THE RELATIONSHIP OF GRIEF EXPERIENCE DURING COVID-19 PANDEMIC WITH PERCEIVED SOCIAL SUPPORT, EMOTION REGULATION AND PSYCHOLOGICAL EFFECTS OF COVID-19 PANDEMIC

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ABSTRACT

THE RELATIONSHIP OF GRIEF EXPERIENCE DURING COVID-19 PANDEMIC WITH PERCEIVED SOCIAL SUPPORT, EMOTION REGULATION AND PSYCHOLOGICAL EFFECTS OF COVID-19 PANDEMIC

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The current study examined the relationship between grief experience during the COVID-19 pandemic with perceived social support, emotion regulation, and psychological effects of the COVID-19 pandemic. The study was conducted with 200 participants (107 females, 90 males, 3 non specified) aged between 18 and 55 (M=26.41; SD=9.27). Firstly, Pearson correlation analyses were conducted to examine the relationship between all variables. Perceived social support and COVID-19 specific anxiety found to be significantly associated with grief intensity. Findings also indicate that there is a significant relationship between perceived social support from significant others, COVID-19 specific current difficulties, COVID-19 specific anxiety and past disruption due to loss in grief. Emotion regulation did not found associated with grief. Then, regression analyses were conducted; results indicate that 4.5% of the variance in total grief intensity could be explained by perceived social support from significant other and COVID-19 specific anxiety. Perceived social support from significant other, COVID-19 specific current difficulties and COVID-19 specific anxiety could explain 5.7 % of the variance in past disruption due to loss in grief. The study's findings revealed that lower level of perceived social support from significant other and lower level of COVID-19 specific anxiety tend to be associated with more severe grief reactions. Furthermore, perceived social support from significant other might have a predictive role in past disruption due to loss. Finally, limitations, contributions, implications, and suggestions for future research are presented.

Keywords: Grief, COVID-19, Perceived Social Support, Emotion Regulation, Psychological Effects of COVID-19

ÖZ

COVİD-19 SALGININDA YAS DENEYİMİNİN ALGILANAN SOSYAL DESTEK, DUYGU REGÜLASYONU VE COVİD-19 SALGININ PSİKOLOJİK ETKİLERİ İLE İLİŞKİSİNİN İNCELENMESİ

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Bu çalışmanın amacı COVİD-19 Pandemisi döneminde yas deneyiminin, algılanan sosyal destek, duygu regülasyonu ve COVİD-19'un psikolojik etkileri ile ilişkisini incelemektir. Çalışma 18 ile 55 (*M*=26.41; *SD*=9.27) yaş aralığında 200 katılımcı (107 kadın, 90 erkek, 3 bilinmiyor) ile yürütülmüştür. İlk olarak, tüm değişkenler arasındaki ilişkinin incelenmesi için Pearson korelasyon analizleri yapılmıştır. Bu analizler sonucunda yas derinliğinin, partnerden algılanan sosyal destek ve COVID-19 spesifik kaygı ile anlamlı bir ilişkisi olduğu bulunmuştur. Yasla ilgili geçmiş davranışların ise eşten algılanan sosyal destek, COVID-19 spesifik kaygı ve COVID-19 spesifik mevcut zorlanmalar ile anlamlı bir ilişkisi olduğu gözlenmiştir. Duygu regülasyonu ve yas arasında anlamlı bir ilişki gözlenmemiştir. Bulgular ışığında regresyon analizleri yapılmış ve eşten algılanan sosyal destek ve COVİD-19 spesifik kaygının yas derinliğini %4.5 oranında açıkladığı bulunmuştur. Eşten algılanan sosyal destek, COVİD-19 spesifik kaygı ve COVİD-19 spesifik mevcut zorlanmalar ile yasla ilgili geçmiş davranışlar arasında anlamlı bir ilişki bulunmuştur. Bu üç değişkenin yasla ilgili geçmiş davranışları %5.7 oranında açıkladığı bulunmuştur. Araştırmanın sonucunda eşten algılanan sosyal destek ve COVİD-19 spesifik kaygı seviyeleri düşük olan katılımcıların yas derinliğinin daha fazla olduğu gözlenmiştir. Eşten algılanan sosyal desteğin yasla ilgili geçmiş davranışlar üzerinde sınırlı oranda yordayıcı olabileceği bulunmuştur. Son olarak çalışmanın sınırlılıklarından, sonuçların uygulanabilirliği ve öneminden, gelecekteki çalışmalarda göz önüne alınabilecek noktalar ve önerilerden bahsedilmiştir.

Anahtar Kelimeler: Yas, COVİD-19, Algılanan Sosyal Destek, Duygu Düzenleme, COVİD-19'un Psikolojik Etkileri

To my family…

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LIST OF ABBREVIATONS

ERQ	Emotion Regulation Questionnaire
IERQ	Interpersonal Emotion Regulation Questionnaire
MSPSS	The Multidimensional Scale of Perceived Social Support
SPSS	Statistical Package for the Social Sciences
TRIG	Texas Revised Inventory of Grief

CHAPTER 1

Introduction

Coronavirus Disease that first outbreak in China, spread throughout the world a speedy way and become a health crisis worldwide. Countries developed some precautionary policies to handle the attack, and these actions included collaboration and severe changes in the daily life of individuals. With the presence of threats toward health and precautionary measures, severe changes in daily routine and physical participation to life of individual's have been formed (Casagrande et al., 2020). These obligations required intense adaptation to a new lifestyle and relational notions. According to Pappa et al. (2020), these critical changes in an individual's daily habits and the possibility of getting infected despite all safety precautions resulted in high anxiety and stress levels. It is possible to say that one of the main precautions applied by authorities was social distance rules. The authorities have also described and used the structure of social distancing. Many people have been asked to stay at home and work from home. Workgroups in which physical attendance is mandatory, like health care providers, continued to their regular shifts but did not go out other than the work-related requirements. The education system of all countries went online for all student groups. In general, a departure from home is only permitted if necessary.

During the pandemic, many people lost a loved one but could not perform the following rituals and experience their grief as usual due to their health-related concerns and restrictions. It is possible to say that these changes that require physical distancing directly affect individuals' cultural and religious rituals, such as funeral-related gatherings and individuals' experiences of loss and grief (Campbell et al., 2020). It is predicted that the absence of cultural and religious rituals after losing loved ones might cause delays in the healthy mourning process or interfere with completion. This situation might result in long-term psychological effects (Wallace, Wladkowski, Gibson, & White, 2020).

The way of giving and receiving social support evolved, and it is essential to examine individuals' experiences regarding these transformations. Perception and process of loss and grief experiences during a pandemic and the possible effects of perceived social support on these experiences are essential to understand. Participants of this study were the individuals who experienced loss during the timeline that social restrictions were the most severe and COVID-19 cases were considered quite dangerous due to the absence of specific medication and generalized vaccine use. In addition, these stressors strategies applied to control COVID-19 caused other distressing events such as job loss, financial instability, and social isolation-related relationship problems (Mueller et al., 2022; Monnat, 2021).

This study aims to understand the grief experience during the pandemic and its relationship with perceived social support, emotion regulation, and COVID-19-related psychological effects during the social isolation precautions of the COVID-19 outbreak.

1.1. Grief

Grief is a natural and universal experience that arises from an individual's emotional and affective reactions to loss (Stroebe et al., 2008). At some point in every person's life, they come face to face with the loss of something valuable or someone important; it might be the death of a loved one, the loss of a job, the termination of a relationship, or any other event that disrupts the individual's way of life with its absence (Jacobs, 1993). Possible psychological effects that arise from the loss experience might vary based on variables like the type of loss, the meaning of loss, and the consequences of loss (Stroebe, 2015). Losing a loved one is one of the primary and common traumatic events that humans experience. Losing a loved one might result in a deep understanding of sadness, desperation, and hopelessness. It is possible to observe adaptation problems related to the loss of that specific relationship (Shear and Mulhare, 2008) as much as it is a universal experience; grieving is also a healthy and crucial reaction for processing and healing from a loss. Grief is not a reaction that must be unfunctional and not considered a problematic experience when it follows a practical and convalescent path for an individual (Hall, 2014). Modern perspectives

related to grief also emphasize that it is a highly individualized experience. According to Bonanno and Kaltman (2019), grief does not consist of particularly linear stages; timetables or schedules do not bind it. One may cry, feel furious, withdraw, or feel empty. None of these reactions are exceptional. While each person grieves uniquely, there are certain similarities in the stages and sequence of emotions experienced.

