perceive that their grief experience is different than other people as they may grieve longer than others, experience more significant effects of grief than others, having difficulty to let go of the belongings of the loved one they lost, and other intense experiences (Tomasello, 2022). These experiences were mentioned by the participants as previously discussed in Chapter Four. Apart from that, the participants also perceived that their loss experiences were different than other people, such as their family members. Thus, the study concludes that the participants of the present study, who are high SPS individuals, experienced intense inner experiences of feelings, thoughts, and sensory awareness about the loss of loved one(s) they experienced during the COVID-19 crisis.

COVID-19 pandemic partly mediates the relationship between SPS and negative mental health (Burgard et al., 2022). Individuals with high SPS have a higher risk of developing negative mental health such as loneliness, fear and anxiety, and helplessness and are associated with having high level of COVID-19 stress (Iimura, 2022; Malinakova et al., 2021). These statements from previous SPS studies support the findings of the present study. All of the participants shared inner experiences of feelings and thoughts such as loneliness, fear and anxiety, and helplessness, among others, while facing the loss of loved ones during the pandemic. Yet, the findings of the present study could not prove Bordarie et al.'s (2021) hypothesis that claimed individuals with high SPS can adapt to the new environment implemented during the COVID-19 pandemic, at least among the participants of the present study. The participants mentioned that the pandemic affected their loss experience greatly and they had difficulties to cope with the loss of the loved ones due to the pandemic lockdown.

The present study will now discuss the framework Five Stages of Grief. The Five Stages of Grief proposed the processes that bereaved people go through: Denial, Anger, Bargaining, Depression, and Acceptance. These five stages are experienced not necessarily in order and not through all five stages (Corr, 2020). Studies from various fields of knowledge also highlighted that this theory is applicable to not only people

who experience loss, but also other experiences such as separation or end of relationship (Kromberg, 2013). The Five Stages of Grief theory does not only discuss about grieving experiences, but it also serves as coping strategies to the bereaved (Corr, 2020).

The participants in the present study shared their loss experiences as described by the theory. Denial, the first reaction in the theory, was described by three participants (i.e., Fatimah, Aisyah, Sofia) as presented under the theme “Denial”. One participant, Putri, also mentioned being in disbelief about the absence of her grandfather. The stage of Anger then replaces Denial as the bereaved people are unable to maintain the feeling of denial, resulting in the feelings of anger, rage, envy, and resentment (Kübler-Ross, 1969, as cited in Corr, 2020). The present study found that the participants experienced anger, as presented under the theme “Anger, Disappointment, Regret”. However, anger, disappointment, and regret experienced by the participants were not particularly about the loss. Four participants (i.e., Fatimah, Aisyah, Sofia, Putri) experienced anger and frustration towards the presence of other people during the period of loss. Fatimah particularly expressed her frustration towards the presence of other people while taking care of her mother, indicating that the stage of Anger did not take place during her grieving process. Meanwhile, two participants (i.e., Sofia, Aminah) expressed their anger and frustration towards the COVID-19 situations and the hospital management, indicating that the stage of Anger was not directly related to the loss, though there is a possible indirect relation.

Then, the Bargaining stage discusses the experience of making attempts to resolve the anger by making “exchanges” whether with the doctor, family, God, or any other forces (Boyd & Bee, 2019). The Bargaining stage within the experience of loss of loved one takes the form of a temporary truce, for example, the bereaved is willing to devote themselves to helping others to return their life to how it was, with the presence of the loved one they lost (Kübler-Ross & Kessler, 2005). This stage was not mentioned by the participants in the present study. According to the Five Stages of Grief theory, the Bargaining stage often comes together with guilt whereby the bereaved would question if they could have stopped the death from happening. This experience was implied by a participant, Aminah who wondered if she could avoid the death of her grandmother if she did not send her to the hospital. Nonetheless, she realized that the situation could become worse if she had not sent her grandmother to the hospital. It can

be assumed that since the participants have the knowledge of Islam, they acknowledge that death is in the hands of Allah. Muslims believe that all living organisms originate from Allah and will return to Him at the time of death (Khawaja & Khawaja, 2019). After the Bargaining stage, the stage of Depression takes place when the bereaved eventually feel the sense of loss (Kübler-Ross, 1969, as cited in Corr, 2020). This experience was presented under the themes “Sorrow” and “Saudade”. Finally, the bereaved people reach the last stage of grief in the Five Stages of Grief which is Acceptance. This experience was presented under the theme “Acceptance”. While some of the participants shared the difficulty of accepting the loss, they eventually accepted the loss. For example, Fatimah shared that she eventually accepted the loss after a year. Meanwhile, Sofia who claimed that she has yet to move on from the loss (at the time of the interview), also shared her efforts to accept the loss such as convincing herself that she will eventually accept it and giving herself time to heal. It can also be assumed that they agreed to participate in the study as they have reached the Acceptance stage of the grieving process.

From the analysis of inner experiences in facing the loss of loved one mentioned by the participants, it is assumed that the participants went through the stages described by the Five Stages of Grief Theory. Nonetheless, the participants described their experiences not in the order as proposed by the theory. For example, all the participants first mentioned the experience of sadness and sorrow about the loss. While they mentioned the experience of denial (Denial stage) upon receiving the news of the loss (early period of loss), they might also experience sadness, sorrow, and depression (Depression stage) at the same time during the early period of the loss, indicating that they went through the stages simultaneously. However, the participants never explicitly mentioned about the experience of the Five Stages of Grief, thus the study is unable to clearly underline the order of stages the participants went through. In addition, the participants also shared that they experienced anger, disappointment, and regret (Anger stage) not directly about the loss, but about other external factors such as towards other people, about the COVID-19 situations at the time, and about the hospital management. Though it can be assumed that the external factors were indirectly related to the loss, some factors had no relation with the loss, for example, Fatimah who felt frustrated towards the presence of the people while she was taking care of her sick mother did not

go through the Anger stage after the loss. Thus, while the Five Stages of Grief theory may be applicable for the loss experiences of the participants who are high SPS individuals, the study concludes that the participants did not go through the stages in order and not through all five stages.

