

**A thematic analysis investigating the impact of COVID-19 on the way
people think and talk about death and dying.**

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Abstract

This paper reports on a study exploring how people thought and talked about death and dying during the first wave of the COVID-19 pandemic. The findings presented here are based on data collected for a larger study examining how people begin to actively think and openly talk about death and dying. Out of sixteen interviews, eleven have been carried out during the pandemic. Ten of the eleven interviews conducted during the pandemic mentioned COVID-19. These were subjected to thematic analysis, which identified two main themes: ‘Becoming more thoughtful and open about death’ and ‘Anxieties around death and COVID-19’. The findings of this study suggest that COVID-19 has prompted people to be more thoughtful and open about death and dying. Almost all the participants have expressed that COVID-19 has led them to start to think and/or talk more openly about death. However, across different interviews and sometimes within the same interview, there is a conflict between viewing COVID-19 as an opportunity to be more thoughtful and open about death and seeing COVID-

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19 as a threat, with participants expressing some fears and anxieties around death and COVID-19.

Key Words: death and dying, COVID-19, thinking about death, talking about death, end-of-life wishes, death anxiety

Introduction

Open and honest conversations around death and dying can have many advantages. For example, death-related conversations can help people to reflect on what is important to them, make more informed decisions about end-of-life care, and plan for its inevitability. The data collected for this study are part of a wider project examining how people begin to actively think and openly talk about death and dying. Interviews were conducted using a typical grounded theory approach (Charmaz, 2014). Out of sixteen interviews, eleven have been carried out during the pandemic. As is expected when conducting grounded theory interviewing, the interviews were led by the concerns of the participants. Out of eleven post-COVID-19 interviews, only one participant did not mention COVID-19. Participants were not prompted to talk about COVID-19, however, COVID-19 seemed to have an impact on the way people thought and talked about death and dying. Although COVID-19 was mentioned by ten interviewees, they varied in how much they focused on this. Some referred to it very little, while for others, COVID-19 dominated the interview. We, therefore, decided to carry out a thematic analysis of these data, focusing on how the COVID-19 pandemic impacted on the way participants thought about issues of death and dying.

In March 2020, the World Health Organisation declared the novel Coronavirus disease 2019 (COVID-19), a global pandemic (WHO, 2020). As of November 15th, 2021, the virus has affected over 250 million people and caused over 5 million deaths, globally (European Centre for Disease Prevention and Control, 2021). This study was conducted during the height of the COVID-19 pandemic (1st of April 2020 until the 22nd of June 2020). At the time, the infection rate was rising rapidly, daily death statistics dominated the headlines and vaccine approval seemed to be a long way off. Although the daily deaths figures have somewhat levelled off, at the time of this study, more and more individuals were forced to contemplate

the potential death of themselves and their loved ones. As a result, it may have been the case that there was an impact on the way people thought about mortality.

Literature review

The UK's biggest survey into death and dying, undertaken prior to the pandemic, suggested that 18 million people found conversations around death and dying difficult to initiate and partake in (Co-op, 2018). This is also supported by a more recent survey conducted by Sue Ryder (2019) which revealed that 70% of people living in the UK have not had conversations about death and dying with family or friends. However, recent research indicates that COVID-19 might be providing people with the opportunity to be more open to talking about these topics. Supporting this idea, a survey of 1,500 people carried out by Dignity Funerals (2020), revealed that COVID-19 has prompted 40% of people aged 22 to 38, to start having conversations around death and dying. However, other research suggests that 8% of people believe that COVID-19 has made conversations about death and dying more difficult (Independent Age, 2020). As it is likely that some threat from COVID-19 will remain in the medium to long term, more and more people will be forced to confront, with or without conversations with others, the inescapable fact of mortality. Therefore, it seems more important than ever to find ways to enable people to start thinking and talking more openly about death and dying.

