

Age Difference in Grieving and Coping During COVID-19

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Abstract

For many young adults (ages 18-30 years) the COVID-19 pandemic was the first major catastrophe experienced, and for many the first experience for death of a loved one (Swanberg, et. al, 2023). Research reveals that most older adults (ages 31-65years) may be more emotionally prepared for loss of a loved one and more likely to have greater coping skills (Thompson & Kim, 2023; Hansson & Stroebe, 2007; Williams et al., 2007). This study was designed to determine if the intensity of grief and levels of depression were higher in young adults compared to older adults, who lost loved one during COVID-19 they were not allowed to visit. This study used data collected from an online survey that included questions on sociodemographic, visitation, Pandemic Grief Scale and the Beck Depression Inventory.

Keywords: grief, ambiguous loss, depression, prolonged grief

1. Introduction

The COVID-19 pandemic created a sense of uncertainty for many people, due to loss of income and restriction of daily activities. In many cases these effects were temporary once life returned to normal as the pandemic eased. However, for those who lost a loved one during the pandemic, the impact has been long lasting. Grief is a normal human reaction to loss (Corr, Corr, 2019). And our culture has developed meaningful ways to cope with this grief; but during the COVID-19 pandemic, people were often denied these cultural rituals. Consequently, they experienced unprecedented degrees of loss that resulted in grief that may be felt for many years (Weaver, et. al, 2022). Those who experienced ambiguous loss, or loss without closure or clear understanding (Boss, 1999), was common during the pandemic and often resulted in dysfunctional grief, as well as intense depression (Zhai & Du, 2020).

Losing a loved one to COVID-19 may have intensified grief and depression levels, especially for young adults (ages 18-30 years) who may have never experienced the loss of a loved one, compared to adults (ages 31-65 years). Most likely the COVID-19 pandemic was the first major catastrophe that young adults experienced; the unexpected changes will likely have a lifelong impact (Swanberg, et. al, 2023).

Studies have focused on the effects of parental loss in childhood and adolescence (Dowdney, 2000); but there is little research on the effects of death on young adults (Fiegleman et al., 2017). The definition of young adult has some variations in literature; however, many researchers agree that young adulthood begins at 18 years old and lasts until 30 years old (Arnett, 2000). Young adulthood (ages 18-30 years) is a period of transition between adolescence and adulthood (Santrock, 2023). During this time young adults work on establishing an identity, gaining skills, and moving toward future life directions; while at the same time maintaining some dependency on their parents by way of financial assistance, residency, and support (Arnett, 2000; Santrock, 2023). On the other hand, adults (ages 31-65 years) would have most likely established a career and formed their own family, and as they continue to age, begin preparing for retirement (Santrock, 2023).

Compared to older adults, young adults are at a higher risk of prolonged grief and intense depression following the loss of a loved one (Jones & Martini, 2023). There is evidence that shows the greater the dependence on the deceased loved one the more likely there will be increased prolonged grief and more intense depression (Herberman Mash et al., 2013). Further, studies show prolonged grief and more intense depression among young adults who have not developed the emotional and social support needed to cope with grief (Jones

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& Martini, 2023). Young adults who are dependent on parents will experience a greater sense of loss that may lead to prolonged grief (Jones & Martini, 2023).

Attachment theory has been used when studying prolonged grief (Sekowski & Prigerson, 2021). Attachment theory conceptualizes grief as a form of separation anxiety in response to no longer having that bond with the attachment figure. Loss of the bond with the attachment figure is thought to trigger behaviors such as longing, seeing, and despair, which are the typical symptoms of grief (Bowlby, 1980). Building on the attachment styles of children described by Ainsworth et al. (1978), Bowlby (1980) determined that adults' attachment styles corresponded to the attachment styles in childhood.

Although death is more probable for adults, it is believed that adults may be more prepared emotionally and practically when compared to younger adults who lose a loved one (Thompson & Kim, 2023). Since adults may have experienced several losses, adults more likely have greater difficulty coping with loss due to age-related challenges in daily life and lifestyle, such as limited social interaction or mobility and movement (Hansson & Stroebe, 2007; Williams et al., 2007).

During the pandemic, to reduce the spread of COVID-19 the government-imposed policies that included restrictions on visitation in hospitals and nursing homes; as a result, people who died in hospitals and nursing homes passed away without their families by their sides, and those who lived alone also died in solitude (Hernández-Fernández & Menese-Falcón, 2021). Wakes and funerals were prohibited, and only two family members were permitted to attend a burial or cremation. Many families could not say goodbye to their loved ones, in either the moments before or the moments after death. These were, therefore, deaths without farewells. The fact that many were not able to see their loved one before their death can result in profound ambiguity (Imber-Black, 2020). The perception of not having opportunity see their loved one prior to death or after death makes it difficult to rationalize the loss and may cause a sense of disbelief that their loved one has died and can complicate the process of accepting the death (Field & Filanosky, 2009).