Additionally, the study analyses the participants' HSP Scale scores with their experiences. Among the participants, Aisyah scored the highest in the HSP Scale (6.00). According to Aisyah, while she had never heard about SPS before the interview, she had noticed the intensity of her loss experiences to compare with her other siblings. She shared her experiences of having a hard time to cope with the loss of her parents as she experienced sorrow and would frequently be reminded of her parents and yearned for them for two months. Moreover, she also described her intense feelings of hopelessness as she shared her experience of losing consciousness during both times of the loss of her parents. She also experienced heavy feelings of emptiness and loneliness, indicating the intense feelings she experienced due to the loss. In addition, she also indicated mourning behaviour during the loss of her mother. Interestingly, Aisyah also shared that she noticed her sensitivity especially after the loss of her parents whereby she could no longer stand loud music and would pay attention to her friends' situations to compare with before the loss whereby she used to listen to loud music and pay no attention to her surroundings. These experiences were depicted in her HSP Scale score whereby she responded Item 3: "Do other people's moods affect you?", Item 9: "Are you made uncomfortable by loud noises?", and Item 25: "Are you bothered by intense stimuli, like loud noises or chaotic scenes?" with 7 (Extremely). On top of that, it is to be noted that Aisyah's intense experiences about the loss of her parents were related to her adaptability to the change in life, which is depicted in her HSP Scale score for Item 22: "Do changes in your life shake you up?" whereby she responded it with 7 (Extremely).

While Aisyah scored the highest in the HSP Scale among other participants, Aminah and Sofia scored the lowest (5.37 and 5.30, respectively). Nevertheless, similar to Aisyah, both participants mentioned the experience of hopelessness as they wondered how to live without their loved one. They also indicated sorrow, saudade, and intense feelings that led to mourning and wailing and the difficulty to cope with the loss that it took about a month to more than a year to eventually accept the loss. In addition, Sofia also shared that she could not stay in her mother's house to avoid feeling sad because

of the loss while Aminah had to be hospitalized due to her worsening depression after the loss of her grandmother. These similar experiences between Aisyah (scored the highest in HSP Scale) and Aminah and Sofia (scored the lowest in HSP Scale among the participants) indicate that individuals with high SPS experience the loss of a loved one intensely regardless of the total score of the HSP Scale. However, it can be analysed that these participants responded to some items with 7 (Extremely), such as Item 21: “Do changes in your life shake you up?”, which represented the intense experiences they had about the loss of their loved one as they had difficulty to cope with the change in life.

On a different note, Fatimah (scored second highest in HSP Scale among the participants; 5.78) and Putri (scored 5.74) shared relatively different experiences than the other three participants. To summarize, the other three participants shared the difficulty they experienced to cope with the loss as they perceived that they lost the people they depended on physically and emotionally. Meanwhile, based on the experiences shared by Fatimah, her intense experiences were mostly related to her responsibility as the eldest child. On the other hand, Putri’s feelings and thoughts about the loss of her grandfather were mostly positive as she looked back on the time she had spent with her grandfather and felt grateful. These experiences could be linked to the participants’ attachment to the loved one they lost. For example, to compare with Aisyah, Sofia, and Aminah who described the loved one(s) they lost as people they were physically and emotionally attached to, Fatimah described her relationship with her mother as “in the middle (between close and distant)”. Similarly, Putri described her grandfather as someone respectful and important in the family, rather than someone she was physically and emotionally attached to. These differences of attachment show the differences in intensity of loss experiences that the participants had. Nevertheless, regardless of the scores of HSP Scales and the attachment the participants had with their loved one(s), it can be concluded that they experienced the loss intensely and had to rely on coping strategies to cope with their sensitivity.

Based on the analysis conducted, the study found nine themes of inner experiences the participants had while facing the loss of loved one(s) during COVID-19 pandemic. The themes were discussed based on the Sensory-Processing Sensitivity

framework and other past literature. The themes were also discussed based on Inner Experiences framework and Five Stages of Grief theory.

5.2 INDIVIDUALS WITH HIGH SPS COPE WITH THE LOSS OF LOVED ONE(S) DURING COVID-19 CRISIS

This section aims to discuss the themes for the second research question, “How do individuals with high SPS cope with the loss of loved one(s) during COVID-19 crisis?”. Based on the analysis of verbatim, the study identified eight themes of coping strategies which are: Self-talk, Positivity, Social Withdrawal, Avoidance, Social Support, Distraction, Emotional Expression, and Other Coping Experiences.

Positive self-talk is a cognitive psychological technique (Hamilton et al., 2011) that is usually used to cope with stressful situations by preventing negative thoughts from occurring. This technique has been proven its success in improving motivation, coping with negativity, and enhancing coping skills (Hamilton et al., 2011). Past SPS studies found that individuals with high SPS apply cognitive psychological techniques (e.g., mindfulness and meditation) to interpret situation or event and to let go of negative thoughts. Engaging in positive self-talk was mentioned among the participants as presented under the theme “Self-talk”.

When being asked about their inner experience of thoughts, the participants shared that they engaged in positive thinking to look on the bright side of the loss experience and to feel grateful. Bas et al. (2021) found that individuals with high SPS apply positivity to deal with negative thoughts and to enhance positive thoughts. In Islam, Muslims are taught to believe that God has His reasons for every happening, including life and death (Khawaja & Khawaja, 2019). Nadzirah et al. (2015) found that Muslims who experienced calamity applied positivity to be grateful to Allah for giving them the opportunity to look back and reflect on their mistakes. These experiences of applying positivity to feel grateful and accept the loss were presented under the theme “Positivity”.

Furthermore, the participants also shared the experience of social withdrawal as they coped with their inner experiences related to the loss. They withdrew themselves

from their social circle within a short interval during the period of loss. There are three types of social withdrawal: shyness, unsociability, and social avoidance (Barzeva et al., 2019). Among the three types, two types (i.e., unsociability, social avoidance) were identified among the participants as they engaged in coping strategy to cope with the loss. Unsociability is described as a type of social withdrawal that involves low approach and low avoidance (Barzeva et al., 2019). This experience was mentioned by three participants (i.e., Fatimah, Aminah, Putri) who did not actively seek for social support during the early period of loss as they were ‘not ready’ or were in the period of healing. While they did not seek for social support, they also were not actively avoiding social interaction, indicating the low avoidance. Meanwhile, social avoidance involves low approach but high avoidance (Barzeva et al., 2019), which was described by Aisyah who did not actively seek for social support but at the same time avoided meeting her social circle to avoid feeling negative about her loss experience. Emotion-focused coping is a coping style aimed at managing one’s emotional response towards a stressor. Withdrawal is one of the strategies related to this coping style. Moreover, individuals with high SPS tend to have low sociability and high introversion as a form of coping strategy to neutralize from overstimulation (Aron & Aron, 1997; Bas et al., 2021; Black & Kern, 2020; Sobocko & Zelenski, 2015). The experiences of social withdrawal were presented under the theme “Social Withdrawal”.

