

Grief, Loss & Bereavement in the time of COVID-19

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TO EXPLORE

- ❖ What is grief?
- ❖ Types of grief
- ❖ Grief in the time of COVID-19
- ❖ Enabling recovery – what can help.



COLLECTIVE GRIEF & LOSS

Over 1.2 million reported deaths from COVID19 worldwide (underestimate).

- Nearly 50% of the 3.3 billion global workforce at risk of losing their livelihoods [WHO Oct13th 2020]
- A “cultural apocalypse”: theatres, cinemas, music halls, galleries, museums, restaurants...many under threat of permanent closure.
- Social fabric torn apart: we cannot be with many of our friends, colleagues, families or attend gatherings in the normal way. Weddings cancelled, communal worship, funerals severely curtailed, threat of school and college closures...
- Loss of touch – the importance of touch for our wellbeing and stress buffering.

“All
changed,
changed
utterly”?

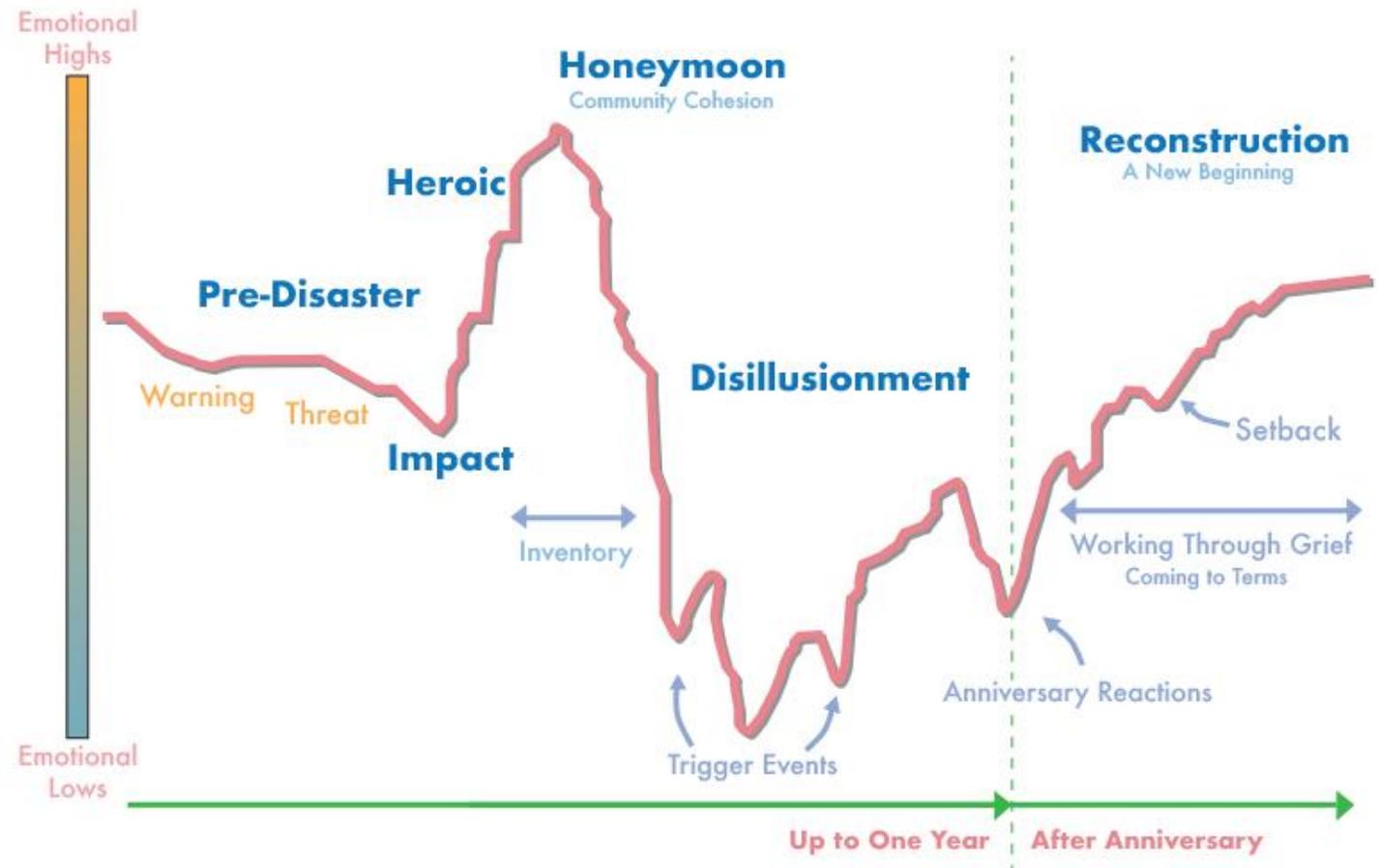


Yet there is scope for hope

“But there is another story to be told: one of resilience, innovation, self-reliance and mutual aid.”

Grief and loss can be followed by post-traumatic growth.

Vaccine?



Source:US Dept of Health & Human Services

Personal accounts

GRIEF

“No one told me that grief felt so like fear. I am not afraid, but the sensation is like being afraid. The same fluttering in the stomach, the same restlessness, the yawning. I keep on swallowing.

At other times it feels like being mildly drunk, or concussed. There is a sort of invisible blanket between the world and me. I find it hard to take in what anyone says.”

C.S Lewis *A Grief Observed*.

GRIEF

“Grief is different. Grief has no distance. Grief comes in waves, paroxysms, sudden apprehensions that weaken the knees and blind the eyes and obliterate the dailiness of life. Virtually everyone who has ever experienced grief mentions this phenomenon of ‘waves’.”

Joan Didion. *The Year of Magical Thinking*.

A daughter's grief during the pandemic

“It haunts you” says Melanie. “I have sleepless nights over it. The fact that I couldn't get in there to see her, to hold her hand, to be with her that last time...It tortures me to imagine her there. With none of us with her. She will have been so confused about why we weren't there. And that will stay with me for a long time.”

