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Losing a Loved One During the Covid-19 Pandemic: An On-Line Survey Looking at the Effects on Traumatic Stress, Coping and Post-Traumatic Growth

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Abstract

The Covid-19 pandemic has had a devastating effect across the world. In the UK alone, the death toll is 132,742, with 207 people dying the previous day and a total of 6,825,074 cases of Covid-19 thus far (September 1st, 2021). The aim of this study was to look at post-traumatic stress, coping skills and post-traumatic growth in relatives, who lost a loved one during the pandemic. Some 185 individuals took part in a Qualtrics survey. Participants completed a demographic questionnaire, the Impact of Event Scale-Revised, the Coping Assessment for Bereavement and Loss (CABLE) and the Post-Traumatic Growth Questionnaire. There were two major findings. First, there were very high levels of post-traumatic stress, with

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94.6% of the sample scoring above the threshold of 33 for a diagnosis of post-traumatic stress disorder (PTSD). Second, levels of post-traumatic growth were very low. Losing a relative during the Covid-19 pandemic may lead to more PTSD. The circumstances surrounding many Covid deaths, may have long term negative consequences for the bereaved relatives.

Keywords
bereavement, Covid-19, post-traumatic stress, coping, post-traumatic growth

Death has serious physical and psychological implications for the survivor (Crunk, 2017), but especially death caused by a calamity that is sudden and unexpected, and sometimes includes additional trauma. The overwhelming impact of the Covid-19 pandemic has been documented for countries across the world. The increased number of deaths recorded, indicated that survivors, families and friends were profoundly affected (Stroebe & Schut, 2021). Governments all over the world introduced measures and precautions to reduce the spread of the deadly virus, including social distancing and travel restrictions. These measures caused many changes in societies, which altered not only day-to-day life, but also the way people die and mourn the death of their loved ones (Eisma & Tamminga, 2020).

Raphael et al. (2004), called such sudden and unexpected bereavements "traumatic loss," which are more stressful, complicated, and difficult to recover from, than bereavements from natural causes under normal circumstances. The Covid-19 pandemic has left, and will continue to leave, hundreds of thousands of bereaved family members in its wake (Verdery & Smith-Greenaway, 2020). These deaths are unlike others in recent history. The current conditions are unparalleled and unmatched to anything, that has happened since the Spanish Flu in 1919. The differences include substantial numbers of deaths and forced separations in a patient's final days, the denial of physical touch, final goodbyes, and traditional mourning rituals. All these differences have resulted in serious threats to the grievers' mental health, leaving them extremely vulnerable to intense and enduring psychological distress (Lichtenthal, Roberts & Prigerson, 2020).

The Covid-19 pandemic has caused global changes since 2020, with the possibility of complicated grief following death being greater, than that of post-traumatic growth (the authors, 2020). A recent study by Wallace et al. (2020), confirmed that the Covid-19 pandemic would lead to higher levels of complicated and anticipatory grief for the effected and bereaved family members,

individuals and health providers. The fact that funerals and burials are either held distantly or suspended altogether, has further led to the possibility of complicated grief reactions amongst bereaved individuals. Furthermore, the entire concept of bereavement and grief has been altered, following the sociological, emotional and financial impact of Covid-19, that the world has seen since 2020. With social distancing being implemented by almost every country in the world, this has resulted in hospitals not allowing access to the family members of dying loved ones. Therefore, in the case of any death, the possibility of complicated grief because of physical, mental and social distancing, will be much higher (Wallace et al., 2020).

Pearce et al. (2021) investigated the experiences and views of practitioners in the UK and Ireland, concerning changes in bereavement care during the Covid-19 pandemic. Most of the respondents believed that due to the limitations on being with the person who was dying, the bereavement process was more difficult. Relatives expressed guilt over the fact that they were unable to fulfil their dying family member's last wishes. Another study conducted by Eisma and Tamminga (2020), demonstrated that higher grief levels are experienced after Covid-19-related bereavement, than natural bereavement. Furthermore, in a study done by (Eisma, Boelen & Lenferink, 2020), it was concluded that one of the biggest causes of concern for the world after the Covid-19 pandemic, might be prolonged grief disorder.