Avoiding the subject of death is frequently referred to as 'the death taboo'. Some researchers attribute the death taboo to a decline in mourning rituals (Gorer, 1965), the medicalisation of death (Kellehear, 1984), and the fear of death (Boţilcă, 2021). However, the existence of the death taboo is often disputed (Kellehear, 1984). For example, Walter (1991) argues that death is not a taboo subject in the UK. Instead, he claims that all "conversation is rule governed" and having conversational norms about what and when to talk about death does not imply that

death is a taboo subject (Walter, 1991). However, a study conducted by the UK'S first digitally legacy vault; Biscuit Tin (2021), indicates that there is still a reluctance to talk about death and dying within the UK. The study, a survey of 1,000 people, indicated that 41% of participants stated that feeling uncomfortable talking about death and dying was the main reason why they had not spoken about their end-of-life wishes and plans with family and friends. However, a recent surge in Death Café attendance may suggest that COVID-19 has initiated conversations around death and dying (Brooks, 2020). Death Cafés are part of the rapidly growing death positive movement. The death positive movement advocates for more openness around death by providing people with a safe space to talk openly about all things death related (Doughty, 2021). Actively thinking and openly talking about death and dying has many advantages, especially during a pandemic. For example, being more open and thoughtful about death and dying may enable individuals and families to make informed decisions about end-of-life care (Macmillan Cancer Support, 2017; Marie Curie, 2021).

Evidence suggests that COVID-19 has encouraged people to start thinking about preparing practically for death (Dignity Funerals, 2020). The survey conducted by Dignity Funerals (2020) found that 28% of people have had more conversations about funeral wishes, end-of-life care and financial preparations during the pandemic than they had before. Although conversations around end-of-life care are always important, they were particularly pertinent in the context of COVID-19 (Selman et al., 2020). More and more people were infected with COVID-19 every day and those that developed more serious symptoms of the virus could deteriorate rapidly (Curtis, 2020). This limits the opportunity for people to discuss end-of-life wishes with both family and medical professionals as the imminent need arises (Selman et al., 2020). Therefore, it is important that people articulate their end-of-life wishes pre-emptively to increase the likelihood that they will receive the type of care they truly wish for in their final moments of life and in death. By acknowledging and expressing our end-of-life wishes,

we can avoid adding further stress to an already stressful situation. Research suggests that conversations around end-of-life care can reduce anxiety, depression and post-traumatic stress in surviving family members (Detering et al., 2010). The pertinence of this potential is highlighted by the findings from a longitudinal study conducted by Azoulay et al. (2005). This revealed that 30% of people who have had to make end-of-life decisions for family members have experienced symptoms of post-traumatic stress. Additionally, normalising death-related discussions can help people reflect on what is important to them and, thus, make more informed decisions about end-of-life wishes.

Although COVID-19 may provide people with an opportunity to be more thoughtful and open about death and dying, there is still much anxiety around it. Evidence suggests that greater perceived severity of the COVID-19 virus is linked with poorer mental health outcomes (Li et al., 2020). For example, a study conducted by Pierce et al. (2020) suggests that COVID-19 has led to higher levels of psychological distress for people living in the UK when compared to pre-pandemic baseline data. This study used the 12-item General Health Questionnaire (GHQ-12) to assess the mental health of participants. The GHQ-12 covers symptoms of mental distress such as sleeping difficulties, feeling overwhelmed, depression, anxiety and problems in decision making (Gao et al., 2004). The results indicate that the percentage of people reporting psychological distress has risen from 18.9% in 2018-2019 to 27.3% in April 2020 (Pierce et al., 2020). Similarly, other research has revealed that COVID-19 has led to an increase in depression, health anxiety and generalised anxiety (Rettie & Daniels, 2020). This is supported by research into previous epidemics such as swine flu that suggests that health anxiety is a significant predictor of epidemic-related fear (Wheaton et al., 2011).