Meanwhile, avoidance as a coping strategy refers to the cognitive and behavioural efforts that focus on denying, minimizing, or avoiding from directly dealing with the stressor (Holahan et al., 2005). An individual that relies on avoidance as a coping strategy makes efforts to avoid, attempt to adapt, or change the stressor to cope (Rehr & Nguyen, 2022). One of the participants, Aisyah, mentioned that she applied social withdrawal to avoid triggering her negative emotions related to the loss while another participant, Sofia shared that she avoided staying at her late mother’s house. While past studies stressed that avoidance could lead to negative outcomes (Holahan et al., 2005; Rehr & Nguyen, 2022), according to the participants of the present study, avoidance helped them from experiencing negative feelings. The experience of avoidance as a coping strategy was presented under the theme “Avoidance”.

Social support is one of the types of coping strategies (Aldwin & Yancura, 2004). Past SPS studies found that, although individuals with high SPS prefer to have

alone time, social support is still an important coping strategy to cope with negative emotions (Bas et al., 2021; Black & Kern, 2020; Greven et al., 2019; Yano et al., 2021). This is parallel with the viewpoints of the Muslim philosopher Muhammad Iqbal, social relation can cultivate an individual's fullest potential, whereby one's mental attitude and behaviour is reflected from the interaction of the self with environment (related to the physical world, including the nature and society) and the relationship with the God (Mohd Abbas, 2011). This shows that in Islamic philosophy, social support (the environment) is important in boosting one's ego, along with the relationship with the God. The participants of the present study also emphasized their views on the importance of social support to cope with the loss of loved one, as presented under the theme "Social Support". According to one participant, Aisyah, the loss affected her more than her other siblings due to her full reliance on her parents. To her, her siblings have other support systems, while she only had her parents. After the loss, she realized the importance of having multiple channels of support system and aims to reconstruct her social circle. Additionally, bereaved individuals with high level of extroversion seek for social support to cope with the loss (Ibanez, 2001; Pai & Carr, 2010; Silva et al., 2016). High SPS individuals who prioritize social aspect of coping strategy tend to rely on a selected circle of friends (Black & Kern, 2020). In this aspect, an extroverted participant, Sofia confirmed that she depended on her selected social circle of best friends to cope with the loss.

The participants also indicated distraction as their coping strategy to cope with the loss. Distraction involves engaging in pleasurable activities to distract oneself from a stressful event (Allen & Leary, 2010). Past studies highlighted that engaging in calming and quiet activities help high SPS individuals recharge themselves from overstimulation (Bas et al., 2021; Black & Kern, 2020). In line to these statements, the participants shared that they engaged in calming activities such as gardening to distract themselves from focusing on their loss experiences. They also considered their social circle and workload as a way to distract themselves from focusing on the loss. Distraction is considered as the secondary control coping that involves adaptation to the stressor as described in the Stress Responses Model (Compas et al., 2005). The experiences of distraction as a coping strategy were presented under the theme "Distraction".

Alternatively, emotional expression is one of the coping strategies that help individuals deal with the stressor (Voluntary Engagement Coping; Compas et al., 2005). Being able to express their experiences and to feel understood is important among individuals with high SPS (Bas et al., 2021). The participants shared their experiences of emotional expression, as presented under the theme “Emotional Expression”. They shared a variety of mediums to express their inner experiences related to the loss such as in the form of writing, by sharing with their social circle, or by looking for professional help to express themselves.

A few participants implied the occurrence of defence mechanisms. Coping mechanisms and defence mechanisms are both conceptualized as a strategy that a person applies to cope with life stress. The differences between the two concepts are the levels of consciousness, intentionality, and adaptiveness (Diehl et al., 2014). Defence mechanisms are usually applied unintentionally and unconsciously when a person is in a stressful situation. Defence mechanisms serve as irrational protective measures aim to reduce the anxiety by pushing the stress out of consciousness (Butcher et al., 2015). According to Fatimah, she tends to repress her memories, leading to the difficulty of recalling her experiences during the period of loss. Repression is a form of defence mechanism whereby it is unconsciously applied to prevent thoughts from entering consciousness (Butcher et al., 2015). Moreover, according to California Psychology Inventory (CPI), denial is also one of the defence mechanisms (Diehl et al., 2014) that occurs when a person ignores the past or present facts that would be unpleasant to acknowledge. The experiences of denial were presented under the theme “Denial”.

Based on the analysis conducted, the study found eight themes of coping strategies applied by the participants to cope with the loss of loved one(s) during COVID-19 pandemic. The themes were discussed based on the coping strategies commonly applied by high SPS individuals and other past literature. Additionally, the study also discussed the defence mechanisms that were found mentioned by the participants.

5.3 LOSS AND COPING EXPERIENCES IN ISLAMIC PERSPECTIVE

The study explored the participants' religious views about the loss of loved one(s) they experienced and their coping strategies based on Islamic teachings. Past SPS study found the positive correlation between SPS and religiosity and spirituality (Malinakova et al., 2021). Meaning making is a coping strategy that defines the effort in seeing the positive and meaningful aspects of an event (Aldwin & Yancura, 2004). This is related to spirituality that is defined by the understanding of life in terms of its ultimate meaning and value (Nadzirah et al., 2015). Meanwhile, religious coping is also one of the general types of coping strategies (Aldwin & Yancura, 2004). In Islam, the meanings of spirituality and religiosity are not distinguished. Religiosity and spirituality come together that make up all aspects of life (*shumul*). The Muslim philosopher Muhammad Iqbal highlighted that an individual's self (ego) interacts with the environment and with the relationship with Allah, forming two types of ego: efficient ego (self with environment) and appreciative ego (self with the connection with Allah). The appreciative ego that is built by performing prayers, deep meditation, and other Islamic practices serves as a 'reminder' for the efficient ego and guiding it of its purpose in life (Mohd Abbas, 2011). This is in line with Nadzirah et al. (2015) who found that Islam as a religion brings protective and therapeutic effects to the Muslims.

Religion plays an important role in the daily lives of most Malay people (Nur Atikah et al., 2018). As the participants shared their loss experiences, they spontaneously shared their religious views about the loss without being asked about it, indicating the ingrained values of Islam in their lives. They mentioned the concept of total acceptance (*redha*). The concept of *redha* in Islam is often closely connected with the feeling of sincerity (*ikhlas*) and patience (*sabr*; Alicia, 2021). Perceiving the feelings of blessed and thankfulness, and whole-heartedly accept (*redha*) that their struggle is a form of a test from Allah help the Muslims cope with the life struggles (Nadzirah et al., 2015). Applying these Islamic concepts help the bereaved Muslims give meanings to their loss and help them cope with the loss (Khawaja & Khawaja, 2019).