More than 3.8 million deaths across the world have been documented due to Covid-19 (June 2020), despite the rapid, and equally unprecedented advancements in medical technology, with vaccines developed quicker than ever before. Mental health issues have certainly increased, resulting in depression, anxiety, post-traumatic stress disorder and other trauma related issues (Tucker & Czapla, 2021).

The aim of the present study was to look at post-traumatic stress, coping skills and post-traumatic growth in relatives who had lost a loved one during the Covid-19 pandemic. At the time of starting the study, (August 2020), the researchers were unaware of any other published studies that had looked at how bereavement in the middle of the Covid-19 pandemic, might have differed from other bereavements. There was considerable concern in the media that many Covid bereaved relatives were experiencing significant psychological distress due to the circumstances surrounding the deaths of their loved ones. There were stories in the press about relatives not being able to say a final 'goodbye' to their loved ones in hospital. There were restrictions on numbers attending funerals. In some cases, there were no church services. The second author's father died from Covid-19, during the first wave of the pandemic and hence appreciated many of the concerns. Given the lack of previous research the three study hypotheses advanced could be said to be speculative.

Hypothesis 1

That older bereaved Covid relatives will have significantly lower Impact of Event Scale (R) (IES-R) scores and higher scores for CABLE Coping Skills and higher Post-Traumatic Growth Scale scores, than younger relatives. This was based on the perhaps simple notion that older people are more resilient.

Hypothesis 2

That bereaved Covid relatives who were pleased with their funeral arrangements will have significantly better psychological adjustment. That is, they will have significantly lower IES (R) scores and higher scores on CABLE Coping Skills and Post-Traumatic Growth. Again, this was based on the fact that many relatives expressed dissatisfaction with funerals for their loved ones. In the UK, numbers attending were restricted.

Hypothesis 3

That bereaved Covid relatives with higher levels of CABLE Coping Skills will have significantly lower IES(R) scores and higher Post-Traumatic Growth scores. This is based on the idea that having a greater repertoire of coping skills will make psychological adjustment easier.

Method

Design

The study was a cross-sectional on-line questionnaire survey, which used non-probability convenience sampling. There were several independent variables, such as age, gender, religion, marital status and satisfaction with the funeral. There were three dependent variables, Impact of Event Scale (Revised) score, CABLE Coping Skills score and Post-Traumatic Growth Inventory scores. For Hypothesis 3, the CABLE Coping Skills Total score was examined, and a median split was used to divide the group into a High level of Coping Skills, versus a Low level of Coping Skills. The questionnaire was uploaded to the Qualtrics system. The link was the posted by the researchers onto Facebook Groups for relatives, who had lost a close loved one due to the Covid-19 pandemic.

Measures

a. Demographic.

There were 11 demographic questions. These were, Gender, Age, Ethnicity, Religion, Marital status, who was the person close to you, who died? What was your relationship with them? When did they die? Did your relative die from

Covid-19? Were you pleased with the funeral arrangements? Do you want to add anything about the funeral arrangements?

b. Impact of Event Scale Revised.

The Impact of Event Scale Revised (Weiss, 2007), comprises 22 items, e.g. "*I had trouble staying asleep,*" "*I felt it hadn't happened or wasn't real*." Each item is scored on a scale from 0 to 4, where 0 is 'not at all', 1 = 'a little bit,' 2 = 'moderately', 3 = 'quite a bit' and 4 = 'extremely.' Four scores are obtained. These are Intrusion, Avoidance, Hypervigilance and a Total Score. A score of 33 represents the best cut-off for a probable diagnosis of Post-Traumatic Stress Disorder. A score of 37 or more "is high enough to suppress your immune system's functioning (even after 10 years since an impact event)" (Kawamura et al., 2001). The internal reliability of the Intrusion subscale is .74, Hyperarousal .86 and Avoidance .71.

c. Coping Assessment for Bereavement and Loss Experience (CABLE).

