

When Grief Goes Viral:

Helping to Heal Grief in the time of COVID

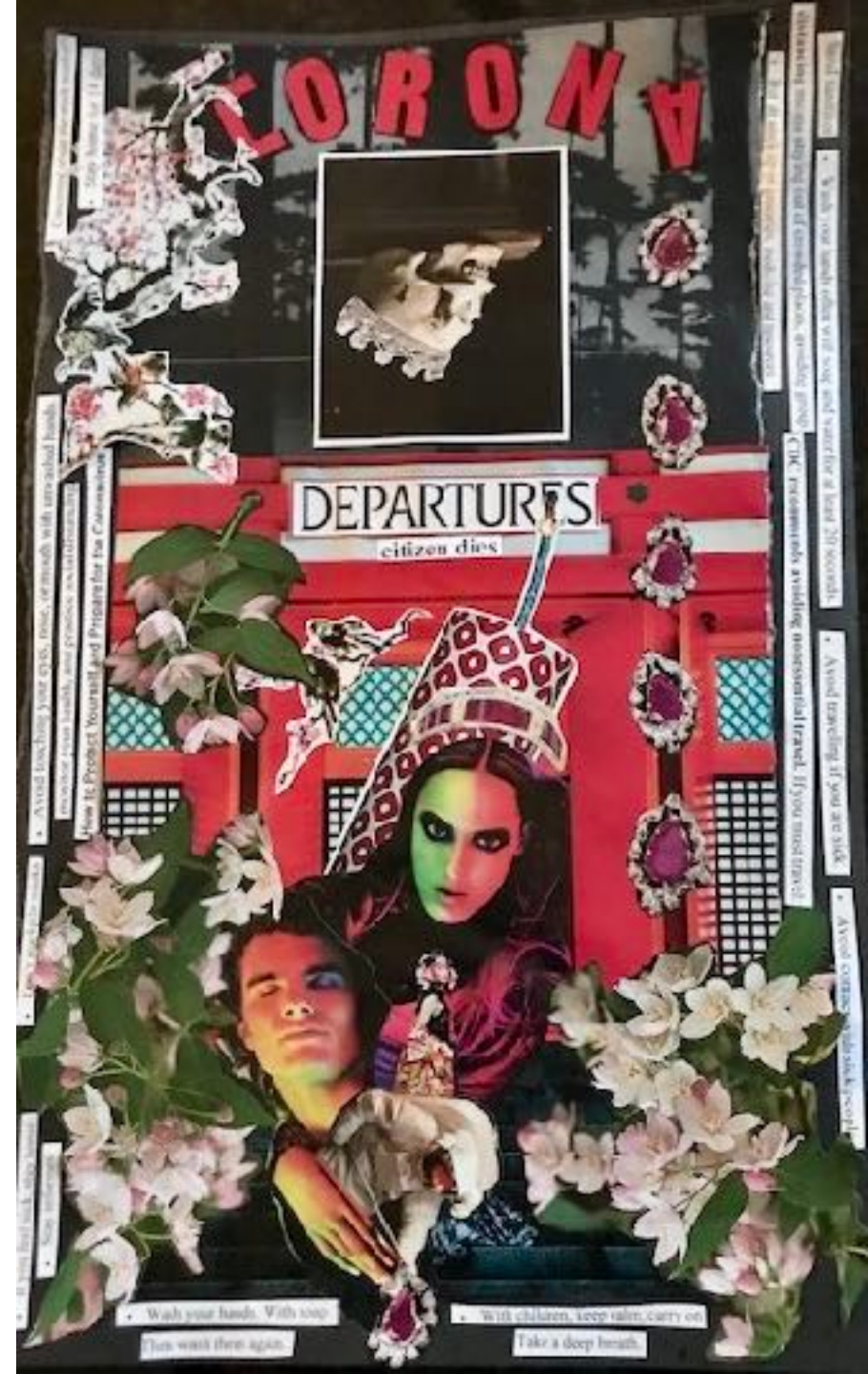
Robert A. Neimeyer, PhD

Director, Portland Institute for Loss and Transition

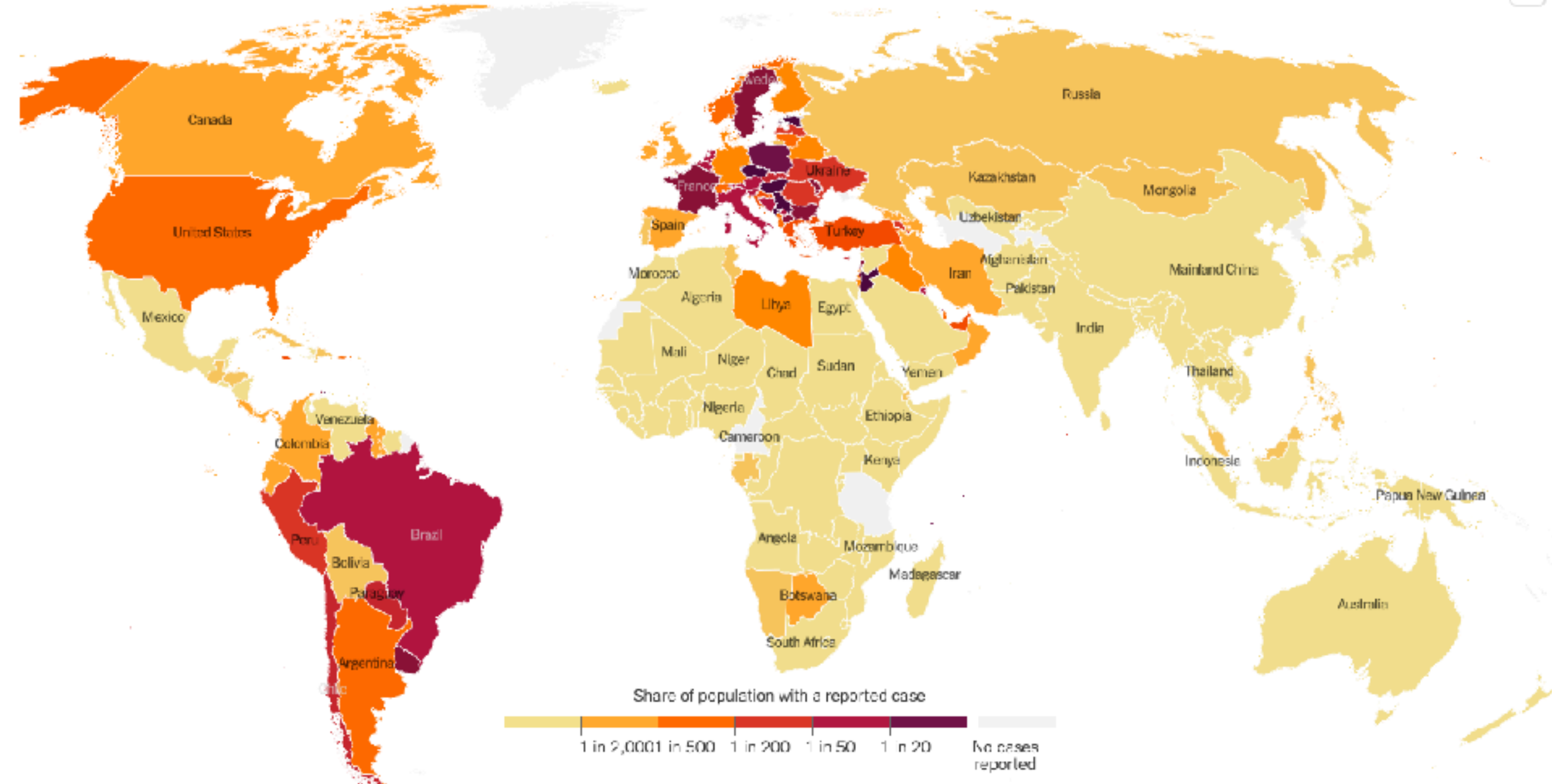


Portland Institute
For Loss and Transition

Sharon Strouse
Departures



For Whom the Bell Tolls: COVID-19 Infections



COVID Infections and Deaths the US

	TOTAL REPORTED	ON MARCH 21	14-DAY CHANGE
Cases	29.8 million+	34,236	-7% →
Deaths	542,561	444	-38% →
Hospitalized		38,969	-17% →

300,000 cases

New cases

200,000

100,000

7-day
average

0

Mar. 2020 Apr. May Jun. Jul. Aug. Sept. Oct. Nov. Dec. Jan. 2021 Feb. Mar.



*A Container
for Grief,
a Holder
for Memory*



Elizabeth Valera

A WORLD GONE

How the

and po

*Torn
Away*

Elizabeth Valera

R.I.P.
Loss
Unmasked



Elizabeth Valera



Counting Our Losses

Elizabeth Valera

Coronavirus Anxiety Scale (CAS)

- 775 diverse US adults assessed from 11-13 March 2020
- 20 candidate items from anxiety literature in cognitive, behavioral, emotional and physiological domains
- Rated on Likert scale from 0 (not at all) to 4 (nearly every day)
