Grief is the price we pay for love.

—Colin Murray Parkes

Grief is a universal phenomenon and a normal response to loss and bereavement. It is temporally preceded by a loss ranging from personal to societal. Grief reactions range from being a normal phenomenon to diagnosable psychiatric conditions. This elucidates the importance of discussing this concept of grief, which is identified as an intense yearning for what is lost, as a pathognomonic feature, along with accompanying emotional, cognitive, physical, and behavioral manifestations.

The seed of grief may sprout from the soil of the psyche, nurtured by bereavement or non-bereavement-related losses. The shade of grief may provide respite to cope with the harsh loss and leads to recuperation of the individual from the loss. The process of mourning is an important protective factor against pathological grief.

Pandemics and Grief

It is imperative to acquaint oneself with the sequential pandemics that have molded our understanding of grief’s dynamic interactions with pandemics. The bubonic plague (13th century) was considered a consequence of “bad air and bad emotions,” which compounded the stigma in diagnosis and resulted in unwarranted ostracization even while grieving. The Spanish Flu (1918) did see some discussion on scientific understanding of the illness; nevertheless, prevalent socioreligious etiological models perpetuated fear about sexual routes of transmission and impaled the dignity in dying and the bereaving. In the more recent pandemics of Severe Acute Respiratory Syndrome (SARS), Middle East Respiratory Syndrome (MERS), Ebola, Nipah, and Zika viruses, though the models of transmission have been elucidated, the social understandings of the shadow pandemic of grief is still far from being completely understood. Pandemics are associated with multiplicity of losses, which are different from losses occurring due to cancer or other illnesses. A review on the experiences of grief during previous pandemics, with lessons for the COVID-19 times, highlighted the possibility of risk of complicated grief.

What Is Complicated Grief?

Periods of loss and grief can translate into positive consequences of readjustment and healing responses, resulting in resilience and post-traumatic growth. However, in some individuals, grief reactions can differ from the normal resolution, either in intensity or duration. This is considered as complicated grief, which is described as “an intense and prolonged, impairing form of grief wherein an individual gets indefinitely stuck in the incapacity to process the loss and move on in life, with a persistent yearning.” A systematic review of risk factors for complicated grief identified factors present prior to death such as insecure and disorganized attachment styles, adverse childhood experiences, traumatic experiences in the past, and past history of psychiatric illness. Risk factors identified with death included bad or violent death, sudden unexpected How to Cite This Article:

Varshney P, Prasad G, Chandra PS, Desai G. Grief in the COVID-19 times: Are we looking at complicated grief in the future? Indian J Psychol Med. 2021;43(1): 70–73.
death, lack of adequate caregiving, and a
difficult dying experience. Perceived
social support, secure attachment, and
self-disclosures are potential protective
factors in developing complicated grief.

How Are COVID Times Potentially Contributing to
Complicated Grief?

The spread of COVID-19 has been rapid,
and at present, it has been detected in
almost every country. Globally, there
have been 62,363,527 confirmed cases
of COVID-19, including 1,456,687 deaths,
as reported by the World Health
Organization (WHO). COVID-19-related
deaths can strike anyone, the risk
increasing dramatically with age. There
is delay in identifying cases due to
asymptomatic carriers and subsyndromal
symptomatology which may often overlap
with similar viral infections. Patients with
COVID-19 are often admitted in isolation
wards in designated COVID-19 hospitals,
with minimal face-to-face contact with
family members, and may progress to
complications within a few days. Death
may ensue in an isolated setting. Most of
the time, health care professionals may be
by the side of the dying. They too often are
wearing personal protective equipment,
which may inadvertently mitigate their
ability to reciprocate and/or gauge the
patient’s emotions.

The deaths and consequent grief arising
from the ongoing pandemic possibly shares features with grief related to
natural disasters and after intensive care
unit (ICU) treatment. In situations of
pandemics and natural disasters, along
with the loss of loved ones, there is the
closure of facilities, stopping of produc
tive activities, reduction in services/sup
plies, strictly controlled visits, and quick
descent to deterioration in health.

The healthcare system is overwhelmed
in the ongoing pandemic, and many
may not find access to adequate health
care, which may result in unnecessary
suffering and prolonged turmoil. Even
when admitted, the consequent intensive
treatment and uncertainty of the du
ration of hospital stay may surpass the
families’ paying capacity, further adding
financial issues as a source of imped
ance in grieving. The mental health care
system, despite best intentions, may not
be able to cater to the psychological needs of the impoverished. The COVID-19 may
not have precipitated healthcare deficits, rather may have highlighted the unpreparedness of the healthcare system
in handling a pandemic.