The CABLE (Crunk, 2017; Crunk et al., 2019) has 28 items that break down into six subscales. Each item is rated on a scale from 0 to 4, where 0 = never, 1 = once, 2 = a few times, 3 = nearly every day and 4 = daily, or "this does not apply to me or my loss." The subscales are Help Seeking, Positive Outlook, Spiritual Support, Continuing Bonds, Compassionate Outreach and Social Support. The Total Cable score is calculated by adding all six subscale totals together. Internal reliability (Crunk, 2017), for the total score is high at .95. Internal reliability for Help Seeking was .85, for Spiritual Support .86, Positive Outlook .77, Compassionate Outreach .69, Continuing Bonds .79 and .75 for Social Support.

d. Post-Traumatic Growth Inventory.

The Post-Traumatic Growth Inventory (Tedeschi and Calhoun, 1996), comprises 21 items that break down into five factors. Each item is scored on a 0 to 5 scale. A score of 0 = I did not experience this change as a result of my bereavement, to 5 = I experienced this change to a very great degree as a result of my bereavement. The five factors are Relating to Others, New Possibilities, Personal Strength, Spiritual Change and Appreciation of Life. Tedeschi and Calhoun (1996), reported a Cronbach's alpha of .90 for internal consistency and test-retest reliability. The reliability of the subscales ranged from .85 for Relating to Others, .84 for New Possibilities, .72 for Personal Strength and Spiritual Change and .67 for Appreciation of Life.

Procedure

The questionnaires were uploaded to Qualtrics. The link to the questionnaires was then posted on Facebook Groups for those who had lost relatives during

the Covid-19 pandemic. All those who had lost a loved one for non-Covid reasons, were removed from the sample. This reduced the sample size from 203 to 185. All the analyses were performed on 185 participants.

Results

a. Descriptive Statistics.

The sample comprised 185 individuals whose relatives died from Covid-19. Of these 14 were male and 171 female. The majority of the sample were White British (n = 154). Some 64 reported no faith, 79 were Christian 25 were Catholic and 8 Muslim. Some 50 were aged 16 to 44, 123 were aged from 45 to 64 and 12 were aged 65+.

1. Impact of Event Scale Revised. Top Five item scores.

Item	Mean
1. Any reminder brought back feelings about them. (Intrusion)	3.69
2. Other things kept making me think about them. (Intrusion)	3.57
3. I had waves of strong feelings about them. (Intrusion)	3.52
4. Pictures about them popped into my mind. (Intrusion)	3.44
5. I felt as if their death hadn't happened or wasn't real. (Avoidance)	3.32

It is interesting to note that the four highest rated items are from the Intrusion subscale, showing that these participants were being troubled by intrusive thoughts about the death of their loved one.

Impact of Event Scale. Factor and Total scores.

Factor	Mean (standard deviation)
Intrusion	24.48 (4.16)
Hypervigilance	14.69 (5.30)
Avoidance	14.14 (6.59)

Total Impact of Event score = 53.30 (12.36)

Participants scoring over the threshold for PTSD at 33 or more = 94.6%

Participants scoring 37 or more = 86.6%

2. CABLE Top Five item scores.

Item	Mean
1. I sought comfort in a keepsake or object that reminds me of my loved one. (Continuing Bonds).	2.76
2. I talked to my loved one in my mind or out aloud. (Continuing Bonds).	2.75
3. I cared for or nurtured others. (Compassionate Outreach).	2.74
4. I reviewed photos or videos of my loved ones. (Continuing Bonds).	2.63
5. I told someone how much I love or care for them. (Compassionate Outreach).	2.54

It is interesting to note here that the top five items came from only two of the six subscales, which make up the CABLE. These were Continuing Bonds and Compassionate Outreach. In a sense this shows that in the aftermath of their bereavements, participants were trying hardest to hold onto the memories of their lost loved ones as well as reaching out to those closest to them.

CABLE Factor and Total scores.