Muslims believe that death is inevitable part of life (Khawaja & Khawaja, 2019). Acceptance is perceived when death cannot be avoided as it has been determined by Allah. The participants shared that even if they have made efforts to protect their loved

ones, if it has been written by Allah (*taqdir*), it will happen. One of the major Quranic principles of the death in Islam is that life has a time limit, and the time of death is determined by Allah (Rasekh & Ayati, 2007). The Al-Quran describes that death is in Allah's Will in Surah Ali 'Imran 3:145:

No soul can ever die without Allah's Will at the destined time. Those who desire worldly gain, We will let them have it, and those who desire heavenly reward, We will grant it to them. And We will reward those who are grateful.

Another one major Quranic principle about the death in Islam is that death is part of a process (Rasekh & Ayati, 2007). Perceiving that every life in the world belongs to Allah makes one able to whole heart-heartedly accept a calamity (Nadzirah et al., 2015). This view was shared by the participants as they convince themselves that death is part of the process, and it is not the end of a life. Death in Islam is not the final journey in life. The concept of death in Islam relates to the existence of another life (Rasekh & Ayati, 2007); the life of the Hereafter, the concept of heaven and hell (Khawaja & Khawaja, 2019). Believing in the life of the Hereafter serves as a way to cope with a loss as the Muslims will feel comfort at the thoughts that their loved ones is granted a place in heaven (Khawaja & Khawaja, 2019).

When being asked about the Islamic practices they did to cope during the period of loss, the participants mentioned the practice of reciting the Al-Quran, among others. This finding indicates that Islamic practices, particularly the act of reciting the Al-Quran, serve as a coping strategy to them. Nadzirah et al. (2015) found that a long-term ill patient expressed the healing 'magic' of the Al-Quran as she felt calmer from the pain after reciting the Al-Quran verses. Studies found that reading the Al-Quran, listening to the recitation of Al-Quran, and the Al-Quran itself serve as mercy, blessing, and medicine, particularly in reducing anxiety (Ghiasi & Keramat, 2018; Zaman et al., 2022). Muslim patients who applied Islamic teaching found increasing connection with Allah as they prayed in the nights alone (Nadzirah et al., 2015). As mentioned in the Al-Quran, as the mankind engage in humble prayer, Allah listens to the prayers and bestows His blessings on those who pray (Zaman et al., 2022). The present study also found that the participants sought for Islamic wisdom and engaged in Islamic practices to calm themselves as they were feeling the emotional pain from the loss. One of the

participants, Aisyah also particularly shared that her dependency towards Allah became stronger after the loss.

The participants shared their drive to perform Islamic practices during the period of loss. One of the participants, Aisyah mentioned that she performs the practices to “continue her parents’ good deeds” and to repay what they have done for her and her siblings. Other participants also shared that they performed the practices to offer the rewards to their loved one, referring it as an act of *sadaqah* (charity). The act of performing good deeds for the deceased loved one was mentioned in a hadith along with other practices that could help one’s life in the Hereafter after his death:

Abu Huraira (Allah be pleased with him) reported Allah's Messenger (may peace be upon him) as saying: When a man dies, his acts come to an end, but three, recurring charity, or knowledge (by which people) benefit, or a pious son, who prays for him (for the deceased). (The Hadith, n.d.)

Additionally, presented under the theme “The Importance of Islamic Teachings”, the participants shared their opinions on why applying Islamic teaching is important to them, particularly to cope with the loss. Two participants (i.e., Aisyah and Aminah) viewed that Islam is a human nature (*fitrah*) and referring to the Islamic teaching is natural. The concept of *fitrah* in Islam refers to the human nature that one is born as a Muslim, and he accepts the reality of Allah by nature. This reality becomes the patterns that govern his life, and he holds a responsibility to lead others to the finality of successful life in the world and the Hereafter (Bhat, 2016).

Interestingly, one of the participants, Putri shared her new learning about religion on the Islamic concept of heaven and hell. At first, she wondered why people look forward to meeting their loved ones who have passed. After the loss of her grandfather, she learned that she can be reunited with her grandfather in the life of Hereafter. So, she wished to practice good deeds to invest for her life of the Hereafter so she can have the reunion with her grandfather. In the Al-Quran, Allah said in surah Al-Thur verse 21:

As for those who believe and whose descendants follow them in faith,
We will elevate their descendants to their rank, never discounting
anything ‘of the reward’ of their deeds. Every person will reap only what
they sowed.

To conclude, some of the participants spontaneously mentioned their views about the loss they experienced in Islamic perspectives. The participants also shared the Islamic knowledge in coping with loss of a loved one that they practiced as well as their opinions on the importance of Islamic teachings and practices. These views and opinions shared by the participants were in line with past studies on religious coping particularly in Islamic perspectives.

5.4 SYNTHESIS OF THE FINDINGS

The present study found nine themes of inner experiences of feelings, thoughts, and sensory awareness the participants experienced during the period of loss. The participants first mentioned the feelings of sadness and sorrow about the loss, which were analysed under the theme “Sorrow”. Then, the participants shared the experiences of feeling loss, yearning and longing, loneliness, melancholy, and nostalgia, which were analysed and categorised under the theme “Saudade”. Along with these themes, the participants also shared the experiences of having heavy, indescribable, confused, mixed, and overwhelmed feelings, leading to the feeling of numbness, which were categorised under the theme “Intense Feelings”. Then, the participants also mentioned the experience of denial, anger, disappointment, regret, and worry, all were analysed under themes “Denial”, “Anger, Disappointment, Regret”, and “Worry”. Finally, the participants eventually shared the experience of acceptance after having moments of reflecting, analysed under themes “Reflection” and “Acceptance”. These themes were analysed for the inner experiences of feelings and thoughts, meanwhile, the mentions of the inner experiences of sensory awareness were analysed under the theme “Sensory Experiences”.

As the participants shared their loss experiences and coping experiences, the study also found eight themes of coping strategies the participants engaged in to cope with the loss they experienced. When being asked about their thoughts as the inner experience during the period of loss, they shared about engaging in self-talk to be positive to cope with the loss. These strategies were analysed under themes “Self-talk” and “Positivity”. Furthermore, they also shared about social withdrawal for a short period after the loss in order to heal themselves, as analysed in the theme “Social

Withdrawal”, and avoided stressors that could lead them to recall the loss experience, as discussed under the theme “Avoidance”. After being withdrawn from other people for a short period of time, they looked for social support to distract themselves from thinking about the loss, which were discussed under themes “Social Support” and “Distraction”. Moreover, they also expressed what they felt and thought about the loss to cope, as discussed under the theme “Emotional Expression”. Additionally, the participants also shared other strategies such as gardening, online shopping, etc., which were analysed under the theme “Other Coping Strategies”.