Deaths occurring due to COVID-19
invariably have been labeled as “bad
deaths” as they include physical and
psychological suffering, with physical
separation from family members, lack
of preparation, being treated without
respect, unwanted medical interventions
or inability to access medical interven
tions due to financial restraints, sudden
progression, and unexpected demise. The
suddenness of these outcomes may result
in the absences of wills and ad
vance directives, and there could be mul
tiple losses within the family, also called
“bereavement overload.”

Family members who are survivors
could also experience bereavement guilt,
described as “remorseful emotional reac
tion in grieving with the recognition of
having failed to live up to one’s own stan
dards and expectations in relationship
to the deceased and or the death.” The
grief may be exacerbated with the guilt
of having survived the illness, unlike the
deceased, resulting in “survivor guilt.”

The risk of infection may necessitate
the disposal of the body without the
family members being able to see the
deceased’s face and body and not being
able to perform cremation and final
rites. Mourning and performing the fin
al rites is a cultural defense that is not
done during the ongoing pandemic and
results in lack of these ceremonies, like
face-to-face mourning and consequent
closure, potentially leading to guilt in
survivors. “Physical distancing” has in
variably resulted in “social distancing”,
the isolation and quarantine results in
“touch starvation.” The travel restric
tions and forced separations imposed by
the government can compound the ex
pression of grief. The possibility of both
over- and underestimation of COVID-
related deaths to avoid fear in public
may leave one either being overwhelmed
with impending loss or leave them bliss
fully unaware regarding the severity of
the situation.

The multitude of deaths in a family
may culminate in a lack of recognition
of each member's bereavement experi
ence. Death of chronically ill, especially
the older adults, may be overlooked or
minimized by the society. Such pent-up
emotions may not be adequately tended
to in the absence of adequate resources
and financial constraints following the
pandemic. The above factors may result
in “disenfranchised grief” and interfere
in adequate coping.

The interdynamics of various predis
posing factors such as age, gender, past
history of psychiatric illness, social sup
port systems, loss of livelihood, and the
financial burden of treatment that can be
supportive and indefinite may culminate
into the final outcome of complicated
grief. A possibility of prolonged grief dis
order in the wake of COVID-19 has been
published.

How to Mitigate the Development of
Complicated Grief?

Identifying and discerning the various
forms of loss and consequent grief may
facilitate the requisite prevention and
treatment strategies. The loss of a close
one is in itself considered a primary loss
and the consequences of this primary loss
such as loss of companionship, sexual
intimacy, and changes in family roles are
conceptualized as “secondary.” The
mentioned problems, compounded by
multiple losses in a single family and
the often-prevailing ambiguity around
such losses, make closures hard. This
could bolster frustration, helplessness,
and disempowerment, especially in
vulnerable and marginalized communities
such as daily wage earners and migrant
populations. Furthermore, the loss of jobs
and lack of financial resources during the
pandemic might add burden to the
ongoing grief. The progression of grief
into complicated grief is a possibility that
can be prevented and mitigated.

Communication

Communication between patients,
family members, and health care workers
is the key. About COVID-19, one especially
needs to communicate the need for
isolation and its resulting separation
from family; a rough estimate of the
number of days helps in psychological preparedness for the individual and family alike. The family needs to be told about the restrictions regarding visits and face-to-face interactions lest they be left distraught and misinformed. The possibility of unexpected deaths, asymptomatic carriers, and risk of transmission of infection needs to be explained in simple language.

The Dignity of the Dying

The nearest one can come to his/her near and dear ones is through the use of video calls and virtual images. They provide respite, albeit temporary, from the physical and psychological turmoil, while fostering a sense of belonging and social support.

Given the rapid progression and sudden death, planning in terms of the will, advance directives, and treatment choices might not be available, more so in the Indian setting. Hence, they need to be proactively sought out for.

Opportunities and Space to Grieve

Breaking bad news has to be done sensitively and cautiously lest it may precipitate an emotional turmoil. Facilitation of acceptance of loss is aided by adequate social support and expressive writings in essays and letters. The sharing of positive memories helps in the upliftment and “continuing bonds.” The current invisible and physical barriers, such as healthcare workers garbing protective equipment, the paucity of time, and multiplicity of losses necessitate the need to modify the previous models used and the need for innovative, nevertheless feasible, modifications. One novel approach conceptualized is the “COVID” practical recommendations, which entail C—custom-made cubicles to minimize the risk of transmission whilst donning minimal protective gear, O—on admission, briefing about the result, diagnosis, treatment, prognosis, and expected duration of stay, V—video chatting between the critical patient and family should be facilitated and encouraged, I—information regarding the demise should be communicated at the earliest and should be done by a person with training or expertise who was involved in the treatment, D—dead body transportation and cremation has to be done as per protocol and the same should be clearly informed to the family members at the end of communicating about the death of a loved one.9

A space or specific area for grieving may help in easier expression of emotions without hesitation and facilitate healthier acceptance of death.