As COVID-19 is a new pandemic, to the authors knowledge no research has been conducted on how COVID-19 has affected the way people think and talk about death and dying. The research cited in this study has mostly come from quantitative surveys. Quantitative research

can be useful when measuring different attitudes, behaviours and opinions towards COVID-19, in order to provide a large-scale picture; however, it fails to capture our individual experiences (Hammarberg et al., 2016). Qualitative research allows for an in-depth exploration of the phenomena under question by examining individual experiences and perspectives. Employing a qualitative approach is beneficial when looking at how COVID-19 has affected the way people think and talk about death and dying as COVID-19 has affected everybody differently, therefore, it is important that these different perspectives are examined.

Methodology

This paper draws on a study that aimed to explore how COVID-19 affected the way people think and talk about death and dying. The data we present here were collected as part of a wider constructivist grounded theory study on the process by which individuals become able to actively think and openly talk about death and dying. They were extracted from interviews carried out from the 1st of April 2020 until the 22nd of June 2020. Out of eleven interviews conducted in this period, only one participant did not spontaneously mention COVID-19. During the data collection process, in which the interviewer did not themselves raise issues related to the pandemic, it became apparent that COVID-19 has impinged on the way people think and talk about death and dying. As a result, the COVID-19 related data gathered from each interview were analysed using thematic analysis for the purpose of this separate study. This current analysis has been abstracted from the study as a whole, because we felt it was important that insights into the impact of the pandemic are shared in as timely a way as possible.

Ethics

The study received full ethical approval from the School Research Ethics and Integrity Committee, School of Human and Health Sciences, University of Huddersfield.

Participants

Participants were recruited as part of the initial sample for a wider study on the process by which individuals come to actively think and openly talk about death and dying. All eleven interviews conducted for the wider study since the start of the pandemic have been included for the purpose of this study. Participants were recruited via convenience sampling, through advertising on social media. Nine females and two males were included, ranging in age from 36 to 73, with a mean age of 53.

Procedure

Data collection

Consent forms and background questionnaires were sent to all participants prior to the interview. Due to the potentially sensitive nature of the topic, potential interview questions were sent to all participants before the interview. This provided participants with the opportunity to go over the questions and make a fully informed decision about taking part in the research. Participants were given the option to refuse any questions that they did not feel comfortable answering. All participants agreed to answer all the potential interview questions.

Interviews were conducted by the first author in a semi-structured style, as is typical with a grounded theory approach (Charmaz, 2014). All interviews took place on a one-to-one basis via Zoom and lasted between 25 minutes to two and a half hours, with a mean length of one hour and 6 minutes. The use of semi-structured interviews allowed for an in-depth exploration of how COVID-19 has affected how people think and talk about mortality. An interview guide, consisting of open-ended questions, was used to focus the interview on the topic of death and dying. The main topic areas covered include:

- Talking about death and dying
- Death experiences

- Views/beliefs around death and dying
- Thinking about death and dying
- Fears around death and dying

The use of open-ended questions enabled participants to share detailed descriptions of their personal experiences of death and dying, as well as reducing the risk of the researcher leading the interviewee (Charmaz, 2014). This ensured that the interview was led by the concerns of participants and provided a deeper understanding of how COVID-19 has affected the way in which people think and talk about death and dying.

Participants were not prompted to talk about COVID-19, this happened spontaneously. Once it became apparent that COVID-19 was a particular concern for participants, the interviewer would ask directly: “Has COVID-19 affected the way you view death and dying?” This question was only asked if participants directly mentioned COVID-19 during the interview.

Reflexivity

Reflexivity is an important part of most qualitative research and is certainly crucial to Constructivist Grounded Theory. By engaging in reflexivity, researchers can reflect on their prior assumptions, methodological decisions and inter-personal experiences in the interviews in order to prevent the forcing of preconceived ideas onto the emerging analysis (Charmaz, 2014).