- Results subjected to PCA and CFA, validity tests and ROC analysis
- Final scale correlated with range of symptoms and attitudinal self-reports



Sherman A. Lee, Ph.D.

**Christopher Newport
University**

Death Studies,
2020

Coronavirus Anxiety Scale (CAS)

How often have you experienced the following activities over <u>the last 2 weeks</u> ?		Not at all	Rare, less than a day or two	Several days	More than 7 days	Nearly every day
1.	I felt dizzy, lightheaded, or faint, when I read or listened to news about the coronavirus.	0	1	2	3	4
2.	I had trouble falling or staying asleep because I was thinking about the coronavirus.	0	1	2	3	4
3.	I felt paralyzed or frozen when I thought about or was exposed to information about the coronavirus.	0	1	2	3	4
4.	I lost interest in eating when I thought about or was exposed to information about the coronavirus.	0	1	2	3	4
5.	I felt nauseous or had stomach problems when I thought about or was exposed to information about the coronavirus.	0	1	2	3	4
Column Totals		_____ +	_____ +	_____ +	_____ +	_____ +



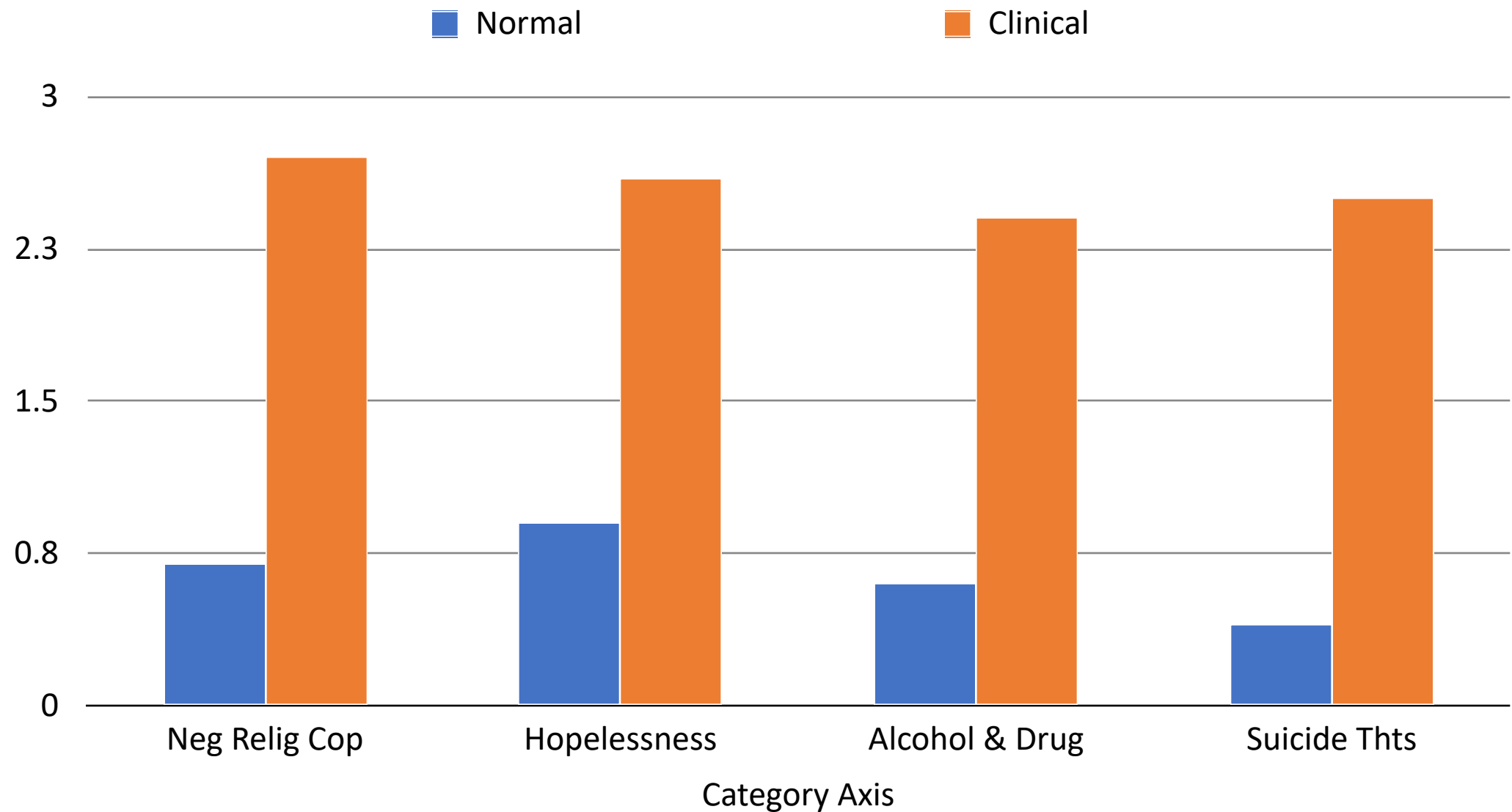
Sherman A. Lee, Ph.D.