Factor	Mean (standard deviation)
Continuing Bonds	10.96 (3.82)
Compassionate Outreach	8.30 (2.47)
Positive Outlook	6.72 (3.55)
Social Support	5.85 (3.09)
Spiritual support	4.94 (5.75)
Help Seeking	4.35 (4.07)
CABLE Total Score 41.13 (12.83)	

3. Post-Traumatic Growth Inventory. Top Five items.

Item	mean
1. I changed my priorities about what is important in life (Appreciation of Life).	2.78
2. I have a greater appreciation of the value of my own life (Appreciation of Life).	2.31
3. I have more compassion for others (Relating to Others).	2.29
4. I discovered that I am stronger than I thought I was (Personal Strength).	2.18
5. I can see more clearly that I can count on people in times of trouble (Relating to Others)	1.99

While there are five subscales in the Post-Traumatic Growth Inventory, three subscales provided the top five rated items. Appreciation of Life and Relating to Others accounted for four of the top five rated items and Personal Strength, the remaining one. Relating to Others, clearly overlaps with Compassionate Outreach on the CABLE Scale.

Post-Traumatic Growth Inventory. Factor and Total scores.

Relating to others	13.19 (8.50)
Appreciation of life	6.57 (3.81)
Personal strength	6.56 (4.86)
New possibilities	5.29 (5.17)
Spiritual change	1.41 (2.42)
PTGI Total Score	**32.70 (19.13)**

b. Inferential Statistics.

Before data analysis was carried out, the three dependent variables, Impact of Event Scale (Revised), CABLE and the Post-Traumatic Growth Inventory scores were checked for normality of distribution. None of the three skewness scores was twice their standard error, Kolmogorov Smirnov scores were not significant and when graphed against the normal curve, all three scores appeared

to have a normal distribution. Parametric statistics were therefore used to test for differences between groups.

Hypothesis 1.

That older bereaved Covid relatives will have significantly lower Impact of Event Scale (R) scores and higher scores for CABLE Coping Skills and higher Post-Traumatic Growth Scale scores, than younger relatives.

Age was coded as a categorical variable with three groups, 16 to 44, n = 50, 45 to 64, n = 123 and 65+, n = 12. For the analysis the two older groups were combined. These two groups were then compared on the study dependent variables (see Table 1).

Hedge's 'g' is used to calculate the effect size due to unequal sample sizes and is used for all three hypotheses.

This hypothesis is not supported. Older participants did score a little lower on the Impact of Event Scale but had significantly lower levels of coping skills on the CABLE. They scored significantly lower as well on post-traumatic growth. Younger bereaved Covid relatives had much higher levels of post-traumatic growth, with an effect size of .50.

Hypothesis 2.

That bereaved Covid relatives who were pleased with their funeral arrangements will have significantly better psychological adjustment. That is, they will have significantly lower IES (R) scores and higher scores on CABLE Coping Skills and Post-Traumatic Growth.

All the scores were in the predicted direction (see Table 2). As predicted, relatives who were happy with their funeral arrangements had lower scores on Impact of Event Scale, better CABLE coping skills and better post-traumatic growth scores. None of these differences was however statistically different, so **this hypothesis is not supported.**

Table 1. Scores on Dependent Variables by Age Group.

Measure	Younger group $n = 50$ (16 to 44)	Older group $n = 135$ (45+)	t score p value	Effect size
Impact of Event Scale (Revised)	53.60 (13.15)	52.28 (12.81)	$t = .682$, $df = 201$, $p = .496$	.18
CABLE Coping Skills	46.15 (15.41)	39.84 (13.00)	$t = 3.038$, $df = 201$, $p = .003$	.46
Post-Traumatic Growth Inventory	39.97 (18.05)	30.46 (19.34)	$t = 3.314$, $df = 198$, $p = .001$	.50

Hypothesis 3.

That bereaved Covid relatives with higher levels of CABLE Coping Skills will have significantly lower IES(R) scores and higher Post-Traumatic Growth scores.