When we investigate the literature first significant conceptualization of grief is a psychological notion manifested by Freud (1917); according to him, grief is an experience that arises as a reaction to the loss of an essential concept for the individual. He suggested that individual needs pass through grief reactions and, after a while, get detached from the subject of loss to readjustment to new circumstances without the deceased. Reactions decrease over time, and individuals can form new relationships as a final step of the grief work model of Freud throughout bereavement. Another vital contribution to grief literature manifested by Parkes (1965), Parks emphasized the untypical grief experience and defined it under three subtypes: chronic, incomplete, and delayed.

Psychological effects of loss and experience of grief are essential components of psychological research literature, and psychological aspects of funeral rituals are covered. Grief is an experience consisting of various physical, emotional, and cognitive indications, and the manifestation of grief might involve cultural practices.

Previous research conducted by Mitima-verloop et al. (2019) indicated that the process of funeral and cultural organizations is critical for individuals to process loss. It is also supported that enough perceived social support allows individuals to experience and exhibit their emotions through social connections (Scott et al., 2020). Therefore, grief-related practices and the presence of social support might enable the expression of emotions related to grief experience.

It is possible to say that cultural rituals related to death and the funeral structure are disrupted due to preventions arising from pandemic conditions. An incident of loss

for individuals who experience it during this socially restricted period might be affected the intensity of grief.

1.1.1. Stages of Grief

1.1.1.1. Bowlby's Theory of Grief. According to Bowlby (1980), the grief experience consists of four distinct stages. He also states that two steps might be observable simultaneously for some individuals, and it is possible to experience a regression to past stages. Still, it is impossible to skip forward without experiencing them. He conceptualized the stages as :

a) The first step is shock and numbness; the individual may experience desensitization and lose the meaning and purpose of life. The timeline might range from hours to weeks.

b) Yearning and Searching: The second step involves missing the deceased and feeling the absence of that specific relationship related to daily experiences.

c) Disorganization and Despair, at this third stage, an individual may lose the regulation and organization skills related to emotions and daily life activities. Due to deep pain and disruption in life, feelings of hopelessness and desperation might be experienced.

d) Reorganization and Repair as the final stage, the individual starts to adapt to daily life and changes that arise from loss, retrieve regulation and organization skills back, and minimize feelings of hopelessness and despair.

1.1.1.2. Worden's Tasks of Mourning . According to Worden (2008), the grief period has tasks to follow by the individual rather than stages that flow by time. He describes four tasks required to be completed to adapt to the loss.

The first task is accepting the loss. He describes the acceptance in two different levels; the first is the practical acceptance of the failure, which means the acknowledgment of the permanent absence of the deceased and performing rituals related to loss. The second level is the acknowledgment of the significance of that specific relationship and the permanent lack of every concept related to the deceased.

The second task is acceptance and acknowledgment of physical and emotional pain caused by loss. Individual needs to understand and express their emotions.

The third task is the adjustment to the new environment that changes with the permanent absence of the deceased. This adjustment might occur differently and continue for a long time, depending on the individual's unique experience.

The fourth task is to find an enduring connection with the deceased. Individual needs to form and maintain a new life with the acknowledgment of contact and the past presence of the dead.

1.1.1.3. Kübler-Ross and Kessler's Theory of Grief. Another well-known and clinically adapted grief theory is suggested by Kübler-Ross and Kessler (2014). The model has been developed and covered five stages of grief. Despite its essential contribution to the practical evaluation of grief reactions, this model is criticized for emphasizing linear structure for responses and has been empirically denied due to the unique nature of humans.

a. Shock and denial are the first steps. At first step, the individual experience great confusion and refuse the loss due to these reactions. Confrontation to the absence of the deceased is not presented yet.

b. Anger, resentment, and guilt as the second step of stages of grief; this stage of anger is described as an individual's enthusiastic reaction to confusion and a strong feeling of emptiness to the left by loss; anger may go in different directions to the deceased to living others or religion. This anger might be triggered by resentment

arising from the injustice of death and loss. An individual may experience guilt related to these reactions.

c. Bargaining is the third and guilt-dominated phase. This stage involves the feeling of guilt related to actions toward the deceased before the loss. Thoughts about experiences they couldn't share said or unsaid things, and a sense of regret is strong.

d. Depression is described as the fourth stage; after intense anger and guilt-based thoughts and emotions, individuals experience severe pain and understand the permanent effects of loss and sadness. İndividual may withdraw from life and daily activities. These stages are similar to clinical depression and are considered under-loss reactions.

e. Acceptance is the final stage; at this phase, the individual is confronted and partially adapts to the absence of a loved one. The individual starts to return and adjust to daily life and other relationships. Acceptance does not mean the disappearance of pain related to losing but decreased resistance toward it and readapting to life.

1.1.2. Grief Reactions. Each individual reacts differently to the experience of loss. There are several variables that might affect the reactions, such as the psychological state of the individual at the time of loss, role and the age of the deceased, and effects of the permanent loss of that specific relationship with the deceased. According to Ringed et al. (2001), individuals experience more profound grief and reactions when the dead is young. According to Nam (2016), the social environment, the presence of other people, and rituals might be supportive in terms of the intense reactions of the individual.

Grief reactions might include emotional, physical, behavioral, and cognitive elements based on the individualistic experience of loss. Despite these differences in the reactions, some common reactions can be observed.

According to Schwab (2007), Short breath, the feeling of emptiness in the chest, loss of sensations, and exhaustion are some commonly observed physical

reactions to loss. For cognitive responses, numbness, confusion, distractibility, indecisiveness, forgetfulness, and hallucinations are observable reactions.

Emotional reactions and expressions are also unique to each individual. At the same time, the most observed emotions related to loss are shock, anger, guilt, sadness, anxiety, hopelessness, loneliness, and yearning (Dyregrov and Matthiesen, 1987; Prigerson et al., 2009). Behavioral reactions, sleep disturbances, crying episodes, loss of appetite, substance use, and social isolation are highlighted as common reactions to loss. (Fish 1986 ; Lang&Gottlieb, 1993)

According to Bowlby (1980), several variables affect the grief experience, and he categorized the possible reasons behind pathological grief differently from classical grief. He states five potential causation as; Personality and relationship role of the deceased, age and gender of the deceased, causes of loss, social and psychological conditions during and after the loss, characteristic traits and capacities of the deceased.

1.1.3. Types of Grief. In the literature, grief experiences are categorized based on some commonly observed reactions and their similar effects on individuals who experience them. Grief is a normal reaction to the loss of a loved one when encountered during the following months of loss, and it is expected to gradually recover from the reactions through time (Shear and Mulhare, 2008). Individual needs to adjust their relationships, social life, and activities again at some point.

The grief experience is considered abnormal when it affects the individual's life and functionality after spending adequate time to process both loss and its reactions (Bonnano et al. 2001; Shear&Mulhare, 2008). This type of grief is categorized as pathological grief. It is also called Prolonged Grief Disorder by the World Health Organization and is mentioned as complicated grief or traumatic grief in the literature. According to World Health Organization (2018), recovery needs to be delayed at least six months, and the individual's functionality interfered with the maladaptive reactions to diagnose it as Prolonged Grief Disorder. The determined time by American Psychological Association (2013) is 12 months for diagnosing the same criteria.

It is expected that gradual adjustment to everyday life and relationship with the decreased intensity of grief symptoms. When the process fails through one of the stages with untypical or excessive symptoms and stimulates the other symptoms related to different psychopathologies, the requirement for treatment emerges. According to Worden (2008), cognitive disintegration and dysphoria are common symptoms that interfere with the individual's functionality that come along with the depressive episodes and are typical for prolonged grief. Symptoms related to maladaptive and prolonged grief reactions show some similar characteristics to anxiety, depression, and post-traumatic stress disorder, and due to this overlap, professionals also consider the concurrent diagnosis in some cases (Prigerson et al., 2009).

1.2. Social Support

Social support is a cohesive concept raised from social relations that might provide needed care and assistance in different ways, such as emotional, actionable, and influential toward an individual (Rankin et al., 2018; Sarason et al., 1983). To describe social relations, friendship, family, partnership, social groups, or community, all interactions involving the composition of an individual's social network could be a source of social support. When we describe social support, it is possible to say that it has two different aspects: received and perceived social support. Received support denotes the help and assistance that is innately given to individuals, while perceived support indicates to individual's perception regarding what extent they will get help and assistance in case of need (Norris & Kaniasty, 2016). Previous studies supported the association of social support with reduced anxiety symptoms, improved positive coping skills, and better psychological adjustment during crises (Lakey & Cohen, 2000; Kothgassner, 2020).