Doreen Chappell died April 13th 2020 age 83yrs. None of her family were with her in the last week of her life. *Guardian* 1st Sept 2020. Report by Sirin Kale.

Normal or Uncomplicated Grief

Derived old French *grever* – to burden, afflict, oppress. Latin *gravis* - heavy

Grief has physiological, emotional and spiritual dimensions.

Loss and grief are a fundamental part of human life.

The great majority of bereaved do not need help other than from family & friends. To intervene as professionals may cause more harm than good.

It is a universal human response to the disruption of an affectional bond i.e the loss of a loved one. “Grief is the form love takes when someone we love dies” (Shear 2016).

Grief - a disrupted attachment

Bowlby's work describes how we form attachment 'working models' - a neurobiological affective-cognitive system that relates to our sense of self, how we self-regulate, and underpins our core beliefs about the world & others ('assumptive world').



Death of a loved one disrupts our 'assumptive world' (Colin Murray Parkes) and we have to create a new one. 4 attachment styles (Mary Ainsworth):

Secure -
autonomous

Avoidant -
dismissive

Anxious -
preoccupied

Disorganised
- unresolved

Myth busting

- **Grief does not evolve in stages** (Kubler-Ross – denial, anger, bargaining, depression, acceptance). This model does not address the full physical, psychological, social, cultural & spiritual aspects of bereavement. Grieving is not a linear process, nor is it ever ‘over’, and every person’s journey through grief is unique.
- There is now a shift away from the necessity of ‘letting go’ of the deceased towards a **recognition of the potential for a healthy role of maintaining bonds** with the deceased.
- Research evidence **fails to support idea that grieving is necessarily associated** with depression, anxiety, PTSD or that a complex process of grief work is critical to recovery. Indeed, there is the possibility of ‘post-traumatic growth’ following loss.

From stages to Oscillation

Dual processing model
of Stroebe and Schut
(1999)

