

## Approaching grief in times of COVID-19 Abordaje del duelo en tiempos de COVID-19

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### Abstract:

At the end of December 2019, the outbreak of coronavirus disease 19 (COVID-19) emerged in the city of Wuhan, China, due to the rapid spread of the disease, in March 2020 a pandemic was declared by the World Health Organization and the International Committee on Taxonomy of Viruses. As the COVID-19 disease ravages the world, a high rate of infection and mortality has been evidenced in a short time. To reduce the spread of COVID-19, governments have introduced prevention policies, such as lockdowns and social distancing, among others. This resulted in potential psychosocial changes that affected many aspects of daily life, including how to die and cope with the death of a loved one, with limited opportunities to shape funeral rituals and difficulty receiving support. Social. A large number of people who died alone due to these policies, in turn the relatives experienced situations of impotence and frustration, since they were limited in the care of their loved one, in visits to the hospital and even could not say goodbye. The objective of this article is to provide various strategies compiled in documents that help to deal with grief in people who had the loss of a loved one in times of pandemic, among which communication and psychological and social support stand out.

### Keywords:

COVID-19, pandemic, mental health, grief, strategies

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### Resumen:

A finales del mes de diciembre del año 2019 surgió en la ciudad de Wuhan, China, el brote de la enfermedad por coronavirus 19 (COVID-19), debido a la rápida propagación de la enfermedad, en marzo del 2020 fue declarada una pandemia por la Organización Mundial de la Salud y el Comité Internacional de Taxonomía de Virus. A medida que la enfermedad del COVID-19 asola el mundo, se ha evidenciado una alta tasa de infección y mortalidad en poco tiempo. Para reducir la propagación de COVID-19, los gobiernos introdujeron políticas de prevención, como el confinamiento y el distanciamiento social, entre otras. Esto dio como resultado cambios psicosociales potenciales, que afectaron muchos aspectos de la vida cotidiana, incluida la forma de morir y afrontar la muerte de un ser querido, ya que, se vieron limitadas las oportunidades para dar forma a los rituales funerarios y dificultad para recibir apoyo social. Una gran cantidad de personas que fallecieron solos debido a estas políticas, a su vez los familiares vivieron situaciones de impotencia y frustración, ya que, se vieron limitados en el cuidado de su ser querido, en las visitas al hospital e incluso no pudieron despedirse. El presente artículo tiene como objetivo brindar diversas estrategias recopiladas en documentos que ayudan al abordaje del duelo en personas que tuvieron la pérdida de un ser querido en tiempos de pandemia, entre las que destacan la comunicación y el apoyo psicológico y social.

### Palabras Clave:

COVID-19, pandemia, salud mental, duelo, estrategias

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### INTRODUCTION

In December 2019, in Wuhan, one of the largest cities in China, an outbreak of cases of atypical pneumonia was reported, initially there were identified 27 cases of unknown etiology and seven extremely serious patients. These people presented a variety of respiratory tract infections called respiratory distress syndrome that could be mild to severely complicated. The first epidemiological studies in China showed that the disease was

spreading rapidly, behaving more aggressively in adults between 30 and 70 years of age, the overall case fatality rate was 2.3%, however, it rose in people between 70-80 years old (8.0% and 14.8%) with pre-existing comorbid conditions, the case fatality rate increased to 49.0% in severe cases.<sup>1-3</sup>

On January 7, 2020, the Chinese Ministry of Health identified a novel coronavirus (NCov) as a possible etiology. Genome sequencing technology identified the cause of the illness as a new form of coronavirus that was named Severe Acute

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Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) and the illness was named coronavirus disease 2019 or COVID-19. As of January 24, 2020, 835 cases had already been reported in China; however, over time it spread, with its first cases appearing in Thailand, Japan, South Korea, Singapore and Iran in the first months of the year. Due to the rapid spread, the World Health Organization (WHO) and the International Committee on Taxonomy of Viruses (ICTV) declared a new global pandemic in March 2020.<sup>1,2,4-6</sup>