According to stress buffering models of social support, support is mainly vital when there is an obvious requirement from the individual's perspective (Cohen et al., 1986). From this perspective, the delivery of social support is supposed to act like a psychological protection tool by weakening the inconsistency between individuals'

evaluations of a problematic situation and their perceived skills to cope with the challenges caused by the situation (Cohen et al., 1986). In other words, the establishment of support is assumed as related to the increase in the perceived capability of resources accessible to an individual to deal with situations beyond their coping abilities. According to Rankin et al. (2018), those with low or high levels of congruent social support were less likely to report increased anxiety and depressive symptoms. Individuals with moderate amounts of harmonious emotional and social support were more likely to report anxiety but not depressive symptoms. According to Rhubart and Kowalkowski (2022), emotional support was a significant protective form of social support for mental health during the pandemic.

1.2.1. Relationship between Social Support and Grief. Social support has been found to impact well-being after traumatic events positively. According to a study by Jacobson, Lord, and Newman (2017), anxiety and depression symptoms of individuals who experience grief were negatively correlated with perceived social support. It is also stated that social support is one of the most critical components for the period right after the loss. Its absence might have an additive effect on the development of pathological grief (Lobb et al., 2010). According to study conducted by Ott (2003), individuals who experience prolonged grief reported lower levels of perceived social support while the other group who showed normal grief reactions reported higher levels conducted by Ott (2003); it is observed that individuals who experience prolonged grief reported lower levels of perceived social support while the other group who shows normal grief reactions reported a higher level of perceived social support. It is also stated that social support received from both family and the outer circle is important; individuals who receive social support from only one source report more depressive symptoms and reactions similar to prolonged grief compared to individuals who report social support received from different sources (Nam, 2016*;* Ott 2003). The theory is that higher levels of perceived social support during the isolation period of COVID-19 might be associated with grief intensity due to the absence of its supportive and stress-buffering effects.

1.3. Emotion Regulation

Emotion Regulation refers to an individual's adjustment processes of experience, management, and expression of feelings at an internal level. Latest studies related to emotion regulation in the light of the emotion-related theories of Freud (1959), Lazarus (1966), and Bowlby (1969). It is possible that Freud's theory of psychological defense and its mechanism highlighted the concept of experience and expression of emotions (Freud 1959). According to Thompson (1994), emotion regulation is a process that involves both internal and external mechanisms that enable the individual to perceive, adjust and assess the expression of emotions in a convenient way to his aimed result.

According to Thompson (1994), emotion regulation is a process that involves three main features. The first is that it enhances, inhibits, cultivates, or suppresses emotional arousal with the engagement of emotion regulation mechanisms. The second one is to assign when, how long and how deeply the emotions are experienced. The third characteristic is emotions, which includes the various strategies and actions individuals can use to manage their feelings. The other influences that can affect the effectiveness of this process are social context and relationships.

When we encounter a provocative stimulus, the brain's natural response is to activate the amygdala, which is a brain region that controls the flight or fight response (Van der Kolk, 1994). Emotional regulation processes allow one to find more functional reactions before reacting to the fight or flight triggers.

Individuals follow various paths named emotion regulation strategies to control their emotions (Koole, 2009). These strategies can be used for different situations and adapted to fit their current environment. Different emotion regulation paths can be referred to as adaptive and maladaptive. According to Thompson (1994),

adaptive strategies can be used for stressful situations and might be beneficial to adapt to a new environment experienced by the individual. It can be considered maladaptive if the strategy is not adaptive enough to manage the unique situation. This approach

can prevent people from achieving their goals and maintain stress levels in a functional group (Gross, 2001; Thompson, 1990).

1.3.1. Intrapersonal Emotion Regulation Model. The general description of the emotion regulation concept highlights internal processes and efforts, and interpersonal processes are evaluated under the different subtitles in the literature. Intrapersonal Emotion Regulation is considered an internal process that enables individuals to influence and control their experience of emotions in terms of when and how they experience them. In light of these stages, it is also determinative of how the feeling is expressed (Gross, 1998). In this type of emotion regulation model, emotional experiences are regulated within an individual, regardless of the contributions of others and the social environment.

Gross (1998) also adds that Emotional regulation might be at a conscious or unconscious level and can impact some stages of the emotion-producing process. Emotional regulation involves the management of both positive and negative emotional experiences, affecting the individual's future perspective of emotion and related situations (Campbell-Sills & Barlow, 2007).

1.3.2. Interpersonal Emotion Regulation Model. Interpersonal emotion regulation is modifying an individual's emotional experiences based on social interactions and their effects on emotion regulation strategies. Zaki and Williams (2013) emphasized that this process involves at least two people and their interaction of them regarding the experience that stimulates the emotional process. According to Lazarus (2006), due to the relational nature of human beings, our emotions are prominent in relationships, and most of the emotions are learned through relationships at first. Others are considered essential resources in terms of emotional experiences.

Zaki and Williams (2013) theorized two different types of processes for interpersonal emotion regulation. The first one is related to intrinsic and extrinsic emotions. They conceptualized intrinsic interpersonal regulation as an individual's

need and search for the support of others to regulate one's emotions. In contrast, an individual's efforts to support another person's emotional regulation process are conceptualized as extrinsic interpersonal regulation. The second type is stress on the other person's response and approaches under two divisions response dependent and response independent. When the other person's response is meaningful to the individual and triggers the modification and internalization process of emotion, it is considered response dependent. Moreover, response independent emotion regulation does not involve reaction or response from others; expression and verbalization of the emotions help to regulate one's emotion regulation processes.

Using interpersonal emotion regulation strategies is considered beneficial to an individual's social interactions, practical expression of emotions and verbalization, development of the empathetic approach, and more meaningful relationships. (Williams, Morelli, Ong & Zaki, 2018; Lazarus, 2006).

1.3.3. Relationship Between Emotion Regulation and Grief. Loss and grief are significantly complex experiences that produce several emotional reactions in an individual. Due to the emotion-activating specialty of these concepts and their significant effects on an individual's life, emotion regulation strategies play a crucial role in the grieving period. According to a study conducted by Eisma and Stroebe (2021) use of maladaptive emotion regulation strategies such as avoidance, expression suppression, rumination and worry were positively correlated with the development of complicated grief symptoms. In contrast, adaptive strategies such as problem-solving and cognitive reappraisal were negatively associated with possible complicated grief symptoms.

According to an experimental study conducted by Gupta and Bonnano (2011) with bereaved individuals, participants who experienced complicated grief had more difficulties in emotional flexibility when they were asked to suppress or enhance their emotional reactions to arousing pictures, while participants who experienced non-pathological grief shows better regulation levels. According to Boden et al. (2014), the inability to engage in broader emotion regulation strategies and lack of

flexibility between coping strategies might result in pathological grief. As coherent with the findings of previous studies, according to a study conducted by Katzman and Papouchis (2022), individuals who experience absent, delayed, and prolonged grief showed higher levels of emotional dysregulation than those who experience resolved grief during the COVID-19 pandemic.

Regarding interpersonal relationships and emotions, significant others are essential in offering support, perspective, and consolation (Doeveling, 2015). According to a study conducted with bereaved individuals looking for emotional support through social network sites, individuals' primary motivation was reported as being understood and soothed by expressing their feelings and their need for others to regulate their distress in general (Doeveling, 2015). Therefore, it is possible to say that limited interaction with others during the COVID-19 pandemic and limited use of interpersonal emotion regulation strategies might have some effects on the grief experience of individuals.

1.4. Aims and Hypotheses

Many people lost a loved one during the COVID-19 pandemic and safety precautions. Still, they could not experience the loss in terms of usual rituals and see the symbolic and physical presence of others. It is possible to say that these changes that require physical distancing directly affect individuals' cultural and religious traditions, such as funeral-related gatherings and individuals' experiences of loss and grief (Campbell et al., 2020). The transaction of social support changed, and it is essential to study individuals' experiences in these transformations. This study aims to understand the grief experience during the pandemic and its relationship with perceived social support, emotion regulation, and COVID-19-related psychological effects during the social isolation precautions of the COVID-19 outbreak.