Validation

Counseling via telespsychiatry and/or telephone by mental health professionals, with people who have suffered similar losses may act as healthy expressive modalities and provide comforting validation of their distress.

The COVID-specific HEALING process and DERAILERS in therapy16 which highlight the elements that facilitate healing and the barriers in the resolution of grief can be adapted in the Indian context but would probably need more focus on meaning-making. The inability to verbalize emotions and the social acknowledgment of these feelings often lead to substituted physical complaints that may need to be identified. Facilitating psychological and social aspects of grieving becomes imperative. A collectivistic society may act as a buffer for losses as familial support may be available. At the same time, those away from family may find it difficult to deal with such losses, due to the unusual circumstances of current travel restrictions. Turning to spirituality or religion may also foster faster acceptance.

“Grief therapy,”9 which facilitates grief management, may act as a template for developing a specific intervention for complicated grief. Complicated grief psychotherapy (CGT) is the best-studied intervention for prolonged and recalcitrant grief disorders. It facilitates progression through stages of mourning and checks for any derailments. It has been found to be more effective than interpersonal psychotherapy and antidepressants.14

Ritual Substitutes

In current times, a virtual funeral as a substitute method of grieving is relevant and also accessible, given the technological advances and universal availability of smartphones. To circumvent the problem of ambiguous loss, the use of digitized photos of the deceased’s face as an evidence of death is a viable alternative to an in-person embrace. Virtual memorial services and performance of final rites may provide short-term support for survivors of COVID-19 deaths. The use of such services may provide participation of family members and friends who would have otherwise been devoid of the opportunities to offer their condolences due to travel restrictions, financial constraints, work commitments, and people who are at high risk for contracting the infection and developing complications.20

In the Indian scenario, the multitude of faiths, religions, and customs makes it challenging to follow their faith-related practices of final rites. While trying to maintain the safety of those who are mourning and bereaving, health care professionals need to be sensitive to the cultural practices of the deceased.

Stigma

Stigma could be a potential barrier to family members of the deceased patients of COVID-19 in disclosing their distress and participating in any rituals related to the death.21

Grief Among Health Workers

Health care professionals who are front-line workers have been documented to undergo significant psychological distress during this COVID-19 pandemic.15 They witness not only their patients but also professionals from their own field dying due to COVID-19. It is important to address the grief symptoms among them and provide psychological support.

Vicarious trauma is an interesting concept that holds much relevance in the current scenario. The unprecedented and sudden deaths, with a forced isolation to contain the spread of infection, behoove the health care workers to be more integrated with the grieving process. The concept of “vicarious grief” thus becomes more important as the successive witnessing of traumatic events, while being short-staffed due to an acute imbalance in demand and supply,
predisposes health care personnel, especially frontline workers, to internalization of loss and burnout. This may manifest as loss of appetite and sleep, irritability, inattention, numbness, fear, and despair, thus increasing the risk of impaired psychological well-being and diminished psychological resilience, predisposing to grief and its complications.

Thus, COVID and its interface with psychiatric manifestations, especially grief, is a potent public health concern. The need for acceptable and affordable psychotherapeutic and psychopharmacological interventions in the Indian context needs to be looked into.

What Does the Future Entail?

Grief is a universal phenomenon; however, pandemics like COVID-19 might make the grieving process challenging and potentially act as a gateway to complicated grief. We have predominantly focused on grief in adults; but it is important to address grief among children and other special populations (pregnant women, military personnel, migrant workers, etc.). Although evidence for psychological interventions for grief is available across other countries, the same from India is lacking. It is important to consider the cultural aspects in the manifestation as well as the treatment of grief. A focused training in providing support for people in grief as an aftermath of COVID-19-related deaths may help in mitigating the woes of the grieving.

Declaration of Conflicting Interests

The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The authors received no financial support for the research, authorship, and/or publication of this article.

References

1. Oxford Essential Quotations. Oxford University Press, 2015. Epub ahead of print January 1, 2015. DOI: 10.1093/acref/9780191804144.001.0001.

2. Bryant RA. Grief as a psychiatric disorder. Br J Psychiatry 2012; 201(1): 9–10.

3. Carr D, Boerner K, and Moorman S. Bereavement in the time of coronavirus: Unprecedented challenges demand novel interventions. J Aging Soc Policy [Internet] 2020; 32(4–5): 425–431.

4. Nakajima S. Complicated grief: Recent developments in diagnostic criteria and treatment. Philos Trans R Soc B Biol Sci 2018; 373(1754): 20170273.