Christopher Newport University

Death Studies,
2020

A CAS score ≥ 9 optimally classified adults as having (90% sensitivity) or not having (85% specificity) dysfunctional levels of anxiety (Youden's index of 75) with a false positive rate of 15%.

Symptoms Associated with Coronavirus Anxiety



CAS correlated .86 with Impairment in Work and Social Adjustment

Modeling Pandemic Depression & Anxiety

Milman, Lee & Neimeyer, *Journal of Affective Disorders Reports*

Journal of Affective Disorders Reports 2 (2020) 100023



Research Paper

Modeling pandemic depression and anxiety: The mediational role of core beliefs and meaning making

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ABSTRACT

Background: The aim of this research was to examine core belief violation and disrupted meaning making as primary cognitive processes regulating mental health during the pandemic. The study tested the hypothesis that both these cognitive processes function as mediating mechanisms, accounting for the adverse mental health effects of COVID-19 pandemic stressors.

Methods: A survey design ($N = 2380$) assessed demographic variables associated with poor pandemic mental health (gender, age, ethnicity, education), direct COVID stressors (diagnosis, death), indirect COVID stressors (unemployment, increased living costs, financial loss), core beliefs (vision, meaning made of the pandemic, coronavirus anxiety (CA), depression, and general anxiety). **RESULTS:** Core belief violation and disrupted meaning making explained the severity of depression, general anxiety, and CA to a significantly greater degree than did demographic, direct COVID stressors, and indirect COVID stressors combined. In addition, core belief violation and disrupted meaning making significantly mediated the impact of direct and indirect COVID stressors on all mental health outcomes. Specifically, each stressor was associated with increased core belief violation and decreased meaning making of the pandemic. In turn, those whose core beliefs were violated and those who made less meaning of the pandemic experienced greater depression, general anxiety, and CA.

Limitations: The use of a cross-sectional design precluded assessment of causative causal roles.

Conclusions: This study describes the first underlying model of pandemic mental health, establishing violation of core beliefs and the inability to make meaning of the pandemic as targets for clinical intervention in the current diverse pandemic stressors.

Practical significance statement: This research describes the first model of how poor mental health is developing during the pandemic. Ultimately, such a model is intended to inform mental health prevention and intervention in the COVID context.

1. Introduction

As the coronavirus continues to spread globally, the general population must contend with the growing likelihood of receiving a COVID diagnosis or giving a COVID death. At the same time, indirect stressors associated with social isolation policies for curbing COVID transmission are also mounting. Such 'secondary' stressors identified within the US and throughout the world include increased living costs, child-care loss and other parenting stressors, unemployment, diminished social support, and many more (Boulton et al., 2020; Brown et al., 2020;

Piccoli and Greenwood, 2020; Lomax et al., 2020; Milman et al., 2020b; Park et al., 2020; Shattuck et al., 2020; Shattuck et al., 2020; Shattuck et al., 2020). Loss of employment, in particular, has been reported as the most stressful pandemic-related challenge, while the consequent financial strain was identified as a risk factor for a host of additional stressors including increased infection risk (Park et al., 2020). Not surprisingly then, COVID-related unemployment stress is expected to cause increases in rates of suicide (O'Connor and Lee, 2020). In the context of these numerous and substantial pandemic stressors, research has documented global health impacts among the general population in symptoms of depression, anxiety, post-traumatic stress, substance use, and coronavirus anxiety (CA) (Irluck et al., 2020; Lee, 2020; Maza et al., 2020; Shapiro et al., 2020; Senoskov et al., 2020; Wang et al., 2020). The latter is a key mental health outcome of the pandemic defined by a handful of physical anxiety symptoms experienced in reference to COVID (e.g., dizziness, insomnia, nausea and vomiting, suicidal ideation, substance coping, depression, functional impairment, death anxiety, and generalized anxiety beyond

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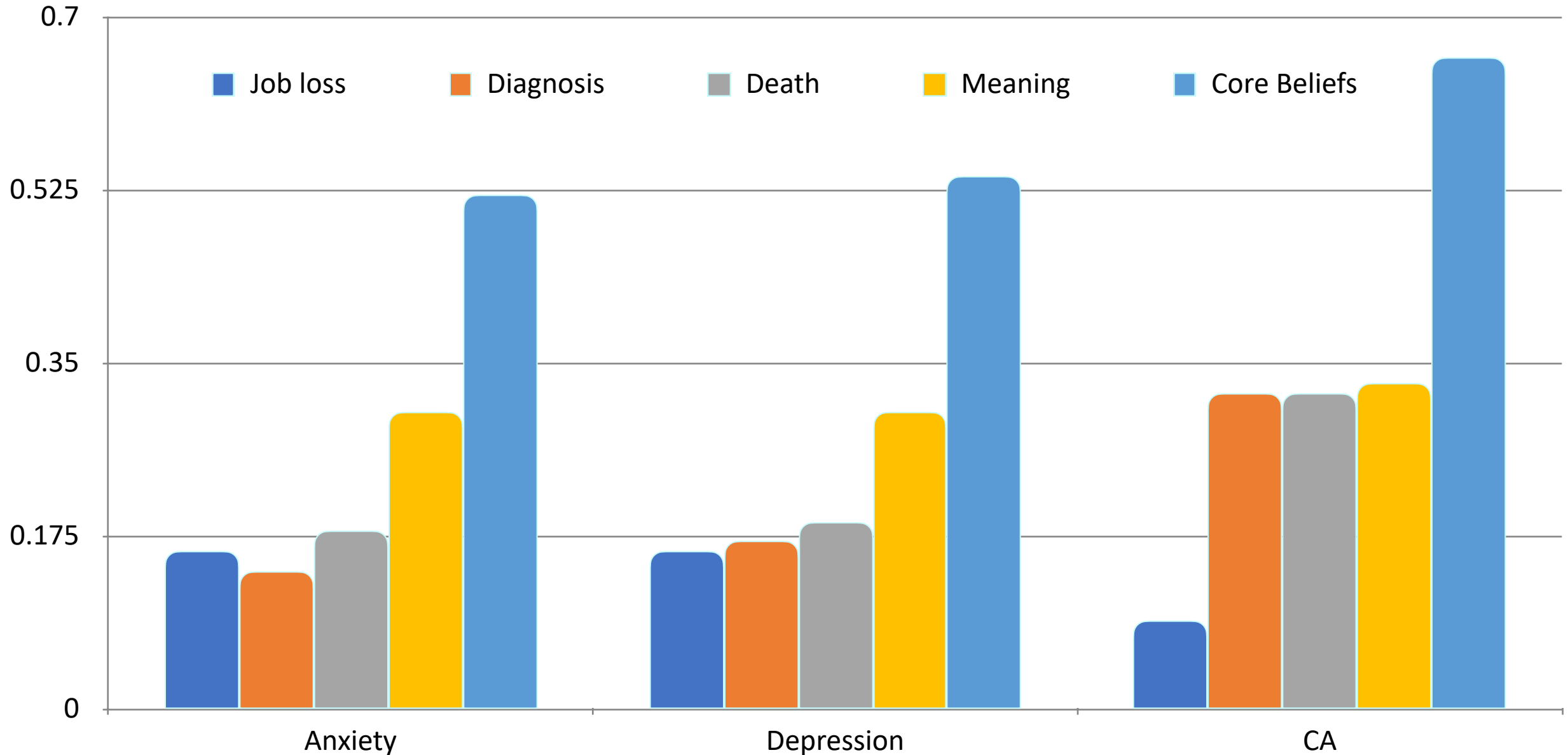
Austin Texas