According to the findings of previous studies, it was hypothesized that;

(1) There will be a negative relationship between the level of grief intensity and the level of perceived social support. It is hypothesized that individuals who

perceive a higher level of social support tend to show a lower level of grief intensity than individuals who perceive a lower level of social support.

(2) There will be a negative relationship between grief intensity and adaptive intrapersonal emotion regulation. Individuals who use adaptive intrapersonal emotion regulation strategies might show lower grief intensity than those who use adaptive intrapersonal strategies less.

(3) Psychological effects of COVID-19; COVID-19 specific current difficulties and COVID-19 specific anxiety, will be significantly and positively related to the grief intensity of individuals.

(4) There will be a positive relationship between the level of grief intensity and interpersonal emotion regulation level. It is hypothesized that individuals who use interpersonal emotion regulation strategies are more likely to experience grief symptoms than those who use interpersonal emotion regulation strategies at a lower level due to COVID-19 restrictions.

CHAPTER 2

Methods

2.1. Participants

Two hundred fifty-six individuals participated in this study. Participants were recruited by convenience sampling. The inclusion criteria for this research were: i) to be between the ages of 18 and 55 for eliminating any impairments due to age; ii) having a loss that significantly affected the individual on the time period; iii) have been in Turkey during the time of social distance restrictions of covid pandemic. Thus, 56 of the 256 participants were excluded from the research since 3 of them did not accept the informed consent, 13 of them lived in other country than Turkey during the pandemic, 8 of them experienced the loss before year of 2019, and 32 of them dropped out the test. After excluding these participants, 200 participants between the ages of 19 and 55 have remained, and the study was conducted with them.

Among these 200 participants, 107 (53.5%) of them were female, 90 (45.0%) of them were male and 3 (1.5%) were unspecified. While the age range of the participants was 19-55, the mean age was 32.26 (SD=9.27). 95 (47.7%) of participants had associate/bachelor's degrees, 37 (18.5%) of them had master's degrees, 42 (21.0%) of them were high school graduates, 5 (2.5%) of them had a PhD., 16 of them (8.0%) were secondary school graduates, 4 of them (2.0%) were primary school graduates, and 1 (.5%) of them literate. Detailed demographic information is presented in Table 1.

Table 1

Demographic Characteristics of Participants

Variable	Groups	n	%
Gender	Female	107	53.5
	Male	90	45.0
	Unspecified	3	1.5

Table 1 (cont.d)

Education level	Literate	1	.5
	Primary school	4	2.0
	Secondary school	16	8.0
	High school	42	21.0
	Associate/Bachelor's degree	95	47.5
	Master's degree	37	18.5
	PhD degree	5	2.5
Total		200	100
Variable	Min-Max	$\bar{x}$	Sd
Age	19-55	32.26	9.27

2.2 Materials

2.2.1. Socio-Demographic Information Form. Socio-Demographic Information Form involves questions about age, sex, education level, country that the one lived during the covid restrictions, time and degree of the loss.

2.2.2. Texas Revised Inventory Of Grief (TRIG). Texas revised inventory of grief is a self-report inventory that that includes 21 items and two scales developed by Faschingbauer (1987) to assess the grief experience of individuals in two sections. Sections composed of 13 items measuring "present grief" and 8 items assess "past disruption due to loss". Participants respond to each item by using 5-point Likert scale ranged from 1(completely false) to (completely true). The Cronbach's alpha for the revision made by Yıldız and Cimete (2011) and it was 0.85 for total, 0.76 for past disruption due to loss sub-scale and 0.84 for the Present Grief subscale similar to the 0.84, 0.80 and 0.86 alpha for each that reported by Faschinbauer (1987).

In this current study Cronbach's Alpha reliability coefficient was calculated for Texas Revised Inventory of Grief -Total as .91, for Past disruption due to loss subscale as .83; for the Present Grief subscale as .90.

2.2.3. The Multidimensional Scale of Perceived Social Support (MSPSS). The Multidimensional scale of Perceived is Social Support developed by Zimet et al. (1988) in order to examine three different dimensions (Family, Friends and Significant Other) of social support that perceived by individuals. This self-report Scale consists 12-item and participants respond each item by rating 7-point Likert Scale ranged from 1 (Very Strongly Disagree) to 7 (Very Strongly Agree). Turkish Adaptation of the scale conducted by Eker, Arkar and Yaldız in 2001 and The Cronbach's alpha for the revision was between 0.80 to 0.95, similar to the .92 alpha reported by Zimet et al. (1990).

For the current study Cronbach's Alpha reliability coefficient was calculated for The Multidimensional Scale of Perceived Social Support total as .93; for the Family subscale as .91; for the A Significant Other sub-scale as .86; for the Friends sub-scale as .92.

2.2.4. COVID-19 Pandemic Psychological Effects Screening Scale. COVID-19 Pandemic Psychological Effects Screening Scale is a self-report scale that established by Aka and Budak (2019) in the TUBITAK 1001 project (see Appendix G). Scale consists 19-item in total, 13 of them measure "COVID-19 specific current difficulties" and 7 of them measure COVID-19 Pandemic specific anxiety. Scale is answered on a 5-point Likert-type scale with "strongly disagree (1) to" strongly agree (5) points to evaluate the psychological effects of the COVID-19

pandemic. Validity and reliability studies indicates that, scale had two sub-dimensions, "COVID-19 pandemic specific current difficulties" and "COVID-19 pandemic specific anxiety", and the internal reliability coefficients were found as .90 and .74, respectively (Aka &Budak, 2019). Higher score indicates higher rates of COVID-19 pandemic specific current difficulties and anxiety. In the present study, Cronbach's Alpha reliability coefficient was calculated for the COVID-19 Pandemic Psychological Effects Screening Scale-Specific current difficulties subscale as .88; for the Specific Anxiety sub-scale as .84

2.2.5. Emotion Regulation Questionnaire (ERQ). The Emotion Regulation Questionnaire (ERQ) is self-report scale that developed by Gross and John (2003) to evaluate the participants tendency to repetitive use of two strategies to modify emotion which are cognitive reappraisal and expressive suppression. ERQ consist10 items and participants respond the items by using 7-point-likert scale that ranged from 1 (strongly disagree) to 7 (strongly agree). Questionnaire includes two subscales, while six items assess the cognitive appraisal, expressive suppression subscale assessed with four items. The Turkish adaptation of the ERQ is conducted by Yurtsever (2012). In Turkish adaptation of ERQ, The Cronbach's alpha coefficients for cognitive reappraisal subscale was .78. and The Cronbach's alpha for the expressive suppression sub-scale was 85. Also test-retest reliability was found statistically significant ($p<.01$).

In this present study Cronbach's Alpha reliability coefficient was calculated for Emotion Regulation Questionnaire- Cognitive Reappraisal sub-scale as .86; for the Expressive Suppression sub-scale as .79.

2.2.6. The Interpersonal Emotion Regulation Questionnaire (IERQ). The Interpersonal Emotion Regulation Questionnaire 20-item self-report questionnaire that designed by Hofmann, Carpenter and Curtis (2016) to assess the interpersonal strategy of emotion regulation. Participants respond each item on 5 point Likert scale ranged from 1 (not true for me) to 5 (extremely for me). IERQ includes four sub-scales as social modeling, perspective taking, soothing, enhancing positive affect. For the original study of the questionnaire the Cronbach Alpha for social modeling was .93, for perspective taking .91, for soothing .94 and for enhancing positive affect .89. In Turkish adaptation study of IERQ the Cronbach's Alpha reliability coefficient for social modeling found as .87, for perspective taking .77, for soothing .86, for enhancing positive affect .81 (Koç, Aka, Doğruyol, Curtiss, Carpenter and Hofmann, 2019).

In this present study Cronbach's Alpha reliability coefficient was calculated for The Interpersonal Emotion Regulation Questionnaire total as .91; for the Enhancing Positive Affect sub-scale as .82; for the Perspective Taking sub-scale as .81; for the Soothing sub-scale as .76; for the Social Modeling sub-scale as .82

2.3. Procedure

Data were collected after the approval of the Bahçeşehir University Scientific Research and Publication Ethics Committee. The data collection process was done online via Google Forms which is a secure online survey program. The survey link was directed to social media platforms. Individuals who volunteered to participate to online survey access the informed consent (see Appendix A) about the research and informed about their rights related to participation and they can quit at any stage without specifying any reason. Participants proceeded the next form and questionnaires only after they read informed consent and accepted electronically their agreement to participate the study. Afterward they completed the Socio-Demographic Information form and directed to other surveys as same order as shown in Appendices via Google Forms. Duration of the survey was 15-20 minutes. Participants' responses coded anonymously with numbers.