After the first week of March 2020, an exponential infection rate of SARS-COV-2 cases was indicated worldwide, expanding to more than 100 countries.<sup>7,8</sup> In Europe, Spain, Italy, France and Germany became the most affected countries by the coronavirus; in America, the United States led the world figures for confirmed cases; months later, according to WHO data, in mid-2020 Latin America became the new epicenter of the pandemic, with Brazil being the most affected nation.<sup>6,9</sup> It should be noted that the course of the pandemic has been heterogeneous, since, in terms of incidence, mortality and speed of expansion, there have been differences between countries and even between regions of the same country.<sup>8</sup>

Currently, in April 2022, the global figures obtained are: 506,700,624 people who have had COVID-19 and 6,138,354 deaths.<sup>10</sup> Now, particularly in Mexico, the first cases of COVID-19 were confirmed on February 28, 2020; by July 12 of that same year, Mexico had one of the highest numbers of confirmed cases (299,759) and deaths (35,006).<sup>6</sup> To date, in Mexico there have been 6,009,903 positive cases and 338,059 deaths.<sup>11</sup>

On the other hand, due to the rapid advance of the disease, the imminent need arose for an incessant search for therapeutic and prophylactic measures to combat the pandemic, in the first instance in several countries such as China, Italy, Iran, South Korea, Spain, France, Germany, the United States and Mexico confinement was used; in addition, since it is a viral infection, hygiene was strengthened, particularly with frequent hand washing, as well as wearing a face mask in public, especially in closed places, getting enough rest, avoiding crowded places, prioritizing open spaces, covering the nose and mouth with a flexed elbow or a tissue when coughing or sneezing;<sup>12,13</sup>

Maintaining an interpersonal distance of at least one meter can also be considered an effective measure to minimize the risk of transmission.<sup>14</sup> A recent study has shown that the use of face masks throughout the community can control COVID-19, since it decreases the emission of infected saliva and small respiratory droplets from infected people, reducing the risk of transmission.<sup>15-17</sup> Already today, in the course of 2022, the treatment and prevention guidelines for COVID-19 have varied between countries,<sup>18</sup> however, according to the WHO, the most effective way for the population to reduce the possibility of becoming infected is to continue with the protective measures and effective precautions described above; and without a doubt, the vaccine has been the most effective means of controlling the pandemic.

Regarding the vaccine, for December 2020, the WHO included the Pfizer/BioNTech vaccine for use and distribution, noting that it was a very important step in global access to vaccines against COVID-19. In that same month, Mexico announced a vaccination schedule, prioritizing health personnel, people of 60 years of age or older with or without comorbidities. Until January 12, 2022, the WHO has included in its list the use of the vaccines: BNT162b2 from Pfizer-BioNTech, Oxford/AstraZeneca, AD26.COV2.S from Janssen, Moderna (ARNm-1273) Sinopharm, CoronaVac from Sinovac, BBV152 (Covaxin) from Bharat Biotech, Covavax, and Nuvaxovid.<sup>19,20</sup> By April 20, 2022, 11.5 billion doses have been administered worldwide, with 4.63 billion people fully vaccinated. And in Mexico the figures are 196 million doses administered and 79.9 million people fully vaccinated, equivalent to 62.0% of the Mexican population.<sup>21</sup>

It should be reiterated that the COVID-19 disease is highly contagious, mainly presenting the following symptoms: fever, dry cough, congestion of the upper respiratory tract, sputum production and difficulty breathing, headache, hemoptysis, diarrhea, and also reported that there was frequently a loss of smell (anosmia) and taste (ageusia).<sup>22</sup> All viruses change over time and SARS-COV-2 is no exception, most changes have little effect on the properties of the virus; two variants of concern are currently circulating, named by the WHO as "delta" and "omicron", and some changes influence their ease of spread, the severity of the associated disease or the effectiveness of vaccines, drugs for treatment, diagnostic tools or other public and social health measures.<sup>23</sup> Now, physical health has not been the only one affected by covid-19, the mental health of the population has also suffered serious consequences, which will be further explored below.