The lead researcher (KR) created “memos” throughout the research process. Memos allow the researcher to record ideas, specify major analytical stages and suggest directions for the researcher to pursue (Charmaz, 2014). They enable the researcher to analyse ideas about the data in any way that occurs to them, in keeping with the essentially iterative nature of Grounded Theory (Charmaz, 2014). The first memo relating to death and COVID-19 was

recorded on the 30th of March 2020. This is when the lead researcher first noticed that there could be a link between COVID-19 and the wider project.

Prior to conducting the analysis, the lead researcher explicitly noted all her pre-conceived ideas about COVID-19 in a reflexive journal. COVID-19 has affected everyone differently, therefore, it was important to record her own pre-conceived ideas about COVID-19 in order to recognise the place of her own subjectivity in the analysis. Issues of reflexivity were also regularly discussed with the other two authors.

Data Analysis

This study used thematic analysis to analyse the data specific to COVID-19. Braun and Clarke (2006) state that thematic analysis is compatible with constructionist paradigms and therefore, fits within a constructivist grounded theory approach. Thematic analysis can use both an inductive and deductive approach. This study used an inductive approach to analysis, allowing data to determine the themes. This fits within a constructivist grounded theory approach as themes were created from the data gathered rather than from pre-existing ideas or theoretical frameworks. A constructivist approach aims to find out what participants define as real through their words and actions (Charmaz, 2014). This ontological position pays particular attention to people's subjective experiences and how different people may interpret things differently. A constructivist approach is particularly useful in examining how the COVID-19 pandemic impacted on the way participants thought about issues of death and dying, as it stresses the importance of individual perspectives. As a result, a bottom-up, inductive approach, was used to develop themes that emerged directly from the perspective of participants. This involved the formation of two levels: main themes and sub-themes.

The first stage of data analysis consisted of familiarization. At this stage, it is important that the researcher becomes familiar with all aspects of the data (Braun & Clarke, 2006). This was

achieved by reading and then re-reading the interview transcripts. The first author also listened to the audio recordings several times to ensure that the data were accurately transcribed. This ensures that the researcher becomes fully immersed in the data (Braun & Clarke, 2006). During this process, KR recorded all initial thoughts and ideas about the data and discussed them regularly with the co-authors.

The second stage of analysis involved coding the data line-by-line. As the data for this study were part of a wider project, only the data that clearly helped us to understand the participants' responses to issues around COVID-19 were analysed. Codes were data-derived to provide an accurate representation of participants thoughts and concerns around death and COVID-19. Every line of the transcript was ascribed a code that reflected features of the data that were considered relevant to the research question (Braun & Clarke, 2006).

During the third stage of analysis, codes were sorted into potential themes and sub-themes. All initial codes that were relevant to the research question were examined and combined to form overarching themes. A thematic map was created to sort different codes into themes and sub-themes (Braun & Clarke, 2006). This made it easier to visualise potential links and relationships between different themes and sub-themes.

The fourth stage of analysis involved reviewing and finalising themes, to ensure that the thematic map accurately reflected the meanings present in the data (Braun & Clarke, 2006). As a result, this helped to form themes and sub-themes around how COVID-19 has affected the way people think and talk about death and dying, from the perspective of the participants.

Findings

The first time COVID-19 was brought up in each interview varied from participant to participant. For example, three participants first mentioned COVID-19 when asked the question, 'how often do you think about death?', one participant first mentioned COVID-19

when asked, “what are the key issues that you’re thinking of when you think about death?”, three participants first mentioned COVID-19 when asked, “what does death mean to you?”, one participant first mentioned COVID-19 when asked, “how do you think we can get people to speak more openly about death and dying?”, one participant first mentioned COVID-19 when asked “are you afraid of dying?”, and one participant first mentioned COVID-19 when thinking about the practical issues relating to death.

Two main themes were identified from the data: ‘Becoming more thoughtful and open about death’ and ‘Anxieties around death and COVID-19’. Within the theme ‘Becoming more thoughtful and open about death’, two sub-themes were identified: ‘Preparing practically for death’ and ‘Thinking about mortality’. Within the theme ‘Anxieties around COVID-19 and death’, three sub-themes were identified, ‘Fear of a COVID-19 death’, ‘Losing family and friends to COVID-19’ and ‘Fears about the future’.