2.4. Data Analysis

The analysis of the data was carried out with the SPSS 25 program. The normality of the data was examined with skewness and kurtosis values. When the kurtosis and skewness values are between +1.5 and –1.5, it is considered to be a normal distribution (Tabachnick & Fidell, 2013). In this study, it was determined that the data were normally distributed, and parametric tests were preferred. Pearson correlation analysis was used to determine the relationships between the variables, and multiple linear regression analysis was used to determine the predictive effect. One-Way ANOVA and Independent Groups t-Test were used for differences between groups. Scheffe test was used for post hoc. In the variable of education level, high school and below education levels, associate and undergraduate education levels, and finally

graduate education levels were combined under one group to balance the sample sizes between groups.

CHAPTER 3

Results

3.1. Descriptive Statistics

Minimum-maximum values, skewness- kurtosis values, mean and standard deviation values for the scales used in the research were given in Table 2.

Table 2

Descriptive Statistics for the Variables

Scales	n	Min	Max	$\bar{x}$	sd	Skewness	Kurtosis
TRIG-Total	200	21.00	105.00	55.15	15.65	.053	-.219
TRIG-Past	200	8.00	40.00	22.70	6.82	.098	-.244
TRIG-Present	200	13.00	65.00	32.46	10.32	.156	-.053
MSPSS-Total	200	12.00	84.00	57.89	15.83	-.142	-.228
MSPSS-Family	200	4.00	28.00	19.57	6.10	-.543	-.148
MSPSS-A Significant Other	200	4.00	28.00	19.17	5.92	-.212	-.556
MSPSS-Friends	200	4.00	28.00	19.15	5.98	-.456	-.105
COVID-19-Current	200	12.00	60.00	41.89	8.67	-.782	1.579
COVID-19-Anxiety	200	7.00	35.00	25.54	5.60	-.482	.592
ERQ-Reappraisal	200	6.00	42.00	27.72	6.68	.013	.091
ERQ-Suppression	200	4.00	28.00	16.87	4.90	-.143	.321
IERQ-Total	200	20.00	100.00	74.31	12.63	-.440	.944
IERQ- Enhancing Positive Affect	200	5.00	25.00	19.96	3.51	-.594	.504
IERQ-Perspective Taking	200	5.00	25.00	17.34	4.34	-.679	.444
IERQ-Soothing	200	5.00	25.00	18.53	3.60	-.218	.086
IERQ-Social Modeling	200	5.00	25.00	18.48	3.85	-.676	.973

Notes. TRIG-Past-Present: Texas Revised Inventory of Grief- Past disruption due to loss-Present Grief; MSPSS: The Multidimensional Scale of Perceived Social Support; COVID-19-Current-Anxiety: COVID-19 Pandemic Psychological Effects Screening Scale-Specific current difficulties-Specific Anxiety; ERQ-Reappraisal-Suppression: Emotion Regulation Questionnaire- Cognitive Reappraisal subscale- Expressive Suppression subscale; IERQ: The Interpersonal Emotion Regulation Questionnaire

3.2. Group Differences

In this section, the results of the analysis of the Texas Revised Inventory of Grief, The Multidimensional Scale of Perceived Social Support, COVID-19 Pandemic Psychological Effects Screening Scale, Emotion Regulation Questionnaire, The Interpersonal Emotion Regulation Questionnaire scores according to demographic variables are given.

Table 3

Independent Groups t-Test Results for the Analysis of the Variables by Gender

Scales	Groups	n	$\bar{x}$	Sd	t	df	p
TRIG-Total	Female	107	54.64	16.91	-.681	195	.497
	Male	90	56.16	13.88			
TRIG-Past	Female	107	22.47	7.33	-.602 [a]	194.994	.548
	Male	90	23.04	6.13			
TRIG-Present	Female	107	32.17	10.99	-.649 [a]	194.929	.517
	Male	90	33.11	9.41			
MSPSS-Total	Female	107	58.25	16.49	.561	195	.575
	Male	90	56.98	15.11			
MSPSS-Family	Female	107	19.67	6.12	.426	195	.671
	Male	90	19.30	6.14			
MSPSS-A Significant Other	Female	107	19.43	6.02	.832	195	.406
	Male	90	18.72	5.85			
MSPSS-Friends	Female	107	19.15	6.55	.231 [a]	194.560	.818
	Male	90	18.96	5.25			
COVID-19-Current	Female	107	42.07	8.87	.204	195	.838
	Male	90	41.82	8.37			
COVID-19-Anxiety	Female	107	25.91	5.88	.900	195	.369
	Male	90	25.19	5.19			
ERQ-Reappraisal	Female	107	26.79	7.18	-1.968	195	.051
	Male	90	28.66	5.94			
ERQ-Suppression	Female	107	15.39	5.07	-4.648	195	.000**
	Male	90	18.49	4.11			

Table 3 (cont.d)

IERQ-Total	Female	107	73.90	13.67	-.314	195	.754
	Male	90	74.47	11.36			
IERQ- Enhancing Positive Affect	Female	107	20.15	3.75	.914	195	.362
	Male	90	19.69	3.24			
IERQ-Perspective Taking	Female	107	16.76	4.72	-1.999 [a]	194.506	.047*
	Male	90	17.97	3.77			
IERQ-Soothing	Female	107	18.52	3.85	.152	195	.879
	Male	90	18.44	3.32			
IERQ-Social Modeling	Female	107	18.47	3.87	.182	195	.856
	Male	90	18.37	3.84			

**p<.05; **p<.01;* [a] Equal variances not assumed; TRIG-Past-Present: Texas Revised Inventory of Grief- Past disruption due to loss-Present Grief; MSPSS: The Multidimensional Scale of Perceived Social Support; COVID-19-Current-Anxiety: COVID-19 Pandemic Psychological Effects Screening Scale-Specific current difficulties-Specific Anxiety; ERQ-Reappraisal-Suppression: Emotion Regulation Questionnaire- Cognitive Reappraisal subscale- Expressive Suppression subscale; IERQ: The Interpersonal Emotion Regulation Questionnaire

Emotion Regulation Questionnaire-Expressive Suppression subscale scores were found to differ statistically significant according to the gender variable (t (195) = -4.648; p<.01). Females had lower scores than males on Expressive Suppression subscale.

The Interpersonal Emotion Regulation Questionnaire- Perspective Taking subscale scores ($t_{(194.506)}$ = -1.999; p<.05) were found to differ statistically significant according to the gender variable. Females had lower scores than males on Perspective Taking subscale.

It was seen that the Texas Revised Inventory of Grief, The Multidimensional Scale of Perceived Social Support, COVID-19 Pandemic Psychological Effects Screening Scale, Emotion Regulation Questionnaire-Cognitive Reappraisal subscale, The Interpersonal Emotion Regulation Questionnaire-Total, Enhancing Positive Affect, Soothing and Social Modeling subscale scores did not differ statistically significant according to the gender variable (p>.05).