As highlighted early in the chapter, past studies of SPS found the relationship between high SPS and negative mental health (Costa-López et al., 2021; Grimen & Diseth, 2016; Kibe et al., 2020; Sobocko & Zelenski, 2015). High SPS individuals may also be prone to prolonged grief disorder that could form within a distressful environment during the period of loss of loved one. However, the participants of the present study may not have experienced such negative experiences following the loss of their loved one. It can be inferred that this is because of the coping strategies they practiced during the period of loss (i.e., positivity, social withdrawal, social support, etc.), which were proven to be helpful for high SPS individuals (Bas et al., 2021; Black & Kern, 2020; Greven et al., 2019; Sobocko & Zelenski, 2015; Yano et al., 2021).

While the participants shared their experiences during the period of loss, they also mentioned their views about the loss from the Islamic perspective. Three themes of loss and coping experiences in Islamic perspective were found. As the participants shared the experience of acceptance, self-talk, and positivity, they mentioned the experience of *redha*. This experience was analysed under the theme “*Redha* (Total Acceptance)”. They also shared the Islamic practices they engaged in during the period of loss, whether more frequently or just started to engage in, to cope with the loss experiences. The mentions of engaging in Islamic practices to cope with the loss were analysed under the theme “Islamic Practices”. The participants were also asked about their views on the importance of Islamic teachings, especially to cope with the loss they experienced, which were analysed under the theme “The Importance of Islamic Teachings”.

The participants' mentions of their Islamic views to cope with the loss of their loved one(s) indicate the Islamic spirituality they embrace. These findings provide support to the notion that observing Islamic teachings serve as the protective and therapeutic effects against depression and anxiety (Nadzirah et al., 2015).

Therefore, from the analysis conducted, the study found nine themes of inner experiences of high SPS individuals in facing the loss of a loved one during COVID-19 crisis: "Sorrow", "Saudade", "Intense Feelings", "Denial", "Anger, Disappointment, Regret", "Worry", "Reflection", "Acceptance", and "Sensory Experiences". To cope with these experiences, the analysis found that the participants practiced coping strategies which were categorized in eight themes: "Self-talk", "Positivity", "Social Withdrawal", "Avoidance", "Social Support", "Distraction", "Emotional Expression", and "Other Coping Strategies". The analysis also found three themes of Islamic perspectives on loss and coping experiences mentioned by the participants: "*Redha* (Total Acceptance)", "Islamic Practices", and "The Importance of Islamic Teachings".

5.5 IMPLICATION OF THE FINDINGS

The present study has contributed theoretically to the study of SPS particularly in the qualitative and phenomenological approach in this field as it has explored the experiences of high SPS individuals in coping with a stressful life event, such as the event of loss of loved one(s) particularly during the COVID-19 pandemic. Throughout the period of study, the researcher did not find any evidence of the relationship between SPS and loss and grief experiences. Therefore, the present study has provided an insight on how high SPS individuals experience the loss of a loved one especially during a difficult time such as the COVID-19 crisis. The study has also highlighted the coping strategies of high SPS individuals in coping with the loss experiences as well as their religious viewpoints in coping with the stressful life event, which contributes to the knowledge of SPS as well as in the knowledge of religious coping. Since high SPS individuals have high religiosity and spirituality and show great positive change from psychological intervention programmes, the findings of the present study also contributed to the knowledge of Islamic spiritual psychological framework.

High SPS individuals cover as much as 30% of the population. This shows that there is a significant number of people from high SPS group that should be paid attention to so that support and help can be offered, especially since they are more likely to be affected by negative stimuli. For example, four of the five participants in the study expressed how they experienced difficulty to cope with the loss of their loved one(s) especially during the COVID-19 pandemic. They expressed their wish for the community to support and offer help to them and other high SPS individuals that may experience hardship like they did. Moreover, since high SPS individuals are also associated with experiencing positive emotions and aesthetic sensitivity, society can learn and explore more about the strengths of high SPS individuals and capitalize them in building an inclusive society. Organizations such as NGOs and support groups should join hands to prepare society to accept individuals with high SPS, both for the negative consequences of having high sensitivity as well as the benefits they can offer. The participants of the present study also wished for the government and organizations to play parts in spreading the awareness about SPS to the society as well as educating the coping strategies and how to make use of the sensitivity to the high SPS individuals. These efforts can ensure the healthy lives and well-being of high SPS individuals and promote a peaceful and inclusive society for sustainable development that includes this group, as recommended by the United Nations in the Sustainable Development Goals (SDGs).

5.6 LIMITATIONS AND SUGGESTION

The study only focused on the experiences of high SPS female adults in which information obtained may be limited due to what was asked to the participants in the interview. Moreover, since the study focused on specific events (i.e., the experience of loss of loved ones), the findings of the study may not be able to be generalized in other situations. In addition, the study covered the experiences of loss from the perspectives of Muslims. The findings may not be comparable for individuals from other religious beliefs and practices. Additionally, qualitative study, particularly IPA study focuses on the in-depth phenomenon and aims to explore interpretations of experiences among different participants, which may limit the generalization for other groups of people or

community. Nonetheless, findings in qualitative study can be generalized theoretically if the ideas are relevant to the participants' experiences as they can contribute to some part of the existing literature and theories (Riaz, 2018).

The study suggests future SPS studies to focus on exploring how high SPS individuals experience other specific situations, whether related to negative events or positive events. It is also recommended for future SPS studies to look for the comparison between the experiences of high SPS individuals and individuals with other levels of SPS to disseminate the knowledge of SPS and how high SPS individuals experience the world. Furthermore, since the participants of the study were all females aged between 20 to 30, it is recommended for future studies to explore how high SPS males from variety of age groups experience an impactful life event. Lastly, since the study of SPS within the Malaysian community is limited, the study recommends future studies to explore the experiences of high SPS individuals within the Malaysian community.