The findings of this study suggest that COVID-19 has prompted people to be more thoughtful and open about death and dying. Almost all the participants have expressed that COVID-19 has led them to start to think and talk more openly about death. However, across different interviews and sometimes within the same interview, there is a conflict between viewing COVID-19 as an opportunity to be more thoughtful and open about death and seeing COVID-19 as a threat, with participants expressing some fears and anxieties around death and COVID-19.

Grounded theory encourages the researcher to examine the exceptions and contradictions within the data. Out of eleven post-COVID-19 interviews, one participant did not mention COVID-19. This interview was conducted on the 1st of April 2020 and was the first interview conducted post-COVID-19. At first, the lead researcher thought that this could be the reason why COVID-19 was not mentioned as it was still relatively new. However, this participant

had Multiple Sclerosis, and as a result of her illness, she had already thought about the key issues surrounding death and dying. This could imply that for this participant, COVID-19 has not prompted her to think about death and dying because she was already doing so. A similar pattern was found in the interviews of two participants with debilitating illnesses. Although these participants did mention COVID-19 during the interview, they were not as anxious about the virus when compared to participants who were ‘medically healthy’. This could suggest that people who have already been forced to think about death and dying are less anxious about the pandemic than those who have been prompted by COVID-19 to think about their own mortality.

We have also examined the data to assess whether the development of the pandemic impacted on the participants’ responses. However, no discernible patterns of consistent change over the course of the pandemic were identified within the data.

Theme 1: Becoming more thoughtful and open about death and dying

All most all the interviewees suggested that COVID-19 had prompted them to be more open and thoughtful about death and dying. All the ten participants who raised issues related to COVID-19 reported that it has either made them start to think and talk about death and dying and/or that they presumed other people were doing so.

“... I think it will be really interesting to see the effect of COVID-19 around death and dying and how its changed people because they’ve been bombarded every single day with the amount of deaths... I think it will make people [start talking about death and dying], you know, because I don’t think there’s anybody out there that hasn’t probably thought about what if I get this, what if I die from this, and I don’t think that’s happened with anything else, has it? It’s just life changing, I think. I hope for the better... when we get through this.”

This theme is divided into two sub-themes, ‘Preparing practically for death’ and ‘Thinking about mortality’.

COVID-19 encouraged participants to think and talk more openly about death and dying. As a result, this has prompted four participants to contemplate preparing practically for death.

Participants identified the following key issues: How would I die? Where would I die? How would others cope with my death? Are my finances in order?

For example, one participant stated that:

“So, we're all suddenly in lockdown trying to figure out where you sit in this. What this means for you? What this potentially could mean for you? Have I got all my affairs in order? Because I could die like soon in a pretty horrible way”.

Two participants expressed concerns around handling the financial aspects of death, for example:

“You know, if I die then what would happen there. Like have I paid off, how am I going to pay off all my debts before I die? (laughs) So, I don't leave them for anybody else to sort.”

However, one participant stated that they are waiting “*until coronavirus is finished*” to sort out practical issues regarding death and their pension.

For one participant, the pandemic prompted them to change their advance decision. An advance decision, also known as a living will, is a written statement that records an individual’s wishes to refuse a certain type of medical treatment in a specific situation (Age UK, 2020). It allows their family, healthcare professionals and carers to know what their wishes are if they are unable to communicate them (NHS, 2020). This participant talked about how they had originally changed their advance decision to include specifics around COVID-

19. This participant decided that if they caught COVID-19, they did not want to be ventilated. This was at the beginning of the pandemic when the participant thought that there would be a shortage of ventilators.

“I just felt, well, if I was in ICU [intensive care unit] and there was, err, there was only one ventilator left and there was a twenty-year-old and there was me. Then I gave consent to give that ventilator to the twenty-year old.”