### **COVID-19 AND MENTAL HEALTH**

As already mentioned, the COVID-19 pandemic was a public health emergency, with a great impact on the world in all areas of human life, not only in physical health, but also in mental health.<sup>23</sup> When the pandemic began, a generalized panic was detected in the general population due to the lack of knowledge about the situation, which led to misconceptions, and inadequate interpretations, stigmas, and rumors; victims of the infection faced the fear of dying from the disease, losing their job, being isolated from their family, facing discrimination, or being stigmatized by society.<sup>24,25</sup>

Isolation, restricted mobility, and little social contact brought with it psychological complications such as insomnia, anxiety disorders, depression, post-traumatic stress, among others, especially in those people who had experiences with the COVID-19 disease, either in themselves or by contagion from a loved one.<sup>24,26,27</sup> In particular, some people increased their stress levels due to the outbreak of the disease, in addition to presenting anxiety, and a significant decrease in social and occupational function, which resulted in adjustment disorders,

as well as persistent sad mood that could have triggered a major depressive disorder.<sup>28-30</sup> At the beginning of the pandemic, studies carried out in China showed that post-traumatic stress disorder was present in 96.2% of 714 people hospitalized due to COVID-19. The prevalence of depression (29.2%) was elevated in 56 newly recovered patients compared to those in quarantine.<sup>31,32</sup> Symptoms of people with disorders pre-existing COVID-19 were evaluated, and 20.9% of people reported a worsening of their symptoms.<sup>26</sup> In members of the medical staff, a prevalence of depression and anxiety of 51% and 45%, respectively, was detected.<sup>33</sup>

In the context of the COVID-19 pandemic, it is also important to consider in a very relevant way that a large number of people had a loss of functionality associated with the acquired disease, which led them to suffer from feelings of despondency and helplessness, even reaching a state of mourning.<sup>25</sup> This is explained in greater detail below.

### WHAT IS GRIEF?

Mourning, from the Latin *dolus*, which means pain or affliction, is a state or natural reaction that an individual experiences in the face of the loss of a loved one, object or event such as divorce, separation, change of address, school failure, parental abandonment, loss of employment or diagnosis of a serious illness, among others. The emotional or behavioral reaction manifests itself in the form of suffering and affliction when an affective bond is broken, the intensity and duration of the mourning does not depend on the nature of the loved one, object or lost situation, but on the value attributed to it.<sup>34-36</sup> Grief triggers different emotional or behavioral manifestations, for example: sleep disorders, repetitive ideas, feelings of presence, frequent forgetfulness, difficulty eating (not eating or overeating), lack of concentration, loss of interest, feeling loneliness, social isolation, hyperactivity or inactivity, increased substance use, guilt, crying, sadness, anger, disbelief, longing, or lack of energy. In general, people who experience grief present common expressions; although, it should be noted that life history, experience, learning, personality, and another series of factors, such as support networks, define the particular response that each individual will present when suffering from grief.<sup>37,38</sup>

### TYPES OF GRIEF

On the other hand, various authors<sup>35,38,39</sup> point out that among the most common forms of grief are:

*a) Normal grief:* this term encompasses a wide range of feelings and behaviors that, as mentioned above, are normal after the loss and do not require psychological intervention.

*b) Anticipatory grief:* it does not begin at the time of the loss, but long before, when a terminal prognosis is issued; sadness occurs, but also a more or less unconscious adaptation to the new situation that has just been created, this type of mourning facilitates emotional detachment before the loss occurs.

*c) Delayed or frozen grief:* also known as inhibited, postponed or denied grief. It occurs in people who in the initial process of mourning do not show signs of affectation or pain due to the loss, however, mourning whose expression is inhibited is potentially pathogenic, because the person does not face the reality of the loss, it can even reach a false euphoria that suggests the tendency of the affliction.

*d) Complicated grief:* also called pathological, exaggerated, unresolved or chronic. It is characterized by intense and persistent grief due to mourning reactions; it has an excessive duration, and does not evolve towards its resolution, it presents with overwhelmed emotions, it almost seems that the individual keeps his loved one, object or situation "alive" with his/her pain, the mourning can be determined as the constitutive nucleus of his existence. It is considered that there is a risk of complicated grief when the intensity does not coincide with the previous personality of the individual; when it prevents loving other people or being interested in them, and when the subject is invalidated in his/her daily life, with no other occupation than the remembrance of the loss.