Relatives with high levels of CABLE Coping Skills had significantly higher levels of post-traumatic growth, with a large effect size of .88, than those with lower levels of coping skills (see Table 3). There were no differences in Impact of Event scale scores. **This hypothesis receives only partial support.**

Discussion

Summary of Main Findings

Some 185 people who lost relatives during the Covid-19 pandemic responded to this survey. **The most striking single finding was that 94.6% of the sample scored 33 or more on the Impact of Event Scale**. This is the cut-off for a probable diagnosis of post-traumatic stress disorder. Indeed 88.6% scored 37 or more, of which it has been said, "*This is high enough to suppress your immune system's functioning, even 10 years after an impact event,*" (Kawamura et al., 2001). This demonstrates that 9/10 people who lost a relative during the Covid-19 pandemic are experiencing post-traumatic stress disorder. Examination of item scores shows that respondents were most troubled by intrusive thoughts, e.g. "*Pictures about them popped into my mind.*" Indeed, intrusive thoughts made up four of the top five rated items. The main coping skills utilized by participants were linked to Compassionate Outreach, "*I cared for or nurtured others,*" or Continuing Bonds, "*I reviewed photos or videos of my loved ones.*" While you would not expect to see much evidence of post-traumatic growth, so soon after the death of loved ones (in most cases this was less than four months after bereavements), respondents reported most change in their Appreciation of

Table 2. Satisfaction With Funeral Arrangements and Dependent Variables.

Measure	Pleased with funeral ($n = 49$)	Not pleased with funeral ($n = 136$)	t score p value	Effect size
Impact of Event Scale (Revised)	50.53 (12.86)	54.30 (12.07)	$t = -1.843$, $df = 183$, $p = .241$	.31
CABLE Coping Skills	41.51 (11.57)	40.99 (13.30)	$t = -.241$, $df = 183$, $p = .810$	.04
Post-Traumatic Growth Inventory	35.90 (20.82)	31.53 (18.41)	$t = 1.371$, $df = 180$, $p = .172$	.23

Table 3. Relatives With Higher CABLE Coping Skills Versus Those With Lower Coping Skills on the Impact of Event Scale and on Post-Traumatic Growth.

Measure	High CABLE scores ($n = 88$)	Low CABLE scores ($n = 97$)	z score p value	Effect size
Impact of Event Scale score	54.06 (11.85)	52.62 (12.82)	$t = -.790$, $df = 183$, $p = .431$	.12
Post-Traumatic Growth Inventory	40.74 (20.40)	25.35 (14.47)	$t = -5.906$, $df = 180$, $p = .001$	.88

Life, "*I changed my priorities about what is important in life,*" and Relating to Others, "*I have more compassion for others*."

While three hypotheses were advanced for the study, these were all speculative given that the Covid-19 pandemic only started earlier last year (2020) and is still ongoing, and these were not based on previous research. The first was that older bereaved Covid relatives would have lower Impact of Event scores and higher CABLE coping and higher post-traumatic growth, than younger relatives. This is loosely based on a notion that older people are more resilient (Qasim & Carson, 2020). In fact, the opposite proved to be the case. Younger participants had significantly higher levels of post-traumatic growth and CABLE Coping Skills. The second hypothesis was that Covid relatives, who were more pleased with their funeral arrangements, would have better psychological adjustment. The idea for this hypothesis came from media reports of restricted numbers of people being able to attend their loved ones' funerals and restrictions on "wakes." While the trend was in the predicted direction, none of the differences was significant. The third hypothesis was that Covid relatives with better CABLE coping skills would also have better adjustment. While there was no difference in Impact of Event scores, relatives with better CABLE coping skills had significantly higher levels of post-traumatic growth. Perhaps having better coping skills facilitates the process of post traumatic growth?