However, after speaking to her husband, the participant realised that this was a reactive response, and that there was a good chance that she would survive. Therefore, she decided that she did want to be ventilated.

“So, it made me rethink about it [advance decision], I’d gone, I’d gone a bit in that nursing clinical plight, not emotional. [...] So, I’ve rewritten it again and taken that out and left it that I’d want to be ventilated”.

This participant has tried to have conversations around death and COVID-19 with other family members, however, they have found this difficult. For example, this participant suggests that:

“It’s suddenly become ‘this can happen to anybody at any age’ and none of us know if we get the virus how it will affect us. Erm, so, we need to have those conversations. Having said that it’s not easy with family, I’ve opened it up, erm, but I can’t get any other family members to say what they would want. I think it’s such a hard thing.”

Almost all the participants assumed that COVID-19 has prompted other people to open up conversations around death and dying. For example, one participant stated:

... I think that’s probably a positive of all this negativity, that people are opening conversations [about death and dying].

One participant implied that because of the anxiety around COVID-19, it is important to start having conversations around death and dying. For example, they stated that:

“I think it's probably made a lot of people think about it, and I think there's a lot of death anxiety around and I think, I think we have to talk about it”.

Although participants have expressed that they believe that COVID-19 will open up more conversations about death and dying, only three participants stated that they have had such conversations with friends and family. This could suggest that there is a gap between expecting people to realise the importance of facilitating such conversations and actually having them.

Almost all participants suggested that COVID-19 made them think more about death and dying. Eight participants indicated that COVID-19 has forced them to think more about their own mortality. For example, one participant claimed that *“... there's nothing like a global pandemic to make you think about your own demise.”* Similarly, six participants suggested that COVID-19 has caused others to think about their own mortality.

“... I think it would be, it would be ignorant to assume that a lot of people didn't feel this way and, erm, to actually be thinking, shit, I could get this, and I could die.”

Participants suggested that this is because of the daily reminders in the media that there is this virus, and it could potentially kill us.

“What other than the oversaturation of death statistics every time I turn on my computer? I guess we're suddenly in a, erm, very dystopian world where dying and sickness and, and the possibility of these things happening is very much more, erm, in our reality, you know?”

Two of the youngest participants, age 33 and 45, suggested that COVID-19 had led them to think about their own mortality. However, within the same interview, both participants went from believing that *“this is a very real threat, and I could die”* to *“it is statistically unlikely that I will die.”* This could suggest that there is this tension between realising their own mortality to thinking that it is unlikely that they will die from the virus.

“Every time I go to the supermarket, I have to be aware that there is a virus that, you know, may kill me. I'm aware, statistically, you know, that's not really the case for someone my age and health, but, erm, there is like a faint shadow over society, over these deaths.”

Theme 2: Anxieties around death and COVID-19

COVID-19 has prompted participants to start thinking more openly about death and dying, however, there is a potential down-side to an event like the pandemic prompting people into more openness, as it can also increase anxieties. This theme is divided into three sub-themes, ‘Fears about the future’, ‘Losing family and friends to COVID-19’ and ‘Fear of a COVID-19 death’.

Fears about the future

Participants expressed certain fears and anxieties around the uncertainty of a COVID-19 future. For example, one participant explains that:

“I keep trying not to go forward because it's so frightening. [...] I prefer to stay right here right now. I'm fine, my lungs work, I'm feeling well, I went for a great run this morning. You know, so, that sort of thing.”

This could indicate that even though COVID-19 is making people think more about death and dying there is still a lot of anxiety around COVID-19 with participants wanting to stay in the present as referred to in the quote by wanting to “stay right here, right now”.

However, this participant goes on to explain how their initial anxieties around death and COVID-19 had eased with the passage of time. This participant worked as a community matron and feared catching the virus at work:

“It's been really hard these past few weeks and I've gone from, you know, being on that ventilator, to how my family are going to cope if I'm not here, to sort of putting it a bit more in that it's a 5% chance and get a little bit more, you know, rational about it”.

One participant expressed anxieties around finding a COVID-19 vaccine. This interview took place in June 2020, before any COVID-19 vaccine had been approved for use in the UK. This participant explained that they were anxious that it could take years for a vaccine to be developed. At the time of the interview, this participant was considered vulnerable and was shielding. The thought of not finding a vaccine prompted the participant to start thinking about the quality of life they would have if they were made to shield for another few years. As a result, the thought of living long term with the virus has forced them to consider the possibility of breaking lockdown rules. They stated that:

“It may even be that they can't get a vaccine, and they can't get any sort of treatment, and then I have to start making decisions because I'm not going to live like that for the rest of my life and stuff like that”.

This could imply that for some people, instead of making people aware of death, COVID-19 was prompting people to think about how they want to live what could be the rest of their life.

Losing family and friends to COVID-19

Another anxiety shared by participants is the thought of losing family and friends to the virus. This was a particular concern amongst three of the participants. For example, one participant was concerned about the potential death of their partner:

“Obviously, at the moment I've certainly thought about it recently [...] It makes me feel really sad. The thought of that as a possibility, erm, and it just makes me like, it's, it's just a weight on my chest, I think. Just that idea that he wouldn't be there to, erm, to talk to, and, erm, erm, you know, what would I do without my best friend? Erm, so, yeah, it's hard. It's really hard to think about it...”

Fear of a COVID-19 death

Another worry expressed by participants was fearing a COVID-19 death. Four participants suggested that they feared dying from COVID-19 as they believed it would be a long, drawn-out and painful death. For example, one participant stated that:

“I think one of the things that I'm scared of more than anything is a long-prolonged death, is a, yeah, drawn-out death that's going to be painful or is going to be, like with coronavirus, is not having any breath.”

At the start of the interview, three participants stated that they were not afraid of death, however, as the interview progressed and participants started to think about death in the context of COVID-19, this changed, and the participants decided that they would be afraid to die of COVID-19.

One participant talked about how her grandmother wanted to die; however, she did not wish to die from COVID-19.

“... she says she doesn't want to be here anymore, but she doesn't want to die from COVID (laughs). She, she wants to just like go to sleep and not wake up.”

This could suggest that people are open to thinking about their own mortality, however, when it comes to thinking about a potential imminent COVID-19 death, they are anxious about dying in this particular way.

Discussion

The findings presented in this study suggest that COVID-19 might be an opportunity to promote openness and consideration of death. Some participants suggest that COVID-19 has encouraged them to think more openly about death and dying. Participants have been prompted to think about their own mortality and about practically preparing for death. This is in line with a study conducted by Handelsbanken Wealth Management (2020) which estimates that COVID-19 will encourage 81% of people living in the UK to sort out their financial affairs before they die. This study has also revealed that COVID-19 has prompted 33% of people to either write or rewrite their will (Handelsbanken Wealth Management, 2020). In addition, participants have indicated that thinking about practically preparing for death has encouraged them to open up difficult conversations around death and dying. For one participant, the conversations held with loved ones initiated by COVID-19 prompted them to change their advance care plan.

The study found a degree of mismatch between participants' beliefs about the potential for COVID-19 to encourage people to have open conversations around death and dying and their own practice. Although almost all of the participants in this study stated that COVID-19 would open up conversations around death and dying, only three participants have actually had such conversations with loved ones around death and COVID-19. New research suggests that many people living in the UK are avoiding difficult conversations around death and COVID-19. A survey of 2000 people, conducted by Independent Age (2020), found that 56% of people have not talked to their loved ones about their final wishes should they fall ill with

the COVID-19 virus (Independent Age, 2020). However, before the pandemic, a study conducted by Abba et al. (2019), revealed that 51% of people have talked about end-of-life care with close family and friends. This could suggest that people presume that COVID-19 has facilitated opening conversations around death and dying, however, people are still finding it difficult to initiate these types of conversations. Therefore, COVID-19 might be an opportunity to explore the ongoing barriers to holding these conversations despite a greater awareness of their importance.