5.7 CONCLUSION

The study explored the inner experiences of individuals with high SPS in dealing with the loss of loved one(s) and the way they cope with the loss during COVID-19 crisis. The study has analysed and found nine themes of inner experiences the participants had during the period of loss ("Sorrow", "Saudade", "Intense Feelings", "Denial", "Anger, Disappointment, Regret", "Worry", "Reflection", "Acceptance", and "Sensory Experiences"). The study found that the participants' feelings and thoughts about the loss were integrated at the same time, which, along with sensory awareness, made the experiences of loss they had. Moreover, the study also found eight themes of coping strategies applied by the participants to cope with the loss ("Self-talk", "Positivity", "Social Withdrawal", "Avoidance", "Social Support", "Distraction", "Emotional Expression", and "Other Coping Strategies") which were found in past SPS studies about coping strategies commonly applied by high SPS individuals. Additionally, the high SPS Muslim participants also viewed their loss experience in Islamic perspective and engaged in Islamic practices to cope with the loss. They also shared their views on the importance of Islamic teachings that helped them cope with the loss. Thus, the study

concludes that high SPS individuals experienced intense inner experiences (feelings, thoughts, and sensory awareness) towards a stressful life event such as the loss of loved ones and they engage in several coping strategies to reduce the negative experiences they had pertaining to the loss. The study provided rich understanding of how high SPS individuals experience a stressful life event that can broaden the theoretical perspective of SPS and contribute to the practical view in producing a community that understands and supports individuals with high SPS who experience stressful life events.



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APPENDICES

APPENDIX A: INTERVIEW QUESTIONS

RESEARCH TOPIC

“Exploring the Inner Experiences of Individuals with High Sensory-Processing Sensitivity in Coping with the Loss of A Loved One(s) – A Study of Muslims in Malaysia”

This interview aims to explore how the participant experienced the loss of loved one(s) during COVID-19 crisis, and their coping strategies to cope with the loss. It will take about 1 hour and 30 minutes, and the language used is English/Malay/both (as preferred by the participant).

1. General Questions

1.1 Background

This section aims to find out about participant’s background information to guide the next questions.

- Tell me about yourself (education background, religious education background, occupation, marital status, about family members).
- (Confirm the participant’s information based on the form distributed before the interview)

1.2 Sensory-Processing Sensitivity

This section aims to find out about participant’s SPS experiences (as described in past SPS studies).

- About SPS:
 - * *Note: explain in simple sentences*
 - SPS refers to sensory-processing sensitivity.
 - SPS is a temperament or personality trait characterized by a deep and complex processing of information. People are divided into three categories of SPS: low, medium, high. This study focuses on people with high SPS.
 - People with high SPS process the sensory and environmental information more intense than other people in different categories. Thus, they often notice subtle cues in the environment (e.g., high pitch noises, siren) and strong emotional reactivity, causing them to easily become overwhelmed and experience greater stress.
 - Example: When there are many people present, high SPS people tend to isolate themselves by taking a break (*rehat*) or going to the toilet.

They also tend to notice when other people are feeling uncomfortable.

- Do you agree with the (above) statement? Have you experienced moments like this?
 - * If yes: How did you experience this? Describe your experiences.
 - * If no: Why do you say so?
- Have you ever experienced a moment where you need to isolate yourself from people?
 - * If yes: Do you often feel the need to isolate yourself? How did you experience this? Describe your experiences.
 - * If no: Why do you say so?
- Have you ever felt uncomfortable hearing noises (e.g., loud noises, high-pitch noises)?
 - * If yes: Do you often feel that way? How did you feel about it? Describe your experiences.
 - * If no: Why do you say so?
- Have you ever been told by other people that you are sensitive (in terms of feelings and sensory)?
 - * If yes: Are you often been told that way? How did you feel about it? Describe your experiences.
 - * If no: Why do you say so?
- Are you aware that you tend to notice subtle things (sensitive) quicker than other people?
 - * If yes: How did you notice it? How do you feel and think about it?
 - * If no: Why do you say so?
- Are you aware that you tend to easily empathize or sympathize someone?
 - * If yes: How did you notice it? How do you feel and think about it?
 - * If no: Why do you say so?
- Do you have any other experiences that you think it is due to your high level of sensitivity (or others said they never experienced it)?
 - * If yes, please explain the experiences.

1.3 About COVID-19 Situations

This section aims to briefly find out about how the participant experienced the COVID-19 situations particularly during the MCO, such as national lockdown, social distancing, etc.

- How did you feel about the COVID-19 situations?
- How did you feel about working from home/remote learning situations during the COVID-19 crisis? (e.g., having to juggle between work and

chores, having to consider other family members that work from home/remote learning)

- Describe your experience during the COVID-19 situations.

2. How do you experience the loss of loved one(s) during COVID-19 crisis?

2.1 Introduction

- If I may ask, what caused the loss? (e.g., long-term disease, accidents, etc.)
- How would you describe your relationship with the one you lost?
 - o How would you describe your dependent on him/her?
 - o How would you describe your emotional reliance on him/her?
- During the period of loss, who were you with? (e.g., at home with family, at another house)
 - o When you hear the news (i.e., before the experience)
 - o When you were facing the loss (i.e., during the experience)
 - o When you cope with the loss (i.e., after the experience)
- Did your relatives or friends visit you and your family during the loss? Who were they? Where were they from?

[Note: the questions in 2.2, 2.3, and 2.4 may be related]

2.2 Feelings

This section aims to find out how the participant felt (emotions) during the period of loss.

- During the period of loss (before/during/after), how did you feel (i.e., emotions) about the loss?
- During the period of loss, how did you feel about the people around you?
- During the period of loss, how did you feel about the COVID-19 situation? (e.g., feeling overwhelmed, feeling unable to cope)

2.3 Thoughts

This section aims to find out how the participant thought during the period of loss.

- During the period of loss, what kind of thoughts did you have? How did you talk to yourself (i.e., to calm yourself)?
- During the period of loss, what did you think about the people around you?
- During the period of loss, what did you think about the COVID-19 situation? (e.g., thinking that it is hard to cope)

2.4 Sensory

This section aims to find out how the participant's sensory awareness during the period of loss.

- ❖ Sensory awareness: The experience of paying attention to sensory stimuli in the environment (e.g., sight, sound, etc.)
- During the period of loss, how did you pay attention to your surrounding (e.g., family members' needs)? How did you feel and think about your surrounding?
- How did you feel (sensory) about having to focus on your family members and visitors (e.g., feeling overwhelmed)?
- During the period of loss, how did you feel (sensory) about the COVID-19 situation (e.g., feeling overwhelmed due to being confined with other bereaved family members)? How did you experience it? How did you feel having high SPS affect this experience?

3. How do you cope with the loss of loved one(s) during COVID-19 crisis?

3.1 Coping

This section aims to find out how the participant cope with the loss during the COVID-19 crisis.