Table 4

One-Way ANOVA Results of the Variables According to Education Level

Scales	Groups	n	$\bar{x}$	sd	F	df	p	Posthoc
TRIG-Total	1.High school and below	63	54.16	16.69	.835	2 199	.436	
	2.Associate/Undergraduate	95	56.62	14.89				
	3. Graduate	42	53.31	15.79				
TRIG-Past	1.High school and below	63	22.25	6.85	.281	2 199	.755	
	2.Associate/Undergraduate	95	23.06	6.94				
	3. Graduate	42	22.52	6.61				
TRIG-Present	1.High school and below	63	31.90	11.69	1.183	2 199	.308	
	2.Associate/Undergraduate	95	33.56	9.33				
	3. Graduate	42	30.79	10.24				
MSPSS-Total	1.High school and below	63	59.35	17.14	.752	2 199	.473	
	2.Associate/Undergraduate	95	56.45	15.83				
	3. Graduate	42	58.95	13.73				
MSPSS-Family	1.High school and below	63	20.70	5.95	2.267	2 199	.106	
	2.Associate/Undergraduate	95	18.65	6.28				
	3. Graduate	42	19.95	5.70				
MSPSS-A Significant Other	1.High school and below	63	19.05	6.68	.020	2 199	.981	
	2.Associate/Undergraduate	95	19.23	5.40				
	3. Graduate	42	19.21	6.00				
MSPSS-Friends	1.High school and below	63	19.60	5.85	.867	2 199	.422	
	2.Associate/Undergraduate	95	18.57	6.26				
	3. Graduate	42	19.79	5.52				
COVID-19-Current	1.High school and below	63	42.00	10.38	.111	2 199	.895	
	2.Associate/Undergraduate	95	41.62	8.21				
	3. Graduate	42	42.36	6.82				
COVID-19-Anxiety	1.High school and below	63	26.00	6.47	.795	2 199	.453	
	2.Associate/Undergraduate	95	25.64	4.84				
	3. Graduate	42	24.62	5.82				
ERQ-Reappraisal	1.High school and below	63	28.03	7.57	.225	2 199	.798	
	2.Associate/Undergraduate	95	27.76	6.59				
	3. Graduate	42	27.14	5.43				
ERQ-Suppression	1.High school and below	63	18.54	4.93	6.537	2 199	.002**	1>2 1>3
	2.Associate/Undergraduate	95	16.46	4.62				
	3. Graduate	42	15.29	4.83				

Table 4 (cont.d)

Scales	Groups	n	$\bar{x}$	sd	F	df	p	Posthoc
IERQ-Total	1.High school and below	63	76.17	14.58	1.026	2 199	.360	
	2.Associate/Undergraduate	95	73.61	11.57				
	3. Graduate	42	73.10	11.77				
IERQ-Enhancing Positive Affect	1.High school and below	63	19.71	3.95	.237	2 199	.790	
	2.Associate/Undergraduate	95	20.06	3.41				
	3. Graduate	42	20.12	3.06				
IERQ-Perspective Taking	1.High school and below	63	18.19	4.10	1.983	2 199	.140	
	2.Associate/Undergraduate	95	17.11	4.47				
	3. Graduate	42	16.60	4.32				
IERQ-Soothing	1.High school and below	63	19.14	4.04	1.361	2 199	.259	
	2.Associate/Undergraduate	95	18.25	3.25				
	3. Graduate	42	18.21	3.64				
IERQ-Social Modeling	1.High school and below	63	19.13	3.85	1.302	2 199	.274	
	2.Associate/Undergraduate	95	18.19	3.88				
	3. Graduate	42	18.17	3.77				

**p<.05; **p<.01;* TRIG-Past-Present: Texas Revised Inventory of Grief- Past disruption due to loss-Present Grief; MSPSS: The Multidimensional Scale of Perceived Social Support; COVID-19-Current-Anxiety: COVID-19 Pandemic Psychological Effects Screening Scale-Specific current difficulties-Specific Anxiety; ERQ-Reappraisal-Suppression: Emotion Regulation Questionnaire- Cognitive Reappraisal subscale- Expressive Suppression subscale; IERQ: The Interpersonal Emotion Regulation Questionnaire

Emotion Regulation Questionnaire scores-Expressive Suppression sub-scale scores were found to differ statistically significant according to the education level variable ($F_{(2, 199)}$=6.537, p<.01). Those with high school or below education level got higher scores in Expressive Suppression -subscale scores, compared to those with associate/undergraduate and graduate education levels.

It was determined that the Texas Revised Inventory of Grief, The Multidimensional Scale of Perceived Social Support, COVID-19 Pandemic Psychological Effects Screening Scale, Emotion Regulation Questionnaire-Cognitive Reappraisal, The Interpersonal Emotion Regulation Questionnaire scores did not differ statistically significant according to the education level variable (p>.05).

3.3 Findings on the Relationship between Variables

In this section, the results of Pearson correlation analysis for examining the relationships between Texas Revised Inventory of Grief, The Multidimensional Scale

of Perceived Social Support, COVID-19 Pandemic Psychological Effects Screening Scale, Emotion Regulation Questionnaire, The Interpersonal Emotion Regulation Questionnaire scores and the age variable are given in Table 5.

Table 5

Pearson Correlation Analysis Results to Examine the Relationship Between Variables

Variables	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
1. TRIG-Total	1															
2. TRIG-Past	.866**	1														
3. TRIG-Present	.944**	.653**	1													
4. MSPSS-Total	.043	.037	.041	1												
5. MSPSS-Family	-.032	-.069	-.004	.874**	1											
6. MSPSS-A Significant Other	.144*	.164*	.110	.869**	.616**	1										
7. MSPSS-Friends	.004	.005	.002	.896**	.685**	.681**	1									
8. COVID-19-Current	-.112	-.176*	-.053	.079	.063	.044	.101	1								
9. COVID-19-Anxiety	-.175*	-.191**	-.139*	.135	.115	.062	.178*	.688**	1							
10. ERQ-Reappraisal	-.090	.001	-.136	.285**	.249**	.305**	.199**	.046	.075	1						
11. ERQ-Suppression	-.085	-.056	-.092	.209**	.211**	.157*	.184**	.130	.120	.551**	1					
12. IERQ-Total	-.042	-.017	-.053	.343**	.345**	.313**	.246**	.192**	.177*	.293**	.146*	1				
13. IERQ-Enhancing Positive Affect	.037	.042	.028	.261**	.229**	.303**	.159*	.218**	.158*	.280**	-.039	.720**	1			
14. IERQ-Perspective Taking	-.036	-.021	-.041	.289**	.330**	.235**	.195**	.084	.076	.272**	.222**	.839**	.347**	1		
15. IERQ-Soothing	-.100	-.073	-.104	.287**	.264**	.258**	.234**	.207**	.262**	.184**	.118	.865**	.637**	.610**	1	
16. IERQ-Social Modeling	-.038	-.003	-.055	.294**	.304**	.245**	.225**	.142*	.105	.228**	.153*	.869**	.464**	.739**	.634**	1
17. Age	-.068	-.028	-.085	-.005	.057	-.039	-.034	.119	.228**	.058	.074	.129	.052	.175*	.055	.126

*Notes. *p<.05; **p<.01;* TRIG-Past-Present: Texas Revised Inventory of Grief- Past disruption due to loss-Present Grief; MSPSS: The Multidimensional Scale of Perceived Social Support; COVID-19-Current-Anxiety: COVID-19 Pandemic Psychological Effects Screening Scale-Specific current

difficulties-Specific Anxiety; ERQ-Reappraisal-Suppression: Emotion Regulation Questionnaire-Cognitive Reappraisal subscale- Expressive Suppression subscale; IERQ: The Interpersonal Emotion Regulation Questionnaire

3.4. Regression Analysis

Multiple Regression Analysis were conducted to investigate the associations among the variables of the present study.

3.4.1. Variables Associated with the Texas Revised Inventory of Grief. Multiple Regression Analysis and out to investigate significant associates of the Texas Revised Inventory of Grief- Total.

Table 6

Variables Associated with the Texas Revised Inventory of Grief- Total

Variable	*B*	*β*	*t*	*p*	*R*	R^2	ΔR^2
Step 1					.234	.055	.045
COVID-19-Anxiety	-.516	-.184	-2.658	.009**			
MSPSS-A Significant Other	.411	.155	2.238	.026*			

*Notes. *p<.05; **p<.01;* MSPSS: The Multidimensional Scale of Perceived Social Support; COVID-19-Anxiety: COVID-19 Pandemic Psychological Effects Screening Scale -Specific Anxiety

In Table 6, Multiple Linear Regression analysis was carried out to investigate significant associates of the Texas Revised Inventory of Grief- Total.

The Multidimensional Scale of Perceived Social Support-A Significant Other, COVID-19 Pandemic Psychological Effects Screening Scale-Specific Anxiety

subscales explained 4.5 % of the variance in the Texas Revised Inventory of Grief-Total (F [2, 197] = 5.687, p < .01). COVID-19 Pandemic Psychological Effects Screening Scale-Specific Anxiety subscales (ß = -.184, t [199] = 2.658, p < .01) significantly predicted the Texas Revised Inventory of Grief- Total. A Significant Other subscale (ß = .155, t [199] = 2.238, p < .05) significantly predicted the Texas

Revised Inventory of Grief- Total. Detailed information can be found in Table 6.