5. Mayland CR, Harding AJE, Preston N, and Payne S. Supporting adults bereaved through COVID-19: A rapid review of the impact of previous pandemics on grief and bereavement. J Pain Symptom Manage [Internet]. 2020 Aug [cited 2020 Nov 28]; 60(2): e33–e39, http://www.ncbi.nlm.nih.gov/pubmed/32416233 (2020, December 16, 2020).

6. Bonanno GA. Loss, trauma, and human resilience: Have we underestimated the human capacity to thrive after extremely aversive events? Am Psychol [Internet] 2004 [cited 2020 Aug 24]; 59(1): 20–28.

7. Tedeschi RG. Trauma and transformation: Growing in the aftermath of suffering. Sage Publications, 1995, 163 p.

8. WHO. Coronavirus disease (COVID-19) Situation Report-194 [Internet]. [cited 2020 Aug 23], https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200811-covid-19-sitrep-194.pdf?sfvrsn=401287f3_2 (2020, December 16, 2020).

9. Gesi C, Carmassi C, Cerveri G, Caprìna B, and Cremoni ME, Dell’Osso L. Complicated grief: What to expect after the coronavirus pandemic. Front Psychiatry [Internet]. 2020 [cited 2020 Aug 20]; 11: 489, http://www.ncbi.nlm.nih.gov/pubmed/32574243 (December 16, 2020).

10. Kriksarian A, Maldonado C, and Pastrana T. Patient’s perspectives on the notion of a good death: A systematic review of the literature. J Pain Symptom Manage [Internet] 2020 [cited 2020 Dec 1]; 59(1): 152–164.

11. Kokou-Kpolou CK, Fernández-Alcántara M, and Cénat JM. Prolonged grief related to COVID-19 deaths: Do we have to fear a steep rise in traumatic and disenfranchised griefs? Psychol Trauma 2020; 12(1): 94–95.

12. Shear MK. Grief and mourning gone awry: pathway and course of complicated grief. Dialogues Clin Neurosci [Internet] 2012 Jun [cited 2020 Aug 31]; 14(2): 119–128. http://www.ncbi.nlm.nih.gov/pubmed/22754284 (December 16, 2020).

13. Dhadhphale M. The living will, cultural aspects of death, and mourning rituals. Ann Indian Psychiatry 2018; 21(1): 47.

14. Eisma MC, Boelen PA, and Lenferink LM. Prolonged grief disorder following the Coronavirus (COVID-19) pandemic. Psychiatry Res [Internet] 2020 [cited 2020 Sep 9]; 288: 113011, http://www.ncbi.nlm.nih.gov/pubmed/32360895 (December 16, 2020).

15. Zhai Y and Du X. Loss and grief amidst COVID-19: A path to adaptation and resilience. Brain Behav Immun [Internet] 2020 Jul 1 [cited 2020 Nov 22]; 87: 80–81, https://www.sciencedirect.com/science/article/pii/S0889159120306322?via%3Dihub (December 16, 2020).

16. Klass D, Silverman PR, Nickman S, Silverman PR, and Nickman S. Continuing bonds [Internet]. Taylor & Francis, 2014 [cited 2020 Aug 24], https://www.taylorfrancis.com/books/9781315800790 (December 16, 2020).

17. Tikka SK, Garg S, and Dubey M. How to effectively break bad news: The COVID-19 etiquette. Indian J Psychol Med [Internet] 2020 Sep 23 [cited 2020 Nov 22]; 42(5): 491–493.

18. Goveas JS and Shear MK. Grief and the COVID-19 pandemic in older adults. Am J Geriatr Psychiatry 2020; 28(10): 1119–1125.

19. Neimeyer RA. Techniques of grief therapy: Creative practices for counseling the bereaved [Internet]. Routledge, 2012 [cited 2020 Nov 26]; 388 p, https://books.google.co.in/books/about/Techniques_of_Grief_Therapy.html?id=q82ypGrkEkC&redir_esc=y (December 16, 2020).

20. Muturi I, Freeman S, and Banner D. COMMENTSVirtual funerals: A feasible and safer option during the COVID-19 pandemic. J Am Geriatr Soc [Internet] 2020 Nov 14 [cited 2020 Nov 26]; 68(11): 2472–2473, https://onlinelibrary.wiley.com/doi/10.1111/jgs.16774 (December 16, 2020).

21. Bagchi S. Stigma during the COVID-19 pandemic. Lancet Infect Dis [Internet] 2020 [cited 2020 Sep 9]; 20(7): 782, http://www.ncbi.nlm.nih.gov/pubmed/32597247 (December 16, 2020).