- During the period of loss, how did you cope with what you experienced inside? Did you use external resources to cope? (e.g., family, friends, the presence of positive life events, etc.)
 - Feelings
 - Thoughts
 - Sensory
- Did you refer to Islamic teachings to cope with the loss you experienced?
 - If yes:
 - How did you refer to the Islamic teachings? What were the forms of religious activities you practiced during the period?
 - How did you refer to Islamic teachings to cope with the feelings, thoughts, and sensory experiences you experienced during the period?
 - Were the activities you practiced more than usual?
 - Why does referring to Islamic teachings important to you?
 - If no: What other practices did you do to cope with the loss you experienced? Why does doing the practices important to you?
- During the period of loss, how did you cope with the COVID-19 situations (i.e., MCO, social distancing norm, etc.)?

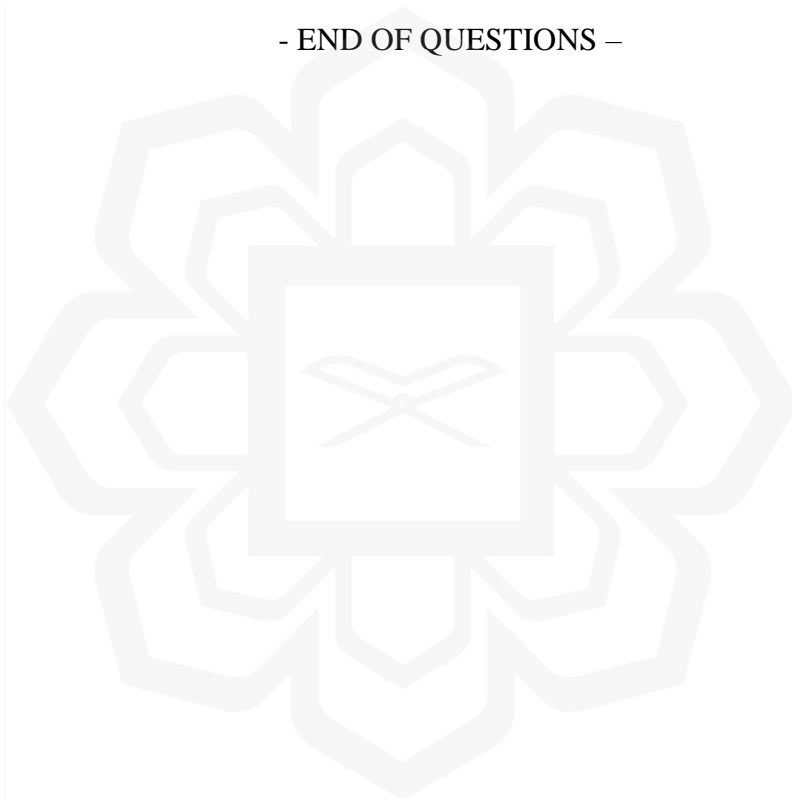
4. Concluding Questions

- What do you feel after learning about SPS?
- Do you have any hope for the community to offer for high SPS people?

- Do you have any wish for other high SPS people/Muslims that may experience the same situation as you did?
- Do you have any wish for other high SPS people/Muslims that may or may have experienced hardship during the COVID-19 crisis?

- ❖ Questions will include experiences related to funeral, managing family members, coping experiences, etc.
- ❖ Some questions will be based on participants' responses in HSP Scale.
- ❖ The questions will evolve based on participants' answers. Answers will be explored further to enhance the understanding of participants' experiences.

- END OF QUESTIONS –



APPENDIX B: INFORMED CONSENT FORM

INFORMATION SHEET AND INFORMED CONSENT FORM

Research Topic

“Exploring the Inner Experiences of Individuals with High Sensory-Processing Sensitivity in Coping with the Loss of A Loved One(s) – A Study of Muslims in Malaysia”

Assalamualaikum w.b.t.

You are invited to participate in this research study titled as above. Before agreeing to participate in this study, it is important that you understand why the research is being done and what it will involve. Please read the following information carefully. Please do not hesitate to contact the researcher for any clarification.

PURPOSE OF THE STUDY

The purpose of the study is to explore the experiences of individuals with high SPS in dealing with the loss of loved one(s) during COVID-19 crisis and the way they cope with the loss.

The inclusion criteria to participate in the study are:

- a. Malaysian Muslim adults,
- b. with high SPS,
- c. who experienced loss of their loved one(s) during the COVID-19 crisis.

Sensory-processing sensitivity (SPS) is a temperament or personality trait characterized by a deep and complex processing of information. People with high SPS process the sensory and environmental information more intense than other people. They experience overarousal from sensory input, strong emotional reactivity, great empathy, and high awareness of subtle cues in the environment, causing them to easily become overwhelmed and experience greater stress.

The recent outbreak of the COVID-19 pandemic has affected one’s daily life, including the experience of loss and grief. With the procedures and new norms introduced during the pandemic (e.g., lockdown, social distancing, etc.), high SPS people may experience the loss of loved one intensely as they are known to have deeper

emotional intensity, easily overwhelmed, and easily affected to negative (and positive) stimuli. Thus, this study is conducted to explore the loss experiences of high SPS individuals during the pandemic so that it can create awareness to the general community so that support and help can be offered to them.

ABOUT THE INTERVIEW

The study will involve an interview that will take about **1 hour and 30 minutes**. You are allowed to choose to have the interview physically (Gombak district), or via video call or phone call. The interview will be conducted in English, Malay, or both as per your choice.

The interview will be recorded, and the data will be analysed based on the information obtained from the interview. The information obtained from this interview will be kept confidential and will only be used solely for academic purpose. Your personal information will be anonymized and any information from the interview that could identify you will not be revealed in order to protect your privacy.

The audio recording is for transcription purposes and will not be copied or sent to any other individual or used for any other purpose. The recordings of the interview will be kept until further planning for the research and will be destroyed after the study ended (approximately by August 2023).

You will be provided with the interview questions along with this informed consent form document. You are encouraged to say anything that comes to your mind. There is no right or wrong answers, your responses represent your experiences as a high SPS person. Please do not hesitate to contact the researcher for any inquiries about the interview or the interview questions.

RISKS

We do not anticipate any risks associated with your participation. However, in the case of any psychological-related risk (e.g., feeling uncomfortable, embarrassed, exhaustion, worried, upset) and/or any social-related risk (e.g., loss of privacy or reputation), please do not hesitate to share with the researcher before, during, and/or after the interview.

You have the right to not respond if you feel uncomfortable with any of the questions being asked without clarifying the reason, and you may stop the interview or withdraw from the research at any time.

BENEFITS

Sensory-processing sensitivity (SPS) is a young research field. By participating in the study, you are contributing to the knowledge of SPS to further understand the experiences of people with high SPS by which the community can improvise the mental health supports for the people with high SPS. You may also learn more about SPS and have better understanding about its characteristics.