Table 7

Variables Associated with the Texas Revised Inventory of Grief- Past Disruption Due To Loss

Variable	*B*	*β*	*t*	*p*	*R*	R^2	ΔR^2
Step 1					.267	.071	.057
MSPSS-A Significant Other	.203	.176	2.557	.011*			
COVID-19-Current	-.068	-.086	-.907	.366			
COVID-19-Anxiety	-.174	-.143	-1.503	.134			

*Notes. *p<.05; **p<.01;* MSPSS: The Multidimensional Scale of Perceived Social Support; COVID-19-Current-Anxiety: COVID-19 Pandemic Psychological Effects Screening Scale-Specific current difficulties-Specific Anxiety

In Table 7, Multiple Linear Regression analysis was carried out to investigate significant associates of the Texas Revised Inventory of Grief-Past Disruption Due To Loss subscale. The Multidimensional Scale of Perceived Social Support-A Significant Other, COVID-19 Pandemic Psychological Effects Screening Scale-Specific current difficulties and Specific Anxiety subscales explained 5.7 % of the variance in Past Disruption Due To Loss ($F [3, 196] = 5.012$, $p < .05$). A Significant Other subscale (ß = .176, $t [199] = 2.557$, $p < .05$) significantly predicted Past Disruption Due To Loss. However, Past Disruption Due To Loss were not predicted by COVID-19 Pandemic Psychological Effects Screening Scale-Specific current difficulties and Specific Anxiety subscales. Detailed information can be found in Table 7.

CHAPTER 4

Discussions and Conclusions

This study aimed to explore the grief experience during the pandemic and its relationship with perceived social support, interpersonal and intrapersonal strategies of emotion regulation, and the psychological effect of COVID-19.

This section will discuss the study's results in line with the previous research. Furthermore, the study's strengths, limitations, and clinical implications will be specified, and suggestions for future research will be stated.

4.1. Findings Related to Demographic Variables

In this study, gender factors of gender and education levels were evaluated according to their potential influence on main variables. Gender differences in grief experience assessed in terms of the total, past, and present grief scores, and results indicated no significant differences between the grief intensity of males and females. This result showed inconsistency with previous research on gender differences in grief. According to Zhang et al. (2022), 40% of the individuals experienced different mental health issues, 31% reported high levels of anxiety during the COVID-19 pandemic, and women were more likely to report distress. Previous research suggests that females are likely to give more intense grief reactions than males (Dyregrov and Matthiesen, 1987; Lang and Gottlieb,1993; Stroebe, 1998; Ringdal et al., 2001; Çelik, 2016). A minority of previous research indicates similar result to the current study and support the finding of no significant difference between genders related to grief experience (Goldbach et al. 1991). Also, for COVID-19, specific grief studies did not report significant gender differences in terms grief intensity similar to this study (Kumar, 2021; Sirrine, Kliner, and Gollery, 2021). It is possible to say that gender factors in grief during COVID-19 might be evaluated differently than regular grief. Daily life conditions that are partially estranged from recurring sociocultural gender roles and somewhat equal presence of both genders at home might have some impact

on emotional and social experiences. Further studies may explore the factors behind this gender correspondence in grief experience during the COVID-19 pandemic.

Regarding the gender differences in cognitive reappraisal strategy of emotion regulation and enhancing positive affect, soothing and social modeling strategies of interpersonal emotion regulation did not differ significantly between males and females. At the same time, the expressive suppression strategy of emotion regulation indicates a significant difference between males and females. This indication was compatible with the previous findings in the literature; it is known that males tend to engage in suppression of emotional expression compared to females (Barrett et al., 1998; Hess et al., 2000; Parkins, 2012; Chaplin and Aldao, 2013, Cai et al., 2016). According to another study by Fivush and Buckner (2000), females tend to suppress anger, while males tend to suppress sadness and reactions such as crying. It is possible to say that gender roles and cultural stereotypes related to the emotional expression of males might result in a higher engagement in expression suppression strategy by males. During a crisis, expressing and handling negative emotions requires the capacity to use functional emotion regulation strategies; if conditions are not convenient to use them, individuals might use suppression expression strategy to avoid possible reactions related to that specific emotion (Gross&John,2003). The suppression strategy is not considered maladaptive in every situation and is not always associated with distress and negative emotional experiences; it is possible to say that in some situations, it is adaptive and partially functional (Cardi, Albano, Gentili & Sudulich, 2021). According to a study by Tyra, Griffin, Fergus, and Ginty in 2021, using a suppression strategy positively affects an individual's well-being during the grieving period. Therefore, the results of the current study are coherent with the previous findings.

Additionally, perspective taking strategy of interpersonal emotion regulation is also found significantly different between males and females; males were more likely to use this strategy. According to Theodoridou, Rowe, and Mohr (2013), males are likely to engage in perspective-taking strategy to regulate emotional states and situations. The results of previous studies are coherent with indications of the current research in perspective-taking strategies; findings highlighted that males are likely to

use the perspective-taking approach more and faster than females (Kaiser et al., 2008; Verzeletti et al., 2016).

It was seen that the Perceived Social Support and Psychological Effects of the COVID-19 pandemic did not indicate any differences regarding the gender variable. According to previous studies regarding the partner support, females tend to engage in support provider roles while males tend to support takers for emotional and social support (Reevy and Maslach, 2001; Abbey, Andrews, and Halman,1995). In this current study, perceived social support also did not differ significantly between genders as opposed to previous findings, which is parallel to the reverse results related to grief.

The current study conducted during the timeline showed that social isolation restrictions were the strictest, and COVID-19 cases were considered quite dangerous due to the absence of specific medication and generalized vaccine use. Therefore, we can consider the equal restriction to the active participation of males and females in daily life. It is possible to say that when conditions are differentiated in terms of the environment and problems experienced under the same conditions regardless the gender differences, reactions might show similarity between genders compared to findings of previous studies conducted during regular periods.

Regarding the education level, the expressive suppression strategy of emotion regulation showed a significant difference. At the same time, individuals with a degree in high school or below education are more likely to use expressive suppression strategy than those with associate/undergraduate and graduate education degrees. Based on the studies which indicate a positive correlation between academic success and functional emotion regulation strategies, spending more time and developing intellectual level might positively affect better emotional expression (Paulo et al., 2007). Individuals need to use broader emotion regulation strategies in different challenges to maintaining academic life. In most situations, solutions to problems require active communication, which requires functional expression. The current study indicates a coherent result with previous findings. Regarding education level, no other significant difference was found regarding the other emotion regulation and

interpersonal emotion regulation strategies, grief experience, perceived social support, and psychological effects of COVID-19.

4.2. Findings Related to Analyses of Correlation

According to the findings of correlation analyses, total grief experience was positively correlated with past disruption due to loss, present grief experience of the individual, and perceived social support from the significant other. While it is negatively correlated with COVID-19-specific anxiety. Past disruption due to loss was also positively correlated with perceived social support from significant other and negatively associated with COVID-19 Specific anxiety and COVID-19-specific current difficulties. The role of perceived support during grief is an essential concept for literature; most studies highlighted the support of significant others as more prominent compared to different types of social support as coherent with the current research (Sarason et al., 1987; Dahle et al., 2001).

Perceived support from significant others is also found to be significantly correlated with the psychological well-being of spouses and positively contributes to the healing process after traumatic events (Gove et al., 1983; Weinberg, Besser, Zeigler-Hill and Neria, 2016). According to a study conducted by Cacciatore, Thieleman, Fretts, and Jackson (2021) during the COVID-19 pandemic, social support is the most needed form of support after traumatic loss experiences and partner support is the first version of social support noticed by individuals who experience grief. They also add that a significant amount of support provided in the early period of grief decreases over time, differentiating the perceived social support in early and further stages of grief as coherent with the current study's findings. According to a study conducted by Enestrom and Lydon (2021) during the COVID-19 pandemic, shared reality and partner support are positively associated with each other and relationship satisfaction during COVID-19. Partners are significant sources of support during crises, and previous research indicates that partner support and relationship are positively correlated with total life satisfaction and psychological resilience. (Cutrona et al., 2005; Sullivan et al., 2010). For this study, individuals might receive better support from their partners due to social distance precautions, especially if they shared

the same house during the lockdown, compared to other sources. For future studies, this might be considered as a factor.