- Assessed background characteristics (e.g. gender, ethnicity), direct COVID stressors (diagnosis, death) and indirect COVID stressors (unemployment, child care loss) as risk factors in 2380 adults, along with depression, general anxiety and CA

- Measured disruption of core beliefs (CBI) and meaning making about pandemic (ISLES) as mediators

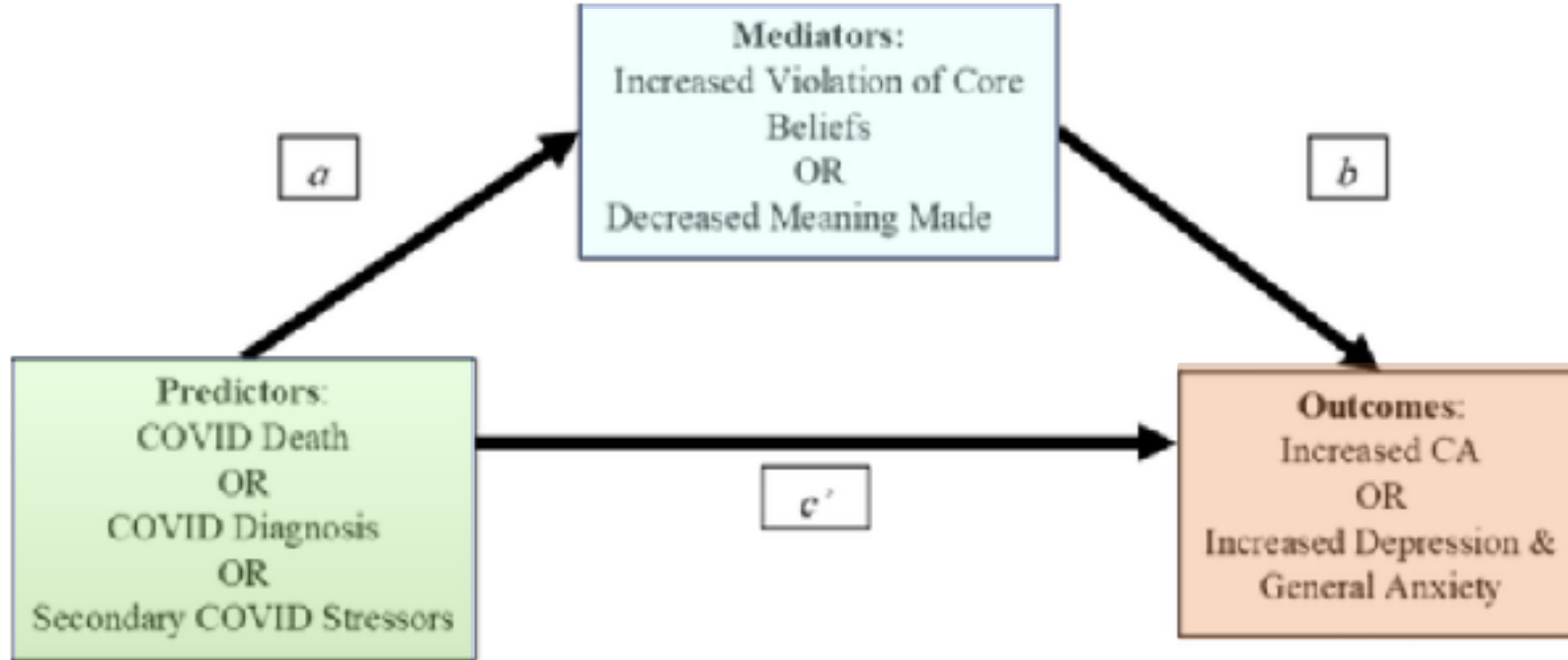
Modeling Pandemic Depression & Anxiety

Milman, Lee & Neimeyer, *Journal of Affective Disorders Reports*



Modeling Pandemic Depression & Anxiety

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Mediation replicated across two independent measures of intactness of Assumptive World:
Conservation of Core Beliefs and Meaning Making
regarding the pandemic

- All risk factors were significantly mediated by Core Belief Violation and Meaning Made of Pandemic
- Violation of Core Beliefs fully accounted for impact of all secondary COVID stressors—unemployment, lost childcare, increased cost of living
- Primary effects replicated across both measures of meaning and all outcome variables.



From Assessment to Intervention

Target physiological arousal, emotion regulation, social isolation through:

- Psycho-education about buffering effect of social mitigation practices
- Progressive muscle relaxation
- Controlled breathing, yoga
- Mindfulness Based Stress Reduction
- “Time out” from exposure
- Physical exercise, Tai Qi
- Sleep hygiene
- Building virtual “communities of care”
- Somatic and art therapy approaches as possible bridge to symbolizing and verbalizing the unspeakable

COVID-19 and Family Bereavement in the United States

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Edited on March 20, 2020

The COVID-19 pandemic may cause substantial excess mortality around the globe, and in the United States specifically (Ferguson & The Imperial college COVID-19 Response Team, 2020). Current estimated case fatality rates, combined with the potential of upwards of 40% of the U.S. population becoming confirmed cases, suggest that COVID-19 could lead to millions of deaths in this country. Even more stunning is the estimated number of bereaved family members that these deceased would leave behind, which itself will have tremendous consequences for population health.

Bereavement and grief in the wake of a family member's death is often culturally anticipated, yet some individuals experience more severe, prolonged mental health consequences, including major depression, anxiety, (Ma, 2012). Prolonged Grief Disorder (Prigerson et al., 2009), Complicated Grief (Horowitz et al., 2003), and other deleterious outcomes. Beyond mental health, bereavement is also tied to physical health risks including worse cardiovascular health and mortality (Carey et al., 2014; Elwert & Christakis, 2008; Stahl, Arnold, Chen, Anderson, & Schultz, 2016; Williams Jr., 2005). The risk of experiencing detrimental, bereavement-associated outcomes is more likely in the case of a family member's sudden, unexpected death (Parker, 1976; Sanders, 1983), like those families may soon experience from COVID-19. Moreover, the potential for clustering of deaths within families due to highly transmissible nature of SARS-CoV-2 will lead to multiply bereaved family members, furthering risks of mental and physical health problems (Fletcher, Mallik, Song, & Wallis, 2013; Li, Stroebe, Chan, & Chow, 2014; Sanders, 1980; Shear, Frank, Houck, & Reynolds, 2005).

Early evidence from China and Italy highlight the strong age gradient in COVID-19 mortality patterns (Ferguson & The Imperial college COVID-19 Response Team, 2020). To estimate the burden of family bereavement from these preliminary

mortality estimates requires consideration of the structure of U.S. kinship networks (Daw, Verdery, & Margolis, 2018). To estimate the potential scale of family bereavement due to COVID-19, we draw on recent demographic microsimulation work that approximates the kinship networks of White and Black Americans (Margolis & Verdery, 2019; Verdery & Margolis, 2017).¹

Combining estimates of U.S. kinship networks and population structure in March 2020 from this work with age-specific COVID-19 case fatality rates from Italy (Dowd et al., 2020), we simulate potential bereavement burdens in three scenarios of excess COVID-19 mortality: a scenario with 10% confirmed infection prevalence distributed uniformly at random in the U.S. population, a scenario with 20%, and a scenario with 40%, which are in line with ranges used in prior work (Dowd et al., 2020; Ferguson & The Imperial college COVID-19 Response Team, 2020).² We focus on experiencing the loss of parents and grandparents and document how many of the surviving White and Black Americans may experience such events, multiplying estimates by the current count of White and Black Americans ("Population Clock," 2020; "U.S. Census Bureau QuickFacts," 2020).

Figure 1 shows results. These models imply the potential for hundreds of thousands to millions of deaths, respectively, which would, in turn, lead to an even higher burden of bereavement. With a uniformly distributed 10% of the White and Black U.S. population confirmed infected and the most recent age-specific case-fatality rates from Italy, an estimated 537 thousand Americans would die; which would, in turn, translate into an estimated 1,238 million White and Black Americans losing a parent and an estimated 2,381 million losing at

¹ The kinship networks of other race and ethnic groups, including those who identify as multiple race, are not possible to approximate with the demographic microsimulation methods used in these studies.

² Because of restricted access to testing, current estimates of case fatality rates do not reflect infection fatality rates (Rever et al. 2020), to be clear, we are modeling scenarios where "confirmed infections" reflect the age-specific demographics in the Italian setting.

The Demography of Death

Verdery & Smith-Greenway, *Applied Demography Newsletter*

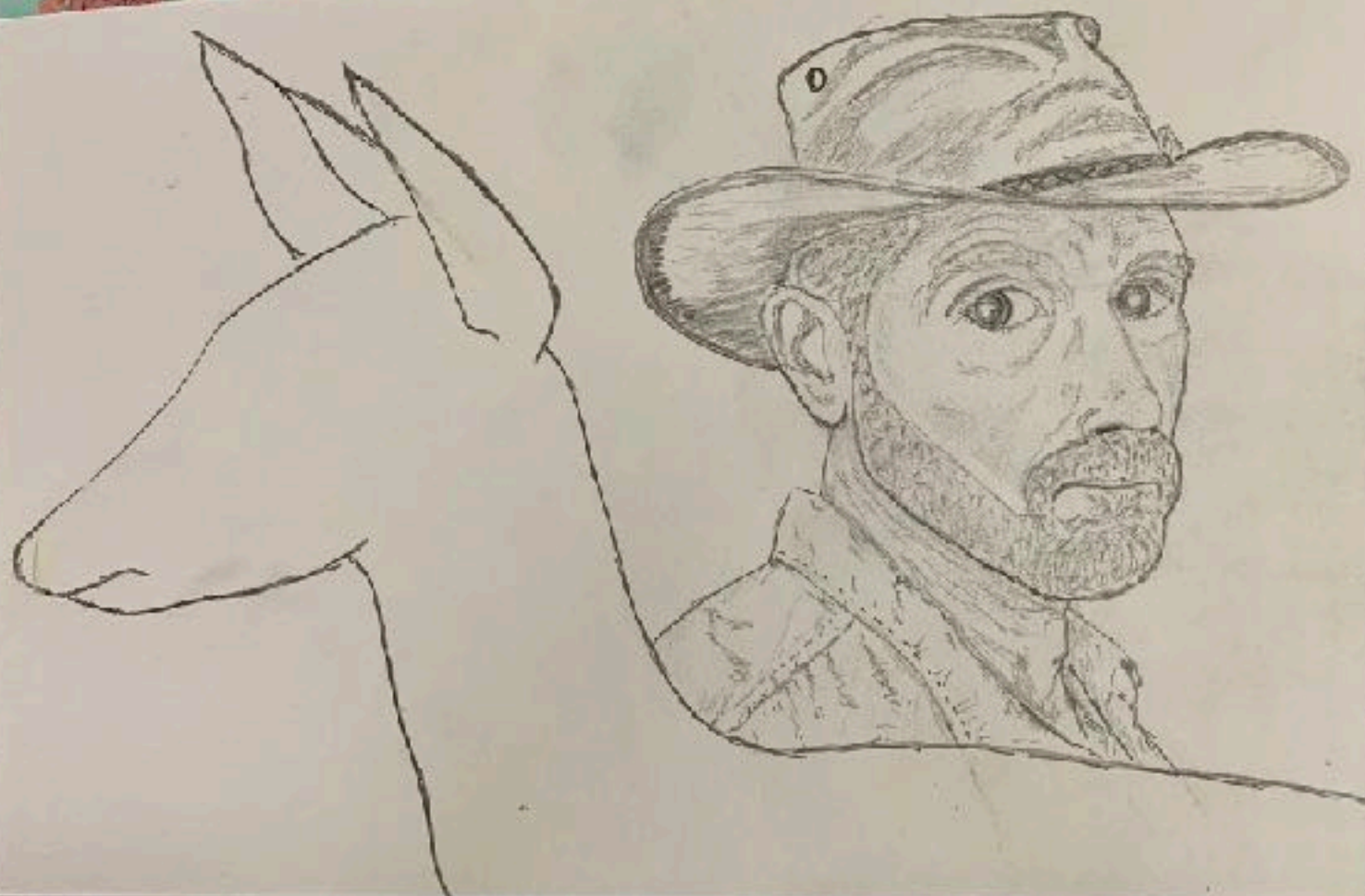
- Use demographic microsimulation to estimate parental and grandparental mortality in Americans under conditions of 10, 20 and 40% infection rates
- Account for clustering of deaths within families given transmissible nature of Coronavirus
- Report that “these models imply the potential for hundreds of thousands of deaths... which would in turn lead to an even higher burden of bereavement”

The Coming Tsunami

- “The COVID-19 pandemic may lead to enormous loss of life in the United States. The collateral damage that this level of mortality would exact on American families cannot be overlooked. It is important that the burden of bereavement, and its potential mental and physical health consequences, is factored into discussions of the public health challenge facing all nations.”



A Personal Loss



Robert A. Neimeyer

Pandemic Grief Scale (PGS)

Lee & Neimeyer, *Death Studies*

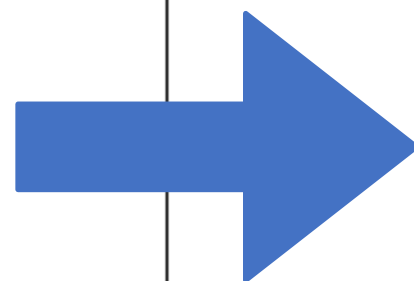


- Constructed a brief screening scale for dysfunctional grief in the context of COVID loss
- Based on 831 adults who lost significant person to COVID-19
- Winnowed 37 candidate items to best 5 using PCA and CFA, with strong reliability
- PGS displayed incremental validity in accounting of 18% more of functional impairment than general anxiety and depression combined

Pandemic Grief Scale (PGS)

Lee & Neimeyer,
Death Studies

- ROC analysis revealed that a PGS score ≥ 7 optimally classified adults as having (87% sensitivity) or not having (71% specificity) dysfunctional levels of grief as assessed by impairment in work and social functioning
- Higher PGS scores associated with:
 - COVID diagnosis
 - Seeking professional help
 - Suicide ideation (.69)
 - Alcohol and drug coping (.65)



PGS				
Over the last 2 weeks, how often have you experienced the following thoughts, feelings, or behaviors related to your loss?	<i>Not at all</i>	<i>Several days</i>	<i>More than half the days</i>	<i>Nearly everyday</i>
1. I wished to die in order to be with the deceased.	0	1	2	3
2. I experienced confusion over my role in life or felt like my identity was diminished because of the loss.	0	1	2	3
3. Nothing seemed to matter much to me because of this loss.	0	1	2	3
4. I found it difficult to have positive memories about the deceased.	0	1	2	3
5. I believed that without the deceased, life was either meaningless, empty, or could not go on.	0	1	2	3
Column Totals	_____ +	_____ +	_____ +	_____ +

66.4% of sample

Scored above the clinical cut point

Total Score

Risk Factors

I felt guilty about not being able to be there for the deceased before he/she died. **[Not There]**

I felt upset about how the deceased died (e.g., alone or suffering). **[LO Alone]**

I felt upset that the deceased was not given a proper funeral or memorial service. **[No Funeral]**

I kept thinking about what I could have done to prevent the deceased's illness. **[Prevent]**

I felt that the circumstances of the death created emotional distance between us. **[Distance]**

I worried that I will lose other people I care for to the same disease. **[Lose More]**

I kept having images of the deceased struggling for life on some machine. **[Machine]**

I resented that the doctors didn't keep me informed about the deceased's condition. **[Doctors]**

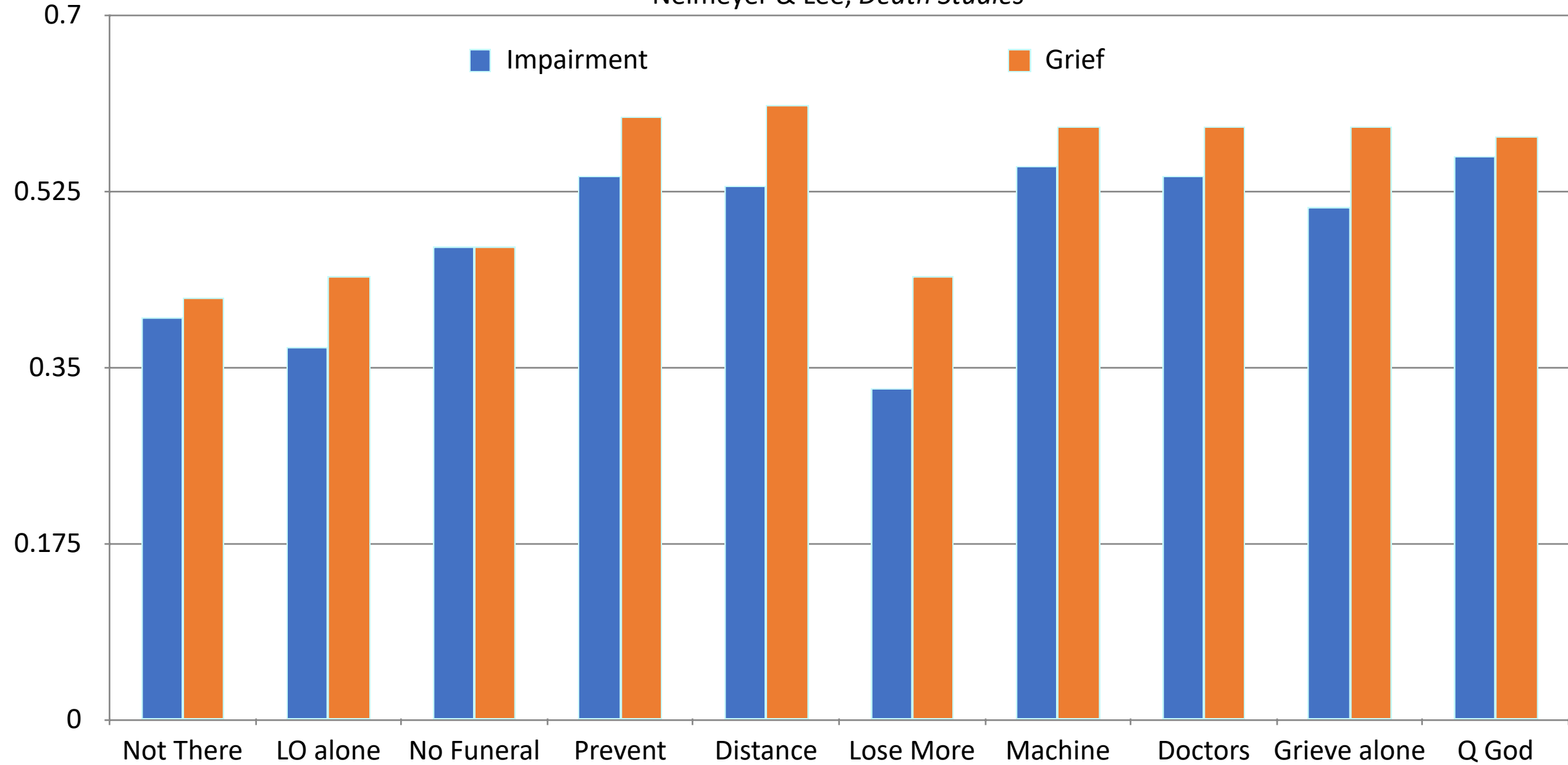
I felt too alone in my grief because of social isolation policies to control the pandemic. **[Grieve Alone]**

I questioned why God or the universe is punishing us in this way when I thought about the deceased. **[Q God]**



Risk Factors for Pandemic Grief

Neimeyer & Lee, *Death Studies*



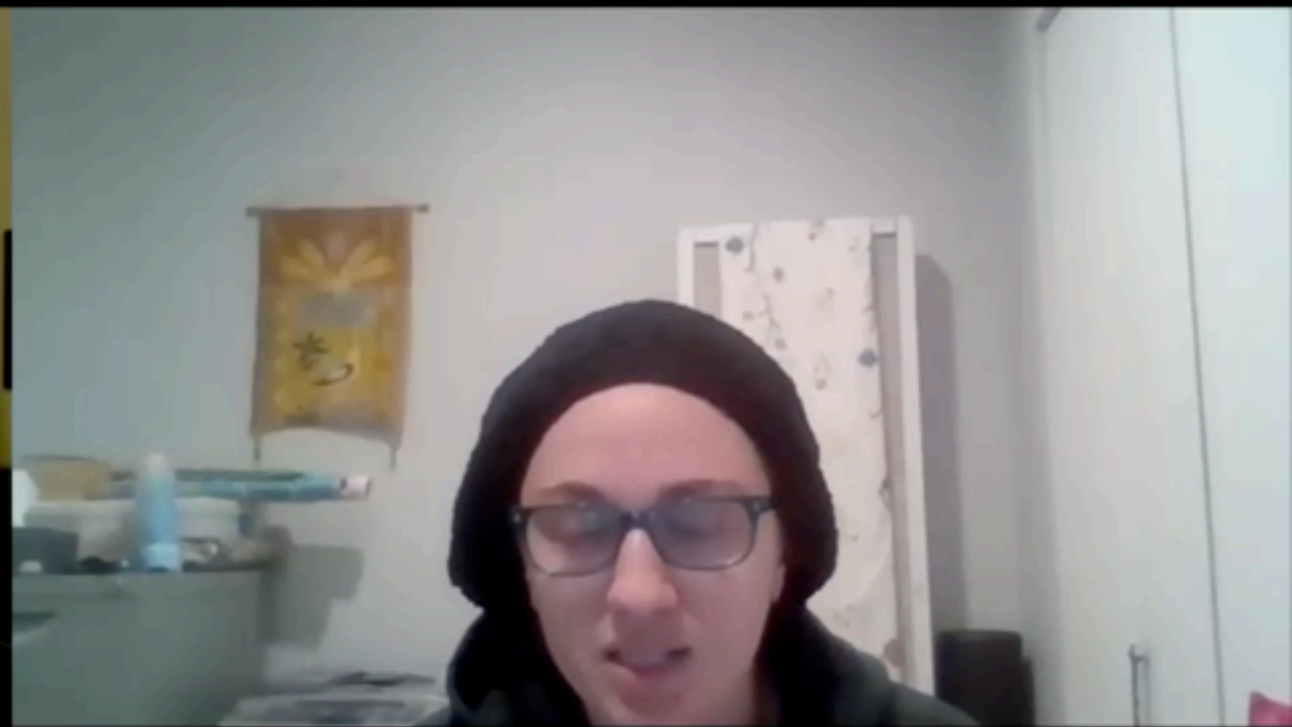
*Grief Therapy
in the
Pandemic*



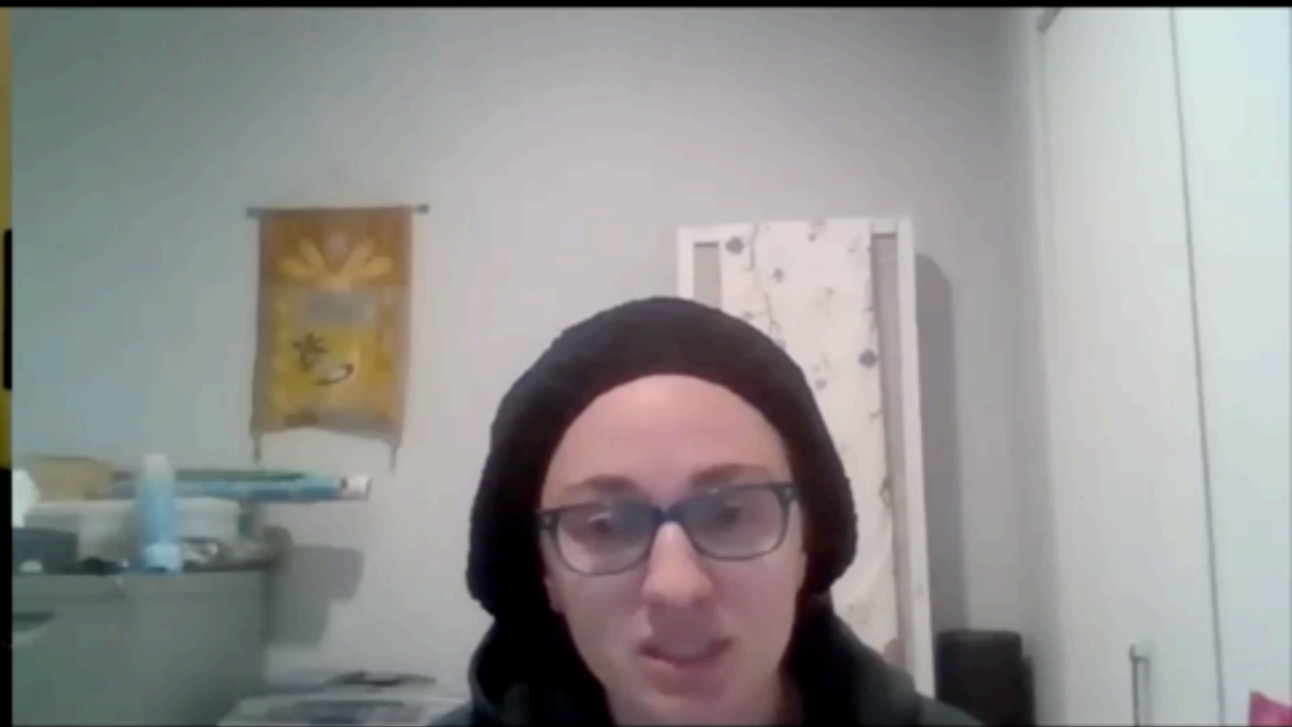
At the Abyss: A Case Study



Dangling at the Abyss



All in the Family



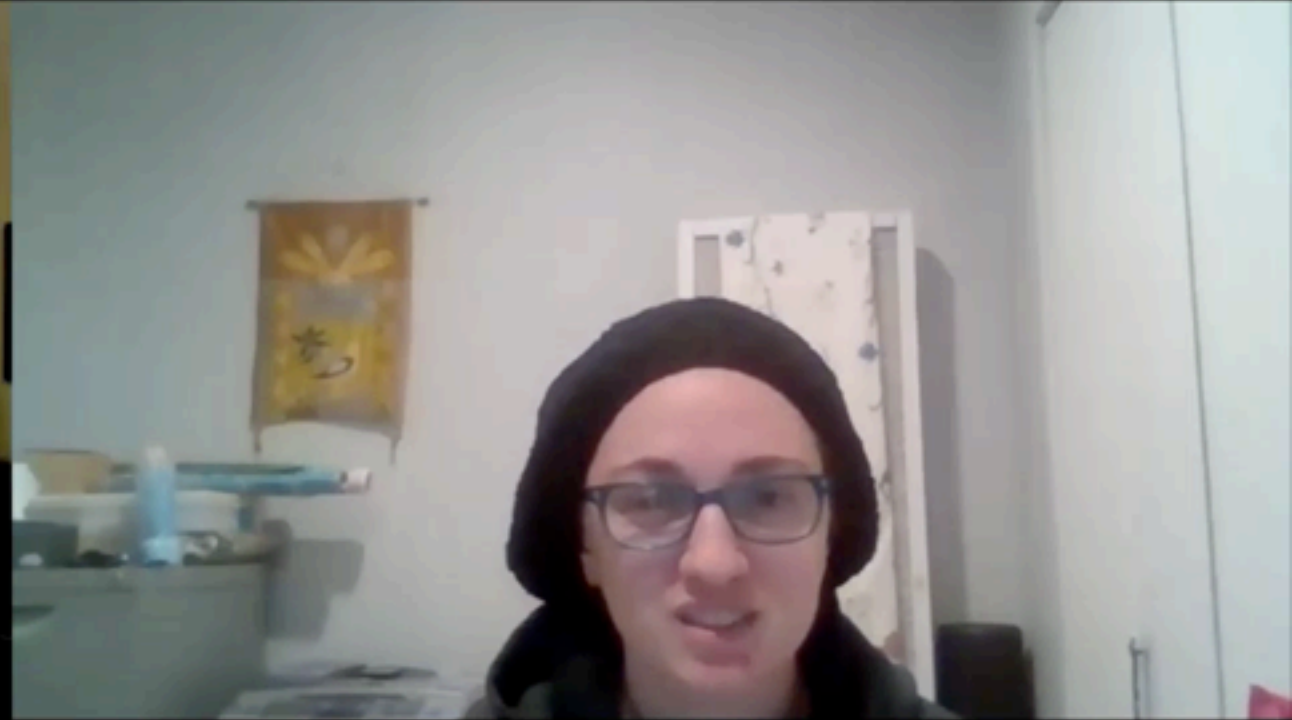
Rivka's Search for Meaning



The 15 Minutes



1 Minute with Father



Guidelines for Working with Bereavement



A word cloud of terms related to bereavement and grief. The words are arranged in a cluster, with 'change' and 'meaning' being the largest and most prominent. Other words include 'resilience', 'strength', 'conversation', 'share', 'ritual', 'journal', 'honor', and 'significance'.

significance
honor change
share conversation
meaning
resilience
ritual strength
journal

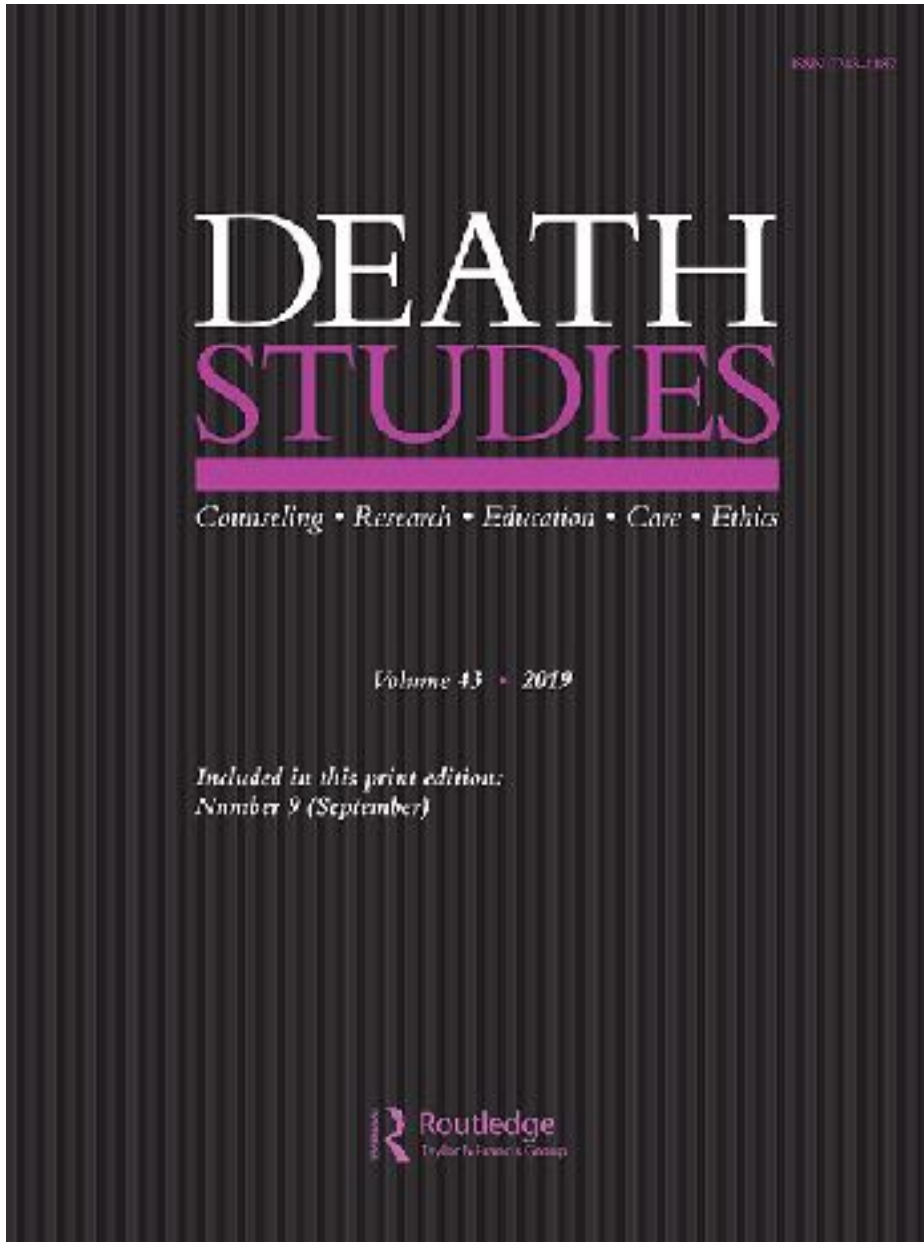
Guidelines for Working with Bereavement

- *Speak their names:* Encourage conversations about loved ones
- *Keep a journal:* Shift between expression and reflection
- *Share grief:* Connect with others in family or online group
- *Review photos:* Celebrate high points, acknowledge low points
- *Reconstruct legacy:* Keep the loved one's stories alive; Digital storytelling
- *Review resilience:* Explore strengths and success over adversity
- *Live in the now:* Slow down into the present moment
- *Conduct rituals of remembrance:* Symbolically honor loved one as well as personal change
- *Make meaning:* Explore what has significance now

Grief Therapy as Meaning Reconstruction

- *Retelling the Death Narrative*
- *Directed Journaling*
- *Analogical Listening*
- *Chapters of Our Lives*
- *Virtual Dream Stories*
- *Introducing the Loved One*
- *Correspondence with the Deceased*
- *Imaginal Dialogues, Chair Work*
- *Legacy Projects*
- *Life Imprint*





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