Coping with Grief in the Time of COVID-19

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Key Points

- During the COVID-19 pandemic, individuals are losing loved ones without being able to say goodbye or hold funeral services.
- Loss without closure can lead to complicated grief, which affects emotional, physical, and social functioning.
- Individuals dealing with grief during the pandemic should monitor their mental and physical health, and seek out psychological services if able.

End-of-life care typically focuses on surrounding a patient with loved ones. However, the COVID-19 pandemic has led to severe limitations on hospital visitors, even when the patient's death is imminent⁸. Many are losing loved ones in a traumatic way, without being able to say goodbye, or even being able to hold a proper funeral/memorial service.

Adverse experiences with loss can have negative consequences, with one of the most serious being complicated grief. Also known as prolonged grief disorder, complicated grief is identified by "intense, unrelenting" symptoms including yearning, dwelling, physical and emotional suffering, avoidance, and inability to move on from loss^{4,7,9}. It may be caused in part by a lack of preparedness for the death of a loved one¹. Complicated grief may play a serious role in emotion and cognition, affecting memory, planning, and ability to envision the future, as well as being linked to depression, anxiety, PTSD, and suicidal ideation^{1,6,10}. Physical function can also be affected by grief, including higher risk of cancer, heart disease, and the flu; these risk factors, in turn, lead to more emergency room visits and overnight hospital stays^{3,10}. While grief may not directly cause physical illness, traumatic or complicated grief may lead to unhealthy behaviors, such as changes in sleep patterns, eating patterns, and physical activity, which in turn, may cause a higher incident of physical ailments^{2,10}.

Image 1: Complicated Grief Flowchart 4, 7, 9



The typical prevalence of complicated grief is 10% of all bereaved individuals⁵. However, the fast-acting and traumatic circumstances of COVID-19 deaths, combined with an inability to say goodbye and get closure, could result in an influx of complicated grief, not only in loved ones of deceased persons, but also in medical personnel facing unprecedented exposure to patient death⁸.

Bereaved persons during this time should be attentive to their grief responses, as well as to the grief responses of family and friends, and should seek out professional support if they feel that grief is affecting their quality of life and their ability to work, study, or socialize. While support groups may be limited due to physical distancing, virtual psychotherapy and online support groups have been shown to be helpful for those with complicated grief, as well as self-directed mental health exercises, such as mindfulness meditation^{4,11}. Bereaved persons should also monitor their physical health, by prioritizing healthy sleep, nutrition, and physical activity, in order to prevent the physical consequences which sometimes accompany grief^{2,3,10}.

References

- Barry, L.C., Kasl, S.V., & Prigerson, H.G. (2002). Psychiatric disorders among bereaved persons: The role of perceived circumstances of death and preparedness for death. American Journal of Geriatric Psychiatry, 10(4), 447-457. DOI: 10.1097/00019442-200207000-00011
- Germain, A., Shear, K., Monk, T. H., Houck, P. R., Reynolds, I. C. F., Frank, E., & Buysse, D. J. (2006). Treating complicated grief: Effects on sleep quality. Behavioral Sleep Medicine, 4(3), 152–163. DOI: 10.1207/s15402010bsm0403
- 3. Holland, J. M., Graves, S., Klingspon, K. L., & Rozalski, V. (2016). Prolonged grief symptoms related to loss of physical functioning: Examining unique associations with medical service utilization. Disability & Rehabilitation, 38(3), 205.
- 4. Jordan, A. H., & Litz, B. T. (2014). Prolonged Grief Disorder: Diagnostic, assessment, and treatment considerations. Professional Psychology: Research & Practice, 45(3), 180–187. DOI:https://o-doi-org.libus.csd.mu.edu/10.1037/a0036836
- 5. Kersting, A., Brahler, E., Glaesmer, H., & Wagner, B. (2011). Prevalence of complicated grief in a representative population-based sample. Journal of Affective Disorders, 131, 339 343. doi:10.1016/j.jad.2010.11.032
- Maccallum, F. & Bryant, R.A. (2011). Imagining the future in complicated grief. Depression & Anxiety, 28, 658-665. DOI 10.1002/da.20866
- 7. O'Connor, M. F., Wellisch, D. K., Stanton, A. L., Eisenberger, N. I., Irwin, M. R., & Lieberman, M. D. (2008). Craving love? Enduring grief activates brain's reward center. NeuroImage, 42, 969–972.
- 8. Pattison, N. (2020). End-of-life decisions and care in the midst of a global coronavirus (COVID-19) pandemic. Intensive & Critical Care Nursing, 58, N.PAG. https://doi.org/10.1016/j.iccn.2020.102862
- 9. Prigerson, H.G. (2017). Prolonged, but not complicated, grief is a mental disorder. The British Journal of Psychiatry, 211. DOI: 10.1192/bjp.bp.116.196238
- 10. Prigerson, H.G., Bierhals, A.J., Kasl, S.V., Reynolds, C.F., Shear, M.K., Day, N., Beery, L.C., Newsom, J.T., & Jacobs, S. (1997). Traumatic grief as a risk factor for mental and physical morbidity. American Journal of Psychiatry, 154(5), 616-623.

11. Thieleman, K., Cacciatore, J., & Hill, P. W. (2014). Traumatic bereavement and mindfulness: A preliminary study of mental health outcomes using the ATTEND model. Clinical Social Work Journal, 42(3), 260–268. DOI: 10.1007/s10615-014-0491-4