Ambiguous losses occur when the deceased is physically absent, but a psychological presence continues (Boss, 2010). The theory of ambiguous loss has been linked to COVID-19 pandemic for several reasons, such as, the creation of barriers and changes to daily life routines, economic insecurity, and diminished social relationships. The inability to visit a loved one in the hospital, or nursing home or to attend their funeral prevented closure, which could increase the levels of depression and intensify grief reactions (Governale, McTighe & Cechova, 2023).

Although there is evidence that suggests people who lost a loved one due to COVID-19 experienced increased levels of depression and intense grief reactions, there is limited research comparing the differences in grief reaction between young adults (18-30) and older adults (31-65). Losing a loved one during COVID-19 increased grief when a person was unable to visit them during their illness or after their death. As grief is a strong predictor of future disturbed grief, this supports the prediction that grief is more intense and depression levels are higher among young adults (ages 18-30 years) who were not allowed to visit their loved one compared to adults (ages 31-65 years) who were not allowed to visit their loved one.

2. Method

Data was analyzed from a sample of 170 participants, yielding more than sufficient statistical power. The sample consisted of 68% female, 54% male, and 1% other. The sample consisted of 45% aged 18-30 (young adults) and 48% aged 31-65 (adults).

Data was collected of sociodemographic (i.e., age, gender) and loss related characteristics (i.e., time since loss, relationship with the deceased, visited or not visited). Those participants who had experienced the loss of a loved one completed the Pandemic Grief Scale (PDS) and the Beck Depression Inventory (BDI). The PDS is a 5-item scale based on 831 adults who lost someone to COVID-19 (Lee & Neimeyer, 2020). Eleven questions were added to this scale to capture individuals who lost someone to COVID-19 who may or may not have had opportunity to visit the deceased. The Beck Depression Inventory (BDI). The BDI is a 21-item self-reporting rating that measures characteristic attitudes and symptoms of depression (Beck, Ward, Mendelson, Mock, & Erbaugh, 1961). BDI was used to evaluate the depression levels of people who lost loved ones to COVID-19 who may or may not have had opportunity to visit the deceased.

3. Results

A One-way Analysis of Variance (ANOVA) was used to determine if there was a statistically significant difference in grief intensity of young adults (ages 18-30) who were not allowed to visit compared to older adults (ages 31-65) who were allowed to visit their loved one during the dying process. The test for normality, examining standardized skewness and the Shapiro-Wilks test, indicated the data were statistically normal. However, the Levene's F test revealed that the homogeneity of variance assumption was not met ($p = .527$). As such, Welch's F test used an alpha level of .05 was used for all subsequent analyses. The one-way ANOVA revealed, Welch's $F(1, 168) = .075$, $p = .785$, indicating there is no significant statistical difference in the grief intensity of young adults who lost loved ones not allowed to visit, compared to older adults who lost loved ones not allowed to visit.

The One-way ANOVA of depression levels of young adults (ages 18-30) who were not allowed to visit revealed there was a significant difference in depression levels of young adults compared to older adults who were not allowed to visit their loved one during the dying process. $F(1, 168) = .075$, $p = .785$, $F(2, 167) = 10.140$, $p < .001$. The Levene's F test revealed that the homogeneity of variance assumption was not met ($p < .001$). As such, the Welch's F test was used, an alpha level of .05 was used for all subsequent analyses.

4. Discussion

This study presented data supporting the hypothesis depression levels are higher among young adults (ages 18-30 years) who were not allowed to visit their loved one compared to adults (ages 31-65 years) who were not allowed to visit their loved one. However, there was no significant difference in grief levels of young adults who did not visit their loved one during the dying process compared to older adults who did not visit their loved one. It is possible that the inability to visit a loved one in the hospital, or nursing home or to attend their funeral prevented closure, which could increase the levels of depression and intensify grief reactions in all ages. (Governale, McTighe & Cechova, 2023).

For many young adults (ages 18-30 years) the COVID-19 pandemic was the first major catastrophe experienced; the unexpected changes will likely have a lifelong impact (Swanberg, et. al, 2023). In addition, for some young adults the death of a loved one was the first experience of loss. Literature reveals that most adults (ages 31-65 years) may be more emotionally prepared for loss of a loved one and more likely to have greater coping skills (Thompson & Kim, 2023; Hansson & Stroebe, 2007; Williams et al., 2007). However, there is limited research on the impact of grief and depression levels on young adults (ages 18-30 years) who experienced loss of loved ones who were not allowed to visit.

Strength of this study provide evidence that grief and depression are ongoing and crucial factors of the COVID-19 pandemic that affect all who have experienced loss; but specifically young adults (ages 18-30 years) dealing with loss.

Although this research study reached its aims, there are avoidable limitations. The data collected for this study has a small size of population of only 174 participants, with 45% in the targeted population; therefore, to generalize the results for larger groups, the study should have involved more participants in the targeted age groups of young adults (ages 18-30 years).

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