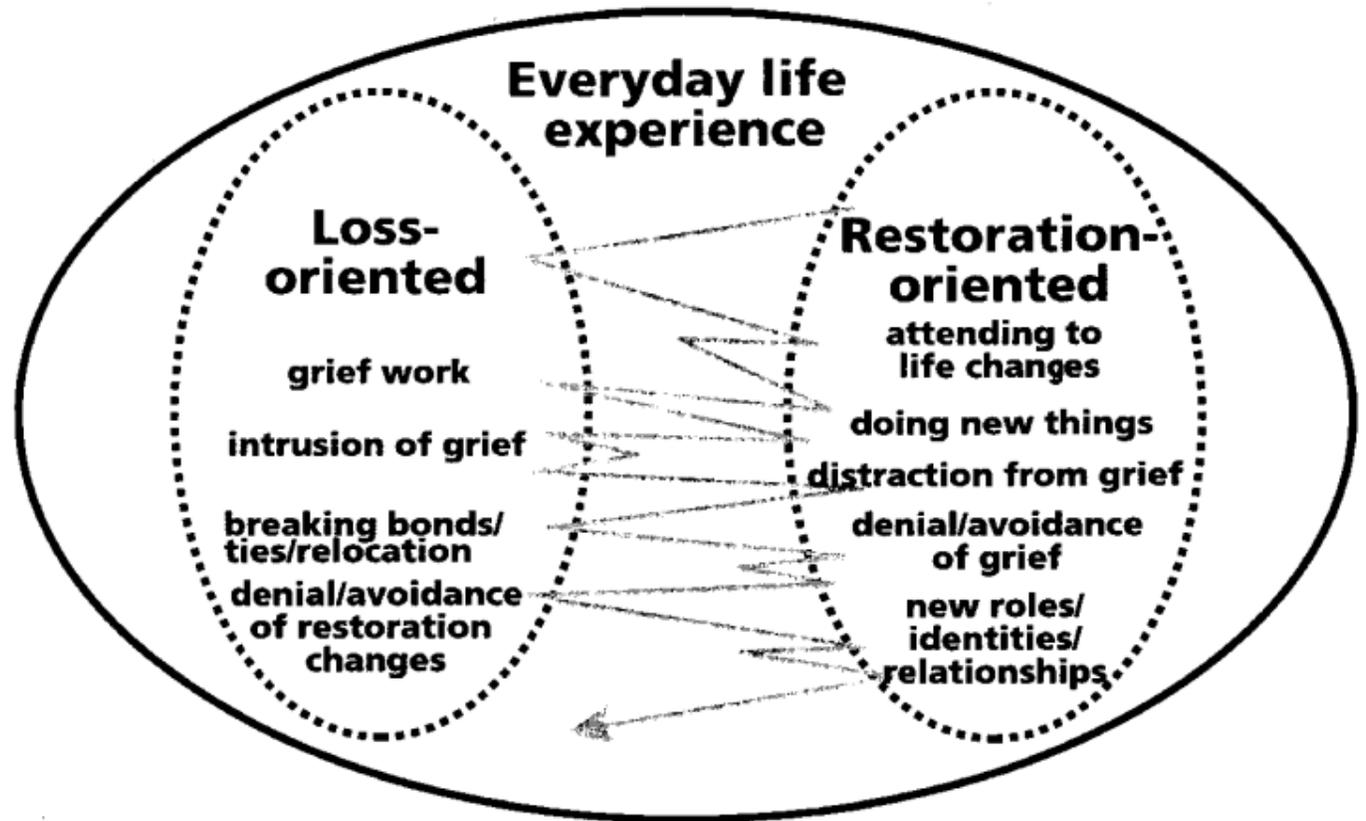


FIGURE 1 A dual process model of coping with bereavement.

Worden's Tasks of Mourning

1. To accept the reality of the loss
2. To process the pain of grief
3. To adjust to a world without the deceased
 - a) External adjustments – daily living
 - b) Internal adjustments – who am I now?
 - c) Spiritual adjustments – finding meaning, new 'assumptive world'
4. To find enduring connection with the deceased while embarking on a new life.

Meaning reconstruction

The attempt to find or create new meaning and purpose in life as a survivor, as well as in the death of the loved one. The need to recreate a self narrative and identity.

The construction of meaning - interpersonal as well as personal - is anchored in cultural, religious as well as intimate contexts. (Neimeyer 2000). [Social constructionism]

Complicated or Complex Grief (CG)

- ❖ Complicated grief (CG) – also called Prolonged Grief Disorder (PGD), Complex grief or Traumatic Grief. Intense/chronic grief.
- ❖ Around 10-15% of bereaved people experience CG.
- ❖ People with CG suffer prolonged acute grief symptoms, and struggle unsuccessfully to rebuild a meaningful life without the deceased person.
- ❖ People with CG get stuck with loss-related and restoration-focused processes. Significant impairment in social, occupational and other functions.
- ❖ A candidate for DSM V? (Shear et al. 2011)

Symptoms of CG –

NB: Must still be present for *at least* 6 months

- Intense yearning or longing. Cannot accept person has died.
- Preoccupying memories, thoughts or images of the deceased person that may be intrusive and interfere with engaging in meaningful activities or relationships. Rumination. Compulsively seeking proximity.
- Recurrent painful, hard-to-control emotions such as guilt, anger, bitterness.
- Avoidance of situations or people that threaten to trigger memories.
- Difficulties in restoring a sense of purpose or joy in life.

