

Grief, loss and the COVID-19 pandemic

Lauren J Breen

THE CURRENT PANDEMIC has a wide-ranging impact. It is affecting our daily lives. It is affecting how we die. And it is affecting how we mourn and how we grieve.

We are experiencing much change and multiple losses. These losses might be obvious, such as jobs, income and physical connectedness. Less obvious losses include the losses of routine, freedom, trust in others, future plans, even a loss of how we thought the world works or should be. Because these losses do not involve a death, we might not recognise them as something that can cause grief; however, any loss, change or transition can cause grief.¹ This means that many of us are likely to be living in a state of mild but chronic grief as we manage these multiple losses.

Although grief is a normal and natural response to loss, our social context plays a huge part in how we experience loss and grief. Social support is one of the strongest determinants of positive outcomes after bereavement. I am hopeful that this pandemic means we will be better equipped to support ourselves and one another in times of loss. Grief literacy is a new concept comprising knowledge to facilitate understanding of grief and loss, skills to enable supportive action, and values of compassion and care.² The capacity for grief literacy is something we all need to develop in the midst of this pandemic.

Physical restrictions mean that there are fewer or no people at the bedside and limited or no physical contact. These restrictions could affect the dying person's choices about their care and hamper family members' ability to comfort the

dying person. There may be feelings of regret over the missed opportunity to 'be there' in those final moments.³

Advance care planning, which is a process that people can use to reflect on what is important to them and how these priorities would be enacted if they become critically ill, is even more important now.⁴ So, too, is thinking of other ways to facilitate family members' connections with dying people, such as via mobile telephones and electronic tablets, and assisting with the recording and watching of video messages.⁵

Typically, deaths bring us together. Funerals offer support to grievors and the opportunity for grievors to receive support from others. Familiar rituals include large gatherings for funerals and memorial services, home visits, hugs and kisses, and the offer of meals. However, the need for strong physical distancing measures means that we cannot engage in familiar rituals when someone dies.

We can expect that feelings of grief may be exacerbated by physical isolation. For deaths prior to the pandemic, grieving people may no longer have physical access to their supporters. People literally cannot reach out and touch others, so we need other ways to support someone who is grieving.⁶ We might consider telephoning, texting or expressing condolences via social media. Even leaving a simple message acknowledging 'This is really hard and I'm thinking of you' can be helpful. We can send letters and care packages in the mail. If we are grieving, we can give ourselves permission to not be okay and to seek support from others.

General practitioners (GPs) play a central part in the care of grieving people. GPs could assist grieving patients by

offering suggestions for how they might maintain and strengthen connections with their support networks. When indicated, they could refer patients to other healthcare professionals, such as psychologists. The number of cases of prolonged grief disorder is expected to increase as a result of the COVID-19 pandemic, because of the circumstances of the deaths, reduction of physical social support, and diminished mourning rituals.⁷ However, evidence-based treatments for prolonged grief disorder are not widely available, meaning that GPs will likely need to play a greater part in identifying grieving patients and providing appropriate bereavement care.⁸

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Author

Lauren J Breen BSc (Hons), GradCertEd, PhD, FAPS, FCCOMP, FT, Associate Professor, School of Psychology, Curtin University, WA. Lauren.Breen@curtin.edu.au

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