On the other hand, various situations have been identified that make the elaboration of a "normal duel" more difficult, among the most indicated are<sup>38,40</sup>:

*a) Circumstances surrounding the death:* an unexpected, sudden, traumatic death (suicide or murder), multiple deaths, or the death of a child or a young person.

*b) Relationship with the deceased person:* implies a relationship of ambivalence or dependency.

*c) Personality, background and characteristics of the sufferer:* includes previous unresolved losses, stage of development (for example: child or adolescent), history of depression, or other psychological disorders, low self-esteem or lack of social skills.

*d) Socio-family context:* economic problems or absence of a social support network.

### SUPPORT FOR PEOPLE IN GRIEF

The loss of a loved one could be one of the greatest challenges you can face, you can see the loss as a natural part of life and despite this, confusion overwhelms, giving rise to a lot of sadness. As noted above, each person reacts differently and copes using different mechanisms. However, most of the time, time allows people to recover from losses, especially if they have the support of their social environment and maintain healthy habits.<sup>41</sup>

Some helpful strategies for coping with grief include<sup>41</sup>:

- Talk about the death of the loved one.
- Accept the reality of the loss.
- Work on emotions (accepting feelings) and the pain of loss
- Take care of your health (eat healthy, exercise, and rest).
- Adapt to the environment that may include loss.
- Help others who are also dealing with loss.

- Remember and celebrate the life of the loved one.

### GRIEF AND COVID-19

The exceptional situation of COVID-19 and its unforeseen consequences have caused a great emotional impact on all people, as already mentioned, in order to reduce the spread of the disease, the health authorities introduced policies of physical distancing and/or confinement, resulting in social changes that affected many aspects of life, including the way of dying and experiencing death.<sup>42,43</sup> Due to the pandemic, family care policies in hospitals were affected by restrictions on visits and physical distancing with the patient, which increased psychological discomfort, including the grieving process.<sup>44</sup> The immediate discomfort in this process was felt by people who have lost loved ones due to the pandemic; or that they have also experienced losses unrelated to the pandemic, but, due to the restrictions, they could not be with their loved one. Much of this anguish was compounded by being forced to leave loved ones to die alone, without a chance to say goodbye or even the possibility of a funeral or burial ritual.<sup>45</sup>

It is important to point out that approximately 100,000 years ago man began funeral rites or ceremonies, allowing a farewell and allowing the possibility of sharing an apparently unique and personal event; although mainly the rites have served to facilitate the adaptation of the mourners to the new reality, managing to accept that the event did occur and that they must move on. However, due to the pandemic, people had to stay home after the loss of a loved one, reducing the possibility of support from their social network, thus losing the opportunity to experience a traditional funeral ceremony, which, as is known, usually has an important role in the grieving and recovery process, since it encourages the expression of emotions, social support and gives meaning to the loss.<sup>34,46</sup> Now, most estimates find that, under normal circumstances, more than 60% of people experience grief and recover within a year. However, 40% of people may need some form of psychosocial support and, of these, 10% require professional mental health intervention.<sup>26</sup> It is estimated that for every person who died from COVID-19, up to nine people were affected by grief, with bereaves likely to show higher levels of prolonged grief symptoms.

In the context of any pandemic and focusing on the COVID-19 pandemic, it is important to reiterate that the loss of functionality that may have accompanied the disease, especially if the loss of a loved one occurred within it, can be experienced such as demoralization and helplessness, leading individuals to a state of complex mourning.<sup>27</sup> In addition to the above, the circumstances, context and consequences of deaths during the COVID-19 pandemic were risk factors that probably increased the rates of complicated grief, mainly due to the process of adaptation to loss.<sup>47</sup> According to Goveas<sup>47</sup> et al., a series of risk factors were related to death during the COVID-19 pandemic, and influenced the development of complicated grief, among the most relevant are:

#### a) Circumstances of death:

- Sudden, unexpected, apparently preventable and random death.
- People dying alone.
- Restrictions on visiting policies for the dying family member.

#### b) Context of death:

- Physical distancing policies affecting funerals, burials, rituals, and support for mourners.
- Feelings of insecurity.
- Financial insecurity.