Comparison With Previous Research

Strictly speaking it is not possible to compare the current sample with normative groups, as the concept of normality has changed with Covid-19. The mean score from this study on the Impact of Event Scale was 54.22 (standard deviation = 12.53). Another study conducted during the pandemic obtained a mean score = 52.94 ($SD = 18.19$). These two populations are not significantly different, p = .353, yet as pointed out earlier, over 90% of the current sample

would meet a diagnosis of Post-Traumatic Stress Disorder (PTSD). Comparison of the CABLE Coping Skills Scale in this study gave an average score = 44.17 ($SD = 13.72$). This compares with a mean from a study by Qasim & Carson (2020) of 49.65 ($SD = 13.81$), p = .004. The 100 bereaved adults in the Qasim & Carson study had been bereaved for up to five years, whereas the present sample had been bereaved for less than five months. Similarly, the Qasim & Carson sample were collected some years before the onset of the Covid-19 pandemic. The mean Post-Traumatic Growth Inventory score from the current sample was 30.22 ($SD = 18.29$), versus 64.36 ($SD = 16.44$) from the Qasim & Carson (2020) study, with a P value = .001. Participants in the present study scored less than half the score of the Qasim & Carson (2020) participants. Again, the reason for this may be that the time since they had lost their relatives was too short for significant post traumatic growth to occur. As the Covid-19 pandemic is unprecedented, comparisons with pre-Covid measures may not be justified. Researchers may need to establish new norms for their measures in the new Covid-19 era.

Limitations of the Study

Like all quantitative studies, this study has highlighted some fascinating findings, e.g. the very high levels of probable PTSD in this population, but it is unable to explain why these differences have occurred. One assumption is that the process of dying in hospital, with loved ones being denied access to their family member in their last hours and the nature of their deaths, has been traumatic. Yet, everyone is in the same position and this has become the new normal. Interviews with bereaved relatives would help to elicit the reasons for the high levels of trauma. This study relied on self-report measures, accessed via an on-line Facebook support groups. There were some limitations due to the sampling, which used non-probability convenience sampling. Some 92% of the sample in the present study were female. The very large Covid-19 longitudinal study conducted by University College London, UK, had a three to one ratio in favour of women (Fancourt et al., 2020). Women are more likely to complete on-line surveys than men. Similarly, there were very few respondents in our survey from black and minority ethnic populations. In our study 83% of the sample identified as White British, yet in the UK deaths have been proportionately higher in minority groups (Razai et al., 2021; Office of National Statistics England, 2021). Our survey may have reached a possibly under-representative sample of the bereaved population. Of the six researchers involved in the current study, three were female and two were from minority ethnic groups. We would hope that sample selection was not affected by our backgrounds.

Suggestions for Future Research

The present study surveyed participants who had lost a relative to Covid-19, within the preceding four months or less. There is clearly a need to conduct more longitudinal research with these populations. It can be anticipated that rates of PTSD will decline over time. Will there be accompanying increases in post-traumatic growth? Equally there is a need to utilize qualitative research methods (Harper & Thompson, 2012; Braun & Clarke, 2013; Sullivan & Forrester, 2019), to capture people's lived experience of bereavement during the pandemic.

Implications of Findings

Huge amounts of resources have gone into fighting the Covid-19 pandemic. These have included costs of developing vaccines, research, inpatient and nursing home care, the delivery and purchase of personal protective equipment, government messaging, 'furlough' schemes to protect those in vulnerable industries, vaccine roll outs, medications etc. There are also ongoing costs in dealing with so-called 'long Covid,' the potential mental health 'Tsunami,' and as we suggest in this paper, huge numbers of potential cases of complicated grief disorder. There is no doubt that specialists in the field of bereavement will be required to help survivors adjust to their losses (Neimeyer, 1998, 2016).

Conclusions

While this was an online survey of only 185 relatives in the United Kingdom, its implications apply to other countries, as most have followed similar Covid-19 policies to the UK government. There is a pressing need to provide support to relatives bereaved during the Covid-19 pandemic, as there are extraordinarily high levels of PTSD in this population. While infections from coronavirus may appear to be on the decline, for many millions of people worldwide, the battle to improve their mental wellbeing, may only have begun.

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Ethics

Ethical approval was obtained from the Psychology Department Ethics Committee at a University in Northern England, in line with the guidelines from the British Psychological Society (2018). Participation in the survey was voluntary.

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