CONFIDENTIALITY

You are required to provide your full name, date, and signature. However, we will not include any information that could identify you in any report we may publish. Participant's data will be kept confidential. All participant records will be kept strictly confidential except in cases where the researcher is legally obligated to report specific incidents. These incidents include, but not limited to, incidents of abuse, suicide risks, and homicide.

VOLUNTARY PARTICIPATION

Your participation in this study is completely voluntary. You are free to withdraw from the study at any time and without clarifying the reason. After signing the consent form, you are still free to withdraw at any time. Withdrawing from this study will not affect the relationship you have, if any, with the researcher. If you withdraw from the study before data collection is completed, your data will be destroyed.

By signing this form, I agree to volunteer as a research participant for this study and I have read and understood the information provided above.

I hereby agree to participate in this research.

Signature of research participant

Name of participant:

Date

Signature of researcher

Nurul Insyirah Binti Indera Luthfi

Date

Researcher

RESEARCHER'S INFORMATION

Name: Nurul Insyirah Binti Indera Luthfi

Contact No: 019-3812708

Email: n.insyirah02@gmail.com

Affiliation: Department of Psychology,
AbdulHamid AbuSulayman Kulliyah of Islamic Revealed Knowledge and
Human Sciences,
International Islamic University Malaysia

Research Supervisor: Dr. Intan Aidura Binti Alias

Email: intan_ia@iium.edu.my

Research Co-supervisor: Dr. Mardiana Binti Mohamad

Email: mardiana@iium.edu.my

This consent form is necessary for us to ensure your understanding of the purpose of your involvement and that you agree to the conditions of your participation.

*Thank you for agreeing to be interviewed for the research project.
May Allah bless.*

MENTAL HEALTH HELPLINES AND RESOURCES

The Malaysian Mental Health Association (MMHA)

Psychological Therapy & Support Services

Phone: +603 2780 6803 (Mon.-Fri. 9am-5pm, except public holidays)

Website: www.mmha.org.my

Talian Kasih 15999

24-hour Nationwide Helpline & Counselling

Phone: 15999 or WhatsApp: +60192615999

Website: www.kpwkm.gov.my

The Befrienders (Klang Valley)

Emotional Support & Suicide Prevention Helpline

Phone: +603 7627 2929 (24 hours)

Email: sam@befrienders.org.my

MENTARI HQ (Selayang)

Phone: 03-6127 0946

Email: mentari.hq@moh.gov.my

Address: LG Lot 25B,26,27 Selayang Capitol Kompleks,
Selayang – Kepong Highway, 68100 Kuala Lumpur

Reach U

Phone: +6 010 288 2290

Appointment: bit.ly/TalianReachU



APPENDIX C: IREC APPROVAL LETTER



الجامعة الإسلامية العالمية ماليزيا
INTERNATIONAL ISLAMIC UNIVERSITY MALAYSIA
بُيُوتُ رِسَالَتِ الْإِسْلَامِ أَيْضًا بِلَيْسِنَاتِنَا
Garden of Knowledge and Virtue

LEADING THE WAY
KHALIFAH - AMANAH - IqRA' - RAHMATAN UL-'ALAMIN

SUSTAINABILITY INSTITUTE OF THE YEAR

RESEARCH MANAGEMENT CENTRE (RMC)

Our Ref. : IIUM/504/14/11/2/ IREC 2022-110
 Date : 16 August 2022

Sis. Nurul Insyirah Binti Indera Luthfi (Principal Investigator)
 Kulliyyah of Islamic Revealed Knowledge and Human Sciences
 IIUM Gombak Campus
 53100 Gombak

Dear Sis.,

The IIUM Research Ethics Committee (IREC) has reviewed your study protocol as mentioned below:-

ID NO.	: IREC 2022-110
RESEARCH TITLE	: Exploring Inner Experiences of Muslims with High Sensory-Processing Sensitivity in Facing Loss of Loved One(s) during COVID-19 Pandemic
REGISTRATION DATE	: 27 Jul 2022
CO-INVESTIGATOR	: Dr. Intan Aidura Binti Alias Dr. Mardiana Binti Mohamad
STUDY SITE	: IIUM Gombak Campus
SAMPLE SIZE	: Approximately 5 participants
ETHICAL EXPIRY DATE	: 15 August 2023

The IIUM Research Ethics Committee (IREC) operates in accordance to the Declaration of Helsinki, International Conference of Harmonization Good Clinical Practice Guidelines (ICH-GCP), Malaysia Good Clinical Practice Guidelines and Council for International Organizations of Medical Sciences (CIOMS) International Ethical Guidelines

The following documents have been received and reviewed to the above study:-

1. Study Proposal/Protocol; Version 2, dated 31 May 2022
2. Informed Consent Form (ICF) –
 - i. Information Sheet (English) – Version 1, dated 27 Jul 2022
 - ii. Consent Form (English) - Version 1, dated 27 Jul 2022
3. Interview - Version 1, dated 09 Mar 2022
4. Approval Letter from Kulliyyah of Islamic Revealed Knowledge and Human Sciences, IIUM
5. Principal Investigator's CV



Research Management Centre
 International Islamic University Malaysia, Jalan Gombak, 53100 Kuala Lumpur
 Telephone: (+603) 6421 5002 / 5010 | Fax: (+603) 6421 4862
 Email: rescentre@iium.edu.my | Website: https://www.iium.edu.my/centre/mc



Decision by IIUM Research Ethics Committee (IREC):

Approved
 Disapproved

Date of Approval: 15 August 2022

The investigator(s) are required to:

- a) submit the 'Continuing Review Form' 30 days before EXPIRY DATE to renew Ethical Approval.
- b) notify IREC of any change in protocol and obtaining further ethical approval as appropriate.
- c) report any adverse incident during the course of a study to IREC even if the incident is not directly related to the study.
- d) report to the IREC within 72 hours for all internal SAEs (occurring in IIUM PI site).
- e) report in a prompt manner if the information impacts the continued ethical acceptability of the trial for external SAEs (occurring in participants at other sites).
- f) report any major protocol deviation occurs within 5 working days.
- g) complete and submit the End of Project Report Form to the IREC Secretariat's Office.
- h) All records and data subjects are CONFIDENTIAL and used only for the purposes of this study and all issues and procedures on data confidentiality must be observed.

Yours sincerely,



PROF. DR. NASSER MUHAMMAD AMJAD
Chairman,
IIUM Research Ethics Committee (IREC)

Copy : File-IREC 2022-110

DISCLAIMER: The approval letter only covers the ethical aspect of your study only. Any other permission/approval to use any facilities, data or human resource should fall under applicant's responsibility.