Risk factors for Complicated Grief

Antecedents: Depression/anxiety disorders, early insecure attachment, multiple trauma or loss.

Relationship based – Nature of the relationship, who died.

Death circumstances – sudden, traumatic, multiple, preventable, ambiguous, stigmatised (e.g. suicide).

Personal factors – coping style, attachment style, age/gender, self-efficacy/self esteem, core beliefs

Social support, roles, religious/spiritual resources, cultural expectations,

Other concomitant stressors

Disenfranchised Grief

When a person's grief is not socially recognised or validated in the wider community. 'Doesn't count or matter'.

Unable to attend funeral services (digital media has helped).

Grief not publicly mourned.

➤ Leads to perceived or actual lack of support and increased suffering.

Bereavement in the pandemic: Sue Ryder Research

Interviewed 503 bereaved. [Guardian 5th September 2020]:

- 62% felt the nation had become “desensitised to death”
- 55% felt their loved one’s death was “just a statistic”
- 59% felt their grief had been forgotten in the global crisis.
- For 2/3 biggest challenge was being isolated & alone when grieving.
- 2/3 felt that forming a support bubble would be a “vital form of support”.

Will COVID19 increase risk for CG?

- Many Covid-19 deaths are **traumatic** – sudden, and sometimes in inhumane circumstances. Relatives may be unable to be with their loved ones before/after death and if they can, they may be unable to be to touch them.
- The sheer numbers of deaths leading to mass disposal of bodies or even mass burials – profoundly depersonalising. **The person becomes a statistic.**
- The **social support, religious rituals and cultural practices** are severely curtailed such that people are deprived of the solace and support they would normally receive.
- Pain & anger when **others disregard safety rules** or deny severity of disease.

Culture & Spiritual beliefs

Culture affects how people experience loss & grief. Religious faith & shared storytelling plays an important role for many people in their healing journey.

Interviews with survivors & bereaved from the Grenfell tower fire - some talked of hurt and sadness in their hearts, not minds. Western therapies focusing on the mind (brain) were experienced as alienating & unhelpful.

Community voices - Examples

“We are people of the heart because the heart is everything. The Quran mentions that the creation of the heart was first. Mind was created later. It is the heart that needs healing.”

“In Africa we talk in stories. It is how it is done in our culture. Stories can be very powerful to educate people, inform them and also engage in their health. It is very different to what happens in the West.”

Radhika Howarth. *Community Voices. Conversations with North Kensington residents.* Sept-Dec 2018. NHS West London CCG. March 2020.

Fostering recovery

“Good psychotherapy must be focused on helping people confront their loss, regain confidence in themselves, their lives and their future and undertake activities that are fulfilling and give meaning”

Paul Boelen 2016

Enabling Recovery

- ❖ **Validate the loss. Compassionate listening.**
- ❖ **Encouraging activities that gave joy/meaning in the past and to consider new ones.** Journal keeping.
- ❖ **Encourage connecting with others.** Social support.
- ❖ **Signpost to organisations that provide support** such as CRUSE, Marie Curie, Bereavement Trust/advice centre...
- ❖ **Consider referral if grief appears to be particularly prolonged, intense, and disabling (CG), but be aware of cultural/religious dimensions and of not rushing in too soon.**

CONCLUSION

- Grief is a normal yet painful process inherent to the human condition.
- The COVID19 Pandemic has robbed many people of the support and resources they need. Disenfranchised grief is common. Complicated grief is also likely to be more common.
- Most people can regain strength and meaning by connecting with supportive others and tapping into inner and outer resources.
- Complicated (complex) grief does seem to be a distinct, disabling condition which benefits from tailored therapy.



Thank you.

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ANY
QUESTIONS?

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