#### c) Consequences of death:

- Stay alone.
- Fear of illness.
- Having other people to care for.
- Financial concerns.

The risk factors described above have increased the burden for family members coping with the loss of a loved one during this pandemic.<sup>48</sup>

Given this problem, various reports have established evidence-based recommendations, with the aim of preventing complicated grief by providing substitute strategies for grieving rituals and deaths in family members from COVID-19.<sup>49</sup> Some of these are described below.

### STRATEGIES FOR GRIEF IN TIMES OF COVID-19

The following recommendations were collected and based on evidence to mitigate poor outcomes of grief in family members or loved ones:<sup>50</sup>

#### a) Before the death of a patient:

- Caregiving conversations and parallel planning with patients and families.
- Timely, proactive and sensitive communication with families.
- When possible, allow and facilitate a family member to visit your loved one.
- Facilitate virtual communication using smartphones, tablets and other technologies. Get donations to get tablets if required.
- Ensuring that patients and families have access to emotional, psychological, and spiritual support.

#### b) After the death of a patient:

- Ensure that an involved clinician, either a psychologist or thanatologist, is available postmortem to speak and listen to family members, discuss what happened, and answer questions in person or over the phone.
- Enlist the support of professionals to help provide psychosocial support to bereaved families.

- Offer support evenings and/or culturally sensitive bereavement services for family members after the immediate crisis.

On the other hand, other articles reported as systematic reviews<sup>48,51,52</sup> also refer to different strategies, which are considered necessary to approach grief and thus avoid complications that lead the person to pathological grief, these strategies were classified into four categories:

*a) Felt needs of family members:*

- Family members and loved ones have identified that intimacy is fundamental and necessary in the dying process; those who have not been able to live it in this way express it as a trauma, on the other hand, they point out the feeling of loneliness in the face of end-of-life care.
- Another important aspect that stands out is related to the lack of advice and involvement by health professionals with the family, since they receive inadequate and sometimes contradictory information from professionals, which has meant that the caregivers, family or loved ones feel cheated and frustrated. Therefore, training and accompaniment stand out as a priority need, since they would have needed more information and emotional support.

*b) Nursing role in the final process:*

- The figure of the nurse serves as a crucial element in the care of the bereaved family, it is evidenced by highlighting the need to address training in skills, teamwork, the union between nurse-family, and support throughout the process, specifying the short, medium and long-term follow-up of families who have suffered a loss.

*c) Training to respond to this new health demand:*

- Training in the approach to grief and final accompaniment emerges as the main need of family members who positively value grief support interventions. This training includes training in communication skills, considering that language is the most powerful weapon to demystify the taboos that exist around death and loss, and promoting fluid and effective communication.

*d) Substitute strategies in dealing with death and mourning:*

- Lastly, effective substitute strategies are contemplated in dealing with grief and death, such as: active listening, teamwork, attention focused on the meaning of the loss for each family in isolation, positive reinforcement to families for the actions carried out, writing and sending letters of condolence, reinforcing self-care, keeping a diary of the process, and contact and support between peer groups.

Likewise, it is important to consider as a central axis avoiding complicated duels, from the execution of rituals of attention to spirituality and the need for a farewell.

Also, it is opportune to highlight the role of primary care in bereavement, in terms of how general practice can support bereaved people, and how health professionals can be better supports in the care of bereaved people during and after the pandemic.<sup>19</sup>

Other strategies that stand out in dealing with grief and death in this context of COVID-19 are:

1. Advice to the family by health professionals.
2. Assertive communication.
3. Nursing role and union with the family.
4. Accompaniment during and after death.
5. Carry out farewell rituals, or online sessions with family and/or friends.

## CONCLUSIONS

Due to the COVID-19 pandemic, changes were faced in the way of experiencing death, coexistence before death, rituals and funeral ceremonies were limited, which triggered the lack of socio-family support. The prevention of a Complicated Grief includes coordinated actions between health care teams and institutions, family, and friends as part of comprehensive care.

## DECLARATION OF INTERESTS

The author declares that the investigation was carried out in the absence of commercial or financial relationships that could be interpreted as a possible conflict of interest.

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