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Grief and COVID-19: Saying goodbye in the age of physical distancing

The coronavirus is undoubtedly changing the way we live. And for many people, it is changing the way we die.

By Kirsten Weir Date created: April 6, 2020

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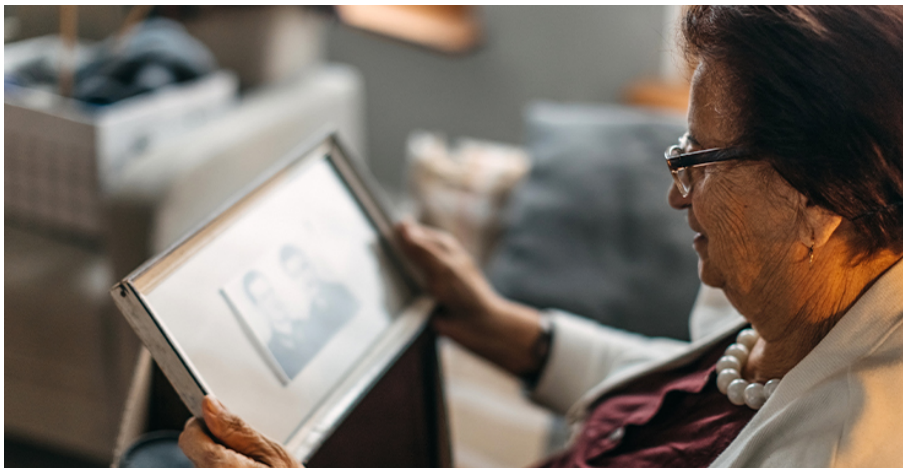
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Every culture has its own customs and rituals for mourning loved ones. Whether it's sitting shiva, lining up for a New Orleans-style jazz procession or a sharing a meal with loved ones after a secular memorial service, virtually every custom shares a key element: social connection.

In the age of COVID-19, physical distancing is driving a wedge in those moments of connection. "One of the most time-tested ways of coping with grief is to practice social connection, to be with other mourners. Now, we may be having to cope with grief and sorrow alone, socially isolated, where we don't get the physical comfort we need from friends and family," says Sherry Cormier, PhD, a psychologist retired from private practice who now focuses on grief training and mentoring. "We're having to figure out new systems and new rituals for trying to honor death when everything else around us is shifting."

Missing final moments

The act of saying goodbye to a loved one often begins well before a funeral or burial. For many people, the days and hours at the end of a loved one's life are especially poignant. "Normally, we can hold a loved one's hand, have meaningful conversations, affirm the bond, make amends," says Robert Neimeyer, PhD, director of the Portland Institute for Loss and Transition and professor emeritus of psychology at the University of Memphis. "When we are able to practice these things, it softens the blow of loss."

With strict isolation measures in place in most hospitals, people are missing out on those final farewells. That's true when people die from COVID-19, but also from more familiar causes such as heart attacks or cancer. While critical to slowing the spread of the disease, those measures also make it hard for mourners to come together to grieve.

Some people have begun filling that void with virtual shiva and funerals, but technology is an imperfect substitute for an in-person embrace. "Being in close physical proximity with friends or other mourners helps us produce feel-good hormones like oxytocin, dopamine and serotonin," Cormier says.

When people aren't physically present to say goodbye and grieve with other mourners, they may be more likely to experience a sense of ambiguous loss

(<https://onlinelibrary.wiley.com/toc/17562589/2016/8/3>)

, she adds. "With an ambiguous loss, it's very hard to get closure. There's often a lot of frustration and helplessness, because people feel disempowered," she says.

"The question becomes, how can we construct new rituals to help us cope with death and dying for this situation that we're in right now? We're facing the question of needing to find some new way for honoring the dying process and also coping with our grief. And we might have to look to psychologists, along with faith leaders and others, to find those new mechanisms."

Prolonged grief disorder

Such difficult circumstances may increase the odds that a bereaved person will develop complicated grief, also known as prolonged grief disorder, says Neimeyer. Prolonged grief is an intense grief that is distinct from depression. The DSM-5 favors the term persistent complex bereavement disorder, defined as prolonged grief lasting at least 12 months. A proposed addition to the forthcoming ICD-11 defines prolonged grief as lasting at least six months. Though those diagnostic criteria disagree on the time point at which grief becomes prolonged, they agree on the key feature of the condition: grief that endures and interferes with normal functioning. "It keeps going and going like the old Energizer bunny," he says.

Prolonged grief is marked by persistent longing and sadness for the deceased, and a sense of disbelief or inability to accept the loss, as M. Katherine Shear, MD, at Columbia University, has described. Without treatment, prolonged grief increases the risk of substance use, sleep disorders, impaired immune functioning and suicidal thinking (*New England Journal of Medicine* (<https://www.nejm.org/doi/full/10.1056/NEJMcp1315618>), Vol. 372, No. 2, 2015).

Over the last decade, researchers have learned a lot about prolonged or complicated grief, Neimeyer says. (For a summary of research and treatment for prolonged grief, see *New paths for people with prolonged grief disorder* (*monitor/2018/11/ce-corner*), 2018). Risk factors include social isolation, attachment insecurity, anxiety and experiencing a loss that is sudden and inexplicable. "The circumstances under which deaths are now occurring, with plenty of unresolved relational issues, represent a perfect storm for producing complicated grief," he says.

An opportunity for psychology

Depression and anxiety can co-exist with prolonged grief, and pharmacological treatments can sometimes help address those co-occurring symptoms. But for prolonged grief disorder itself, psychotherapy is the gold standard. Shear, for instance, found that adding an antidepressant to her complicated grief treatment did not improve symptoms of prolonged grief (*JAMA Psychiatry* (<https://jamanetwork.com/journals/jamapsychiatry/fullarticle/2526240>), Vol. 73, No. 7, 2016). "The core of complicated grief is unaffected by pharmacotherapies. The only evidence-based treatment is psychological," Neimeyer says.

Unfortunately, grief and loss are given cursory attention in many psychology training programs. In the aftermath of the COVID-19 pandemic, however, grief may be something that more clinicians will have to confront. "Few of us have any serious training for dealing with grief and loss. Deepening competencies around treating grief will need to be a priority of many psychologists for years to come," Neimeyer says. "We'll have an immense challenge as a profession, but also a vast opportunity to help people address these elements of suffering."



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