According to findings, there is no direct correlational relationship between emotion regulation strategies and grief experience. However, all types of perceived social support as from family, friends, and significant other was positively correlated with all strategies of both intrapersonal emotion regulation and interpersonal emotion regulation as cognitive reappraisal expressive suppression and enhancing positive affect, perspective taking, soothing, and social modeling. According to a study by Temiz and Elsharnouby (2022), COVID-19 stress was negatively and significantly correlated with well-being indices and positively associated with interpersonal emotion regulation strategies. The interpersonal emotional regulation subscales were strongly associated with one another. Social support and interpersonal emotion regulation strategies significantly correlate in their bidirectional relationships; the presence of others enables the use of expression, communication, and interpersonal emotion regulation for individuals (Lakey, 2010; Reis and Collins, 2000; Marroquin, 2011). In light of these findings, we can consider the importance of social support and interpersonal emotion regulation during major or stressful life events; further studies may explore the relationship between these variables and other COVID-19-specific factors.

4.3. Findings Related to Regression Analyses

In this study, multiple regression analyses were performed to examine significant associates of grief. The purpose of the analyses is to explore how much of the variation in grief can be explained by perceived social support, emotion regulation strategies, and the psychological effects of COVID-19 and explain the contribution of each relative independent variable to variance.

Findings revealed that a 4.5% of variance in total grief intensity could be explained by perceived social support from significant others and COVID-19-specific anxiety. Although, the amount of explained variance showed that there should be other significant contributors to explain total grief, it is important to evaluate the present

study's findings. Considering the predictors' contributions, the findings indicate that participants who perceive lower social support from significant others and have lower levels of COVID-19-specific anxiety tend to experience more severe grief reactions compared to participants who perceive a higher level of social support from significant other and have a higher level of COVID-19-specific anxiety. Based on the stress-buffering model of social support, an individual's ability to perceive a partner as a resource to cope with problems and distressing events in life can positively impact one's sense of safety and overall well-being (Temiz & Elsharnouby, 2022). According to Pineda et al. (2022), perceived social support positively correlated with perceived quality of life and general positivity related to relationships during the COVID-19 pandemic. Individuals who perceived a higher level of social support during the COVID-19 pandemic reported lower levels of stress, anxiety, and depression (McLean, Chu, Karnaze, Bloss, and Lang, 2022). Having regular income sources, living in urban areas, being physically close to family, and having social protective factors against COVID-19-related anxiety (Cao et al., 2020).

In terms of the current study's findings, these positive effects of perceived social support during the COVID-19 pandemic might affect individuals' resilience and ability to use functional coping strategies while experiencing grief. Regarding the impact of COVID-19-specific anxiety on grief severity, it is possible to say that experience of life-threatening anxiety, fear, and stress toward to individual's own life and well-being may decrease the sensitivity toward other emotions and experiences due to survival instincts. In literature, life-threatening situations and emotional desensitization is considered for different notions, such as exposure to violence and incidents that threaten physical well-being either arise from natural or humane sources; it is reported that individuals may experience emotional desensitization in dangerous situations with the activation of fight or flight response (Garbarino et al., 1991; Jansen et al., 1995; Guerra, Huesmann and Splinder, 2003)

Another multiple Linear Regression analysis was conducted to investigate significant associates of the past disruption due to loss variable. Perceived social support from significant others, COVID-19-specific current difficulties, and COVID-19-specific snxiety subscales explained 5.7 % of the variance in past disruption due to

loss. When we consider individual contributions of each variable, perceived social support from significant other significantly predicted past disruption due to loss, individuals who perceive lower social support from significant other tend to engage in more severe grief reactions right after the loss. COVID-19-specific anxiety and COVID-19-specific current difficulties did not predict the past disruption due to loss individually.

According to the current study, social support was a predictor of first reactions to losing a loved one. Previous studies highlighted the importance of social support in crises and coping with the emotional and social health changes that COVID-19 has created in our lives (Qi, 2020; 2021; Cao et al., 2022). Perceived partner support was also found to be a protective factor for complicated grief and a supportive factor during the treatment period (Burke et al., 2010; Nam,2016). Previous studies also found that the presence of high levels of partner support after the loss has positive effects on depressive and anxiety symptoms of individuals (Ott, 2003; Zara, 2011).

In this current study, family and friend dimensions of social support were not as significantly correlated or predictive for grief intensity; it is essential to assess possible factors and differences between the forms of social support. The presence of family and friends after a loss might be related to cultural and religious rituals that require social gatherings. The absence of regular rituals might affect the importance of the other types of social support. According to comfort theories of religion, some components of religious belief systems might show a calming effect on negative emotional states such as grief, anxiety, guilt, and depression (Worthington, Everett, Kurusu, McCollough, and Sandage, 1996). Additionally, according to previous studies, individuals who report that they believe in God, the afterlife, god's control, and faith concepts on death reports lower level of anxiety and a higher level of self-esteem. Religions provide various rituals to follow after distressing life events like death; participation in rituals and a sense of control from familiar patterns help alleviate anxiety and distress (Boyer and Lienard, 2006). These concepts might be important factors for this study and might be investigable for future studies. The participants' belief systems and their perceived participation in religious rituals through this period might be evaluated. The contribution of a comforting factor of

religious systems and the absence of some significant rituals that require physical gathering during the research period might be essential to understand more specifically. It is also important to emphasize that the intimacy level of a relationship with the deceased is also an important factor in assessing the grief reactions of an individual. Previous studies indicate that individuals are likely to show more intense grief reactions when they perceive their relationship with the deceased individual as intimate and qualified in terms of emotional sharing compared to other losses (Worden, 2008; Decinque et al., 2006). Perceived intimacy of social relationships and the possible effects of COVID-19 on the perception of individuals might be investigable for further studies. These factors might be necessary for the variables that did not indicate any significant correlational or predictive role in this current study.

4.4. Limitations

This current study has several limitations. The first is related to design, data collected through online platforms from self-report measures, which may cause biases. Participants might tend to give socially acceptable responses to questions, their environment might impact answers, their concentration and attention might be disrupted, and responses could be affected by these reasons (Krosnick, 2018).

Data collected from participants who lived in different cities in Turkey might be a limitation for this specific study due to the variety of social isolation precautions based on the region. The generalizability of the data is limited in terms of these factors. In future research, region separation and closeness degree of the deceased might be evaluated as additional factors.

The study was conducted during a global crisis and created a volatile environment for individuals; in this study, other possible disruptions of participants' lives, such as their medical condition or any comorbid psychological diagnoses, could not be assessed. These factors might be necessary for future research.

4.5. Contributions and Clinical Implications of the Study

The current study aimed to examine grief experiences during the pandemic and its relationship with perceived social support, emotion regulation, and psychological

effects of COVID-19. According to the results, perceived social support from significant other and COVID-19-specific anxiety predicted the grief experience during COVID-19 pandemic precautions. Findings related to the relationship between grief and perceived social support are coherent with previous studies; previous studies also highlighted the importance of significant other during the grieving period. However, this study contributed to the literature by exploring the predictive role of perceived social support on grief during a global pandemic and socially disrupted environment and psychological aspects of the COVID-19 pandemic. The study also provides a compatible number of participants in understanding gender differences.

Psychological effects of COVID-19 are newly precedented notions to literature; due to a lack of previous studies related to these concepts, there is no supporting evidence about why COVID-19-specific current difficulties and COVID-19-specific anxiety predicted only the past disruption of grief. Thus, the psychological effects of COVID-19 and their relationship with different conditions can be explored from a broader perspective in future studies.

Grief, social support, emotion regulation, natural disasters, and their life-changing effects are essential concepts for psychotherapy. The current study provided a retrospective and current view of grief experience under the life-changing conditions of the global pandemic and its psychological effects. Thus, while working on grief experienced under the effects of COVID-19, a therapist may consider gender differences, the client's level of perceived social support from a significant other, the level of COVID-19-specific anxiety, and related dysfunctional emotion regulation strategies. The study also might be helpful for risk assessment of grief experience's possibility of evolving to pathological grief in the light of further findings of further studies.

4.6. Conclusion

As a result, the study revealed that a 4.5% of the variance in total grief intensity could be explained by perceived social support from significant other and COVID-19-

specific anxiety. Considering the predictors' contributions, the findings indicate that participants who perceive lower social support from significant other and have lower levels of COVID-19 specific stress tend to experience more severe grief reactions compared to participants who perceive higher level of social support from significant other and have a higher level of COVID-19 specific anxiety. Additionally, Perceived Social Support from Significant Others, COVID-19 Specific current difficulties, and COVID-19 Specific Anxiety explained 5.7 % of the variance in Past Disruption Due to Loss in grief.

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