Although participants suggested that COVID-19 might be a chance to become more open about death and dying, participants have expressed a number of anxieties around death and COVID-19. These anxieties include fears about the future, losing loved ones to COVID-19 and fearing a COVID-19 death. These fears are consistent with those found in previous research that suggests that the most significant fears relate to painful deaths and the losing loved ones (Bath, 2010). In addition, a recent study conducted by Ahorsu et al. (2020), revealed that the primary fear that people have about COVID-19 is the fear of losing their life. As a result, it is important to acknowledge the anxieties and difficulties that thinking about death and COVID-19 might trigger as well as the advantages. This could provide an opportunity for groups within the death positive movement to promote openness and consideration of death by providing people with a safe place to talk about death and the anxieties that it can elicit, even if this is only virtually.

In summary, the findings suggest that COVID-19 has resulted in more consideration and openness about death and dying. However, people are still reporting anxieties around death within the context of COVID-19. As the UK death toll reached over 140 thousand, death had never been so present in people's lives all at once. Therefore, it is more important than ever that people start to think and talk more openly about death and dying in a way that alleviates anxiety.

Limitations and future research

Despite the findings of this study, there are a number of limitations to consider. Firstly, we recognise that a cross-sectional interview study such as this cannot determine whether people's willingness to think and talk about death and dying really has changed since the beginning of the pandemic. Such an interpretation seems plausible to us, given the depth and detail of the accounts provided, and the fact that our findings in this area were entirely serendipitous; the interviews were planned, and recruitment initiated before the start of the pandemic. Nevertheless, the retrospective self-reporting nature of the data needs to be borne in mind.

While a qualitative study such as this does not seek statistical generalizability, we do need to consider how the particular make-up of the sample may influence the transferability to other settings (Kuper, Lingard & Levinson, 2008). Participants were predominantly female (80%). Previous research has indicated that there are significant gender differences in the levels of death anxiety in males and females, with females reporting higher levels of death anxiety than males (Pérez-Mengual et al., 2021; Missler et al., 2011). Although both male participants in this study stated that COVID-19 has prompted them to think more about death and dying, given the small proportion of male participants (20%), it can not be concluded that COVID-19 has equally prompted both men and women to start thinking and talking about death and dying. To gain a deeper insight into men's responses to COVID-19 in terms of openness about death and dying, future research including larger samples of men would be useful.

Similarly, while there was no evidence to suggest that age contributed to participants openness around death and dying; this should not be ruled out on the basis of such a small-scale qualitative study. The COVID-19 mortality rate for people aged 18-50 is low (Mallapaty, 2020), therefore, a broader age range might have brought about results that

indicated that the pandemic has not prompted younger people to become more open to thinking and talking about death and dying. This is something that subsequent studies could examine more carefully. Similarly, future research could focus on participants from different ethnic backgrounds, as the sample for this study was skewed towards white British participants.

The data collected for this study are part of a larger grounded theory study examining how people begin to actively think and openly talk about death and dying, therefore, interview questions were focused mainly on the broader subject of death and dying. Further research could benefit from specifically focusing interview questions around COVID-19. Similarly, follow-up questions could be used to further understand how COVID-19 has affected people's openness to thinking and talking about death and dying.

In addition, there is the problem of self-selection bias. As participants were recruited to take part in a wider study looking at people that are already open to thinking and talking about death and dying, participants were generally more open to thinking and talking about death prior to COVID-19 than the general population. To gain a deeper understanding of if COVID-19 has affected people's openness to death and dying, further research could look at individuals who were prompted specifically by COVID-19 to become more open to thinking and talking about death and dying.

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Disclosure statement

The authors declare that there is no conflict of interest.

Data availability statement

The data is not currently available as I am still working on my thesis.

Additional information

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