

An Intervention To Provide Care And Support For Surviving Families During Covid-19: The Role Of Social Work

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ABSTRACT: Deaths occurring because of COVID-19 actually cause not only Prolonged Grief Disorders and post-traumatic stress as well, to many persons worldwide. In order of giving top most importance of treating COVID-19 patients, people who had come to hospitals with serious health issues were abruptly denied of getting treatment at hospitals. This also led to the situation of increased deaths during the COVID-19 pandemic. Relatives and friends who had taken part in the death rituals of their beloved ones had a chance to aggravate the infections which additionally increased deaths. As deaths went up at a rocket speed everywhere, the people developed intense grief which further escalated various bereavement complexities. Isolation of patients, self-quarantined of family members from covid-19 patients, restriction of visitors to see the patients either at the hospital or at home, continuous occurrence of deaths at hospitals and most importantly lack of social support fueled these complexities. This results of this article suggests that having a regular communication with family members by social workers and health professionals about the status of treatment and its probable outcome oriented information, facilitating families for paying homage and last respects, and further extending emotional, social and prayerful support and consolation to the bereaved family members by the professional cum skilled social workers would definitely help them cope with the loss and reunite themselves to the realism.

Keywords: Covid-19 Pandemic, Increased Deaths, Prolonged Grief Disorders, Bereavement Complexities, Intense Grief, Skilled Social Workers.

1. INTRODUCTION

Defining Grief

Merriam-Webster dictionary defines Grief as “deep and poignant distressed caused by or as if by bereavement”. Grief is generally explained as the normal process of reacting to a loss, might be physical (death), social (divorce), or occupational (job). Most importantly, emotional reactions of grief include anger, guilt, anxiety, sadness and despair.

Stages of Grief

According to Elisabeth Kubler-Rose, after the loss of a loved one, a person will go through five distinct stages of grief such as denial, anger, bargaining, depression, and finally acceptance. Grief is originally outlined in Dr. Ross' book *On Death and Dying*, the Five Stages actually enable us to gain a beautiful way of understanding into the emotional and social experience of dying or the death of a loved one.

Understanding Prolonged Grief

When a person realizes about someone whom he loved so much is no more in one's life, but his sole is earnestly longing to see and talk to that person are actually the factors that lead to 'Prolonged Grief'. This Prolonged Grief happens to people especially when the demise is sudden or cruel. Prolonged Grief, usually comes about one in 10 bereaved people, is of a mind disorder, entirely dissimilar from the normal grief, said by Marie Lundorff.

Bitterness over the loss, unable to believe and accept the loss, emotional numbness, non-reconciliation to the reality of the loss, unable to come to normalcy and identify crisis are the symptoms are prolonged Grief Disorder. When these symptoms are very severe and endure for more than a year after a loss, and it continues to obstruct the daily activities of a person, we could easily conclude that a person is experiencing Prolonged Grief. It is because of such chronic grief, a person is pushed to the stagnation of his life. Shear (2016) states that Prolonged Grief is not merely a sorrowful event, but a state of despair always thinking about the affectionate and unforgettable memories of the lost person.

Prolonged Grief Disorder

The World Health Organisation (WHO) elucidates that Prolonged Grief Disorder usually lasts for six months after the loss. Their body weight is drastically down due to overwhelming sorrow and guilt. Moreover, whatever we say or console, they are not prepared to accept to the fact that their loved ones actually are no more. They purposely detach themselves from social interactions. A person in the state of prolonged grief disorder is usually unable to cope with and move forward and this particular stage of the life leads to mental afflictions.

Grief Influencing Depression

The overwhelming grief that goes after the death of a loved one is obvious in different feelings, which are of affective, cognitive, behavioural and somatic nature (Stroebe, 2007). This is obviously different from person to person, and by and large depending upon the significant factors such as the person who was lost, causes of the death, the proximity of the relationship, and the individual's personality traits (Dyregrov et al., 2014).

When people hear about the loss of their dear and loved ones, they tend to face sudden and severe feelings of anxiety. As the days roll on, such anxiety turns into pain and grief whenever they are thinking about nostalgia events with the deceased person. (Zisook et al., 2009). On the other hand, sensational and swift deaths take a longer period to reconcile with the loss. (Kristensen et al., 2012).

Few international research studies point out that 15 per cent of widows /widowers suffered from despair for a year after the loss of their spouse, while 12 per cent of them prolonged their sufferings to two years. (Zisook et al., 2009). A Norwegian study shows that 25 per cent of the bereaved due to 2004 tsunami suffered from deep depression for about two years

(Kristensen et al., 2009). In addition, several studies epitomize that 50 to 70 per cent of those with prolonged grief also suffer from depression (Zisook et al., 2009).

During the period of grief, when persons receive support from various sources, they are enabled to cope with the loss and make right adaptations and alterations in life and carry on. For many, the time heals the grief and enables them to come to normalcy in their life; however this may not be the reality for few. Naturally it is seen that the traces of grief may remain for years to come. (Lundorff et al., 2017). This could be entirely distressing for an individual experiencing a sense of helplessness to move forward with his/her life ultimately falling into Prolonged Grief Disorder (PGD).

PGD impacts about 10 per cent of all bereaved persons in the present times (Sealey et al., 2015). Generally, the persons being affected by PGD do not show proclivities to get associated themselves in social activities, as they possess not much of capability and competency to live positive lives and this reveals the fact that they are unable to believe and acknowledge the death of their loved one. (WHO, 2016).

Existing literature on PGD discloses the fact that persons with PGD do not find a meaning to live as they have completely lost their will power. The bitterness of their loved ones keeps on jerking in their subconscious being. This is a kind of disorder which pushes the individual to a state of mental illness, leading to develop suicidal tendencies and causing cardiovascular disease, disrupting normal work and keeping aloof from social interactions (Bryant et al., 2014). When we analyze this, we understand the fact that it leaves the lasting impact on the life of an individual and also entirely collapses the quality life at all fronts.

The researchers point out that there are various risk factors of developing PGD. This includes the persons:

- The occurrence of number of deaths taking place in a shorter duration within a close family circle
- Having entirely dependent on and craving for true affection with the deceased person
- The incident of unexpected death under dreadful and appalling circumstances
- The occurrence of premature death
- The death that was perceived as preventable
- Witnessing the death following a protracted illness
- Having depression or the pre-history of mental illness

The sudden arrival of covid-19 pandemic has put the considerable proportion of the world's population into a bereaving population who are prone to the risk of developing PGD. This is going to be one of the major public health problems to be addressed in the future without any further delay (Eisma et al., 2020).

COVID-19's Relationship with PGD

The virus that causes COVID-19 initially enters into the nasal area and then it spreads all over the body, particularly lungs is infected. After that, a person is not able to breathe and

leads the person to become fatal. (Godoy, 2020). This process pushes the families to the sudden tragedy. For most of them, though it is a tragedy and shocking experience, it happens to be an identified risk factor for developing PGD.

It is discouraging to mention that the health workers who have been working at the frontline, and providing treatment and care to the COVID-19 affected people did not receive gratitude in the beginning but they received only antagonism for little acts of procedural delay. (Janani Sampath, 2020). Many unpleasant incidents that happened in connection with such behaviors of people. To mention one of them was Dr. Simon Hercules, 55 years old neurosurgeon in Tamil Nadu died of COVID-19 on 19th April, 2020. He was diligently discharging his duties around the clock in providing health care to especially the poor. He contracted COVID-19 while he was treating some patients. His corpse was handed over to corporation officials for safe burial. When his body was taken to the graveyards at the Kilpauk, Chennai, the people who had been living nearby the graveyards refused to allow the body in their area and finally his body was carried over to Annanagar, where a mob attacked the health workers and corporation officials with sticks, as the local residents primarily feared of contracting the virus, if the body was buried in their vicinity. It is because of such unpleasant incident, the health team abandoned the body unceremoniously, fearing for their lives. Later on, with full protection of police assistance, the corpse was laid to rest. This news spread immediately through different media and created shock waves to the entire civil society and medical community in Tamil Nadu. (Sinduja Jane & Omjasvin MD, 2020; Serena Josephine, 2020).

Such callous and merciless episode aggravate the grief of the families, who were already mourning after having lost their loved ones and finally push them to the point of prolonged grief. In order to address the effects of such kinds of traumatic experiences, an appropriate psychological assistance has to be extended to them, so that they will be able to reconcile themselves with the reality of the passing away of their loved ones.

The possible risk factors for PGD due to COVID-19 circumstances are the following:

- Insufficient preparation by the family members for accepting the death of their loved ones
- Conditions and situations that lead to the death of the person in the family
- The total impact and repercussions of isolation and seclusion of the dying person
- Restrictions of visitors to the patient to the patient
- Denial of family members to make themselves present during the time of death of the affected persons
- The guilt experienced by the person who were “carriers” of the virus and infected the loved one who died.
- An absence of social support during illness, a lack of psychological support at the time of death and bereavement time that might have been accessible at ordinary times, from family and friends

The above-mentioned factors collectively might create psychological problems in a person. Experts in this field alone can reduce the harm created due to these factors. (Mason et al., 2020)

The Importance of Skilled Personnel

Death caused by COVID-19 makes a person most vulnerable in acquiring PGD. Therefore it is essential to note that the concerned families have to be well prepared to accept the forthcoming death of a dear one. To this end, a team of experts in this field have to be ready to respond and always make them available for service delivery and intervention. Likewise, after the death, it is a must for the same team to provide necessary support during the bereavement. During this time, everyone adores and respects the bottom-line health workers and health care providers walk on, as they commit themselves to save the lives of persons who are admitted in hospital for life-saving treatment. There are set of roles and responsibilities and tasks to be carried out by health care providers and social workers. According to the needs and requirements of the patients, health-care providers give the treatment, and social workers represent themselves as a bridge between the traumatic patients and family members. (Johns et al., 2020). Here, the main roles of social workers are to prevent the onset of PGD in the family members and this could be probably achieved by adopting some psychosocial strategies. During the pandemic situations and emergency times, healthcare providers and the social workers have to work in risky circumstances, where even the Personal Protective Equipments (PPE) is not adequately available. The patient is suffering physically due to the onslaught of virus on its vital organs, as well as psychologically, due to isolation and inability to have visitors. In spite of patients suffering physically and psychologically, they ought to make every effort for mitigating the upshot of the bereavement, which stresses the essential role of the healthcare providers (Selman et al., 2020).

The social workers need to be given thorough orientation on the self-risk perceptions, so that they are able to discharge their duties diligently at healthcare settings. Simultaneously, they have to also keep an eye on their health and check themselves periodically, to make certain that they are not infected. In general, social workers in western countries perform tasks as frontline personnel in the prevention of COVID-19 and concurrently they provide scientific harm-reduction strategies to the families and patients. This makes possible for patients to mutually cooperate with the doctors and nurses in getting treatment and at the same time, the families are able to ease out and decrease their vulnerability in acquiring the virus. (Reigada et al., 2020). Through this way, social workers are able to discharge their duties, tasks and involvement which are invaluable not only in reducing the trauma of the patients, but also reducing the sufferings of the family members. After the initial task of the health care providers, it becomes bounden duty of the social workers in offering consolation and all kinds of supports necessary to the family members and further directs them to put behind the loss and start their normal routine.

Pre-death Interventions

1. When tragedy taking place in the form of death strikes, primarily the social workers are there to proffer and extend various services before and after death.
2. Appropriate interventions aiming at providing advance care, emotional, spiritual and psychological support would be meticulously planned by social workers and these would essentially facilitate a person to cope with the difficult situation that has taken place in their lives. In the meantime, they would assist the person to relate and

network with the dying family member for inheritance arrangement and so on. Towards this end, social workers could either provide or make all possible arrangement for family-support strategies, including imparting clear communication on a regular basis in an empathetic way, establishing professional contact and keeping in touch with family members regularly, serving patients and their families to continue to be in communication through all advanced technological assistances. Simultaneously, the social workers would endow with an assurance to all family members that their loved ones are in good hands.

3. The social workers would also extend in all possible ways to interact with the patient and then connect with their family members during his time of nearing death.

Post-death Interventions

1. The social workers might smooth the progress of discussion between the infected person's families and clinicians to respond questions regarding their deceased loved ones. Moreover, they commit to disseminate the latest information and guidelines issued by government and health departments on conduct of funerals and offer suggestions to the bereaved persons about different options for conducting the last rites and rituals in honour of their dead loved ones.
2. Subsequently, the social workers could provide the follow up, by offering bereavement information and offer timely support through psycho-education and do referral services for enhanced follow up. (Selman et al., 2020). Further, the post-death interventions to be offered by the social workers include providing mementos and furnishing the contact details of the healthcare providers, who provided treatment, care to the patients.
3. Social workers in all difficult situations and emergencies remain as core pillars of extending the necessary support to the bereaved family members and these helps such family members for ventilating their sorrows and reduces their pain and provide comfort.
4. Social workers also accompany the bereaved family members when they go out and assist in procuring materials needed for the post death ceremonies.
5. Not only Social Workers could lessen the harms caused to the families through intense bereavement and despair, but also aid them from preventing the development of PGD.
6. Through multiple ways, the skilled social workers could help out to the bereaved families and bring them out of their intense sorrow and helplessness, by constantly reminding them that there are other avenues open and waiting for them, in spite of the tragedy taken place on them due to COVID -19 pandemic.

2. CONCLUSION

If PGD is left untreated or uncared for, it becomes a major health problem. Therefore, it is must that series of research need to be embarked on PGD to primarily understand the scientifically-founded predictions. In-depth studies are in order on PGD, to completely understand its science based opinions. If not such studies are actualized, we would run out of choices and options for treating the PGD effectively. There are lots of lacunae at the global level in the management of PGD. The COVID-19 pandemic arrived so rapidly that we were

unaware of it and severely suffered from shortage of healthcare providers. At this juncture, we are so much in need of health care professionals who are skilled and expert in the treatment and management of PGD, as the pandemic rages on without halting. This brings the attention of everyone that we should be prepared for that possible occurrence or eventuality. Joint effort or collaborative effort of health care professionals and social workers is need of the hour in joining hands to create a module to improve the treatment of PGD with regard to “Availability, Accessibility and Affordability”. (Johannsen et al., 2019). From the plethora of researches, it is observed that the virus would not be easily eradicated in our land in the immediate future. So, there is an urgent need to find again multiple strategies, explore alternate ways, to expand the treatment for PGD, virtually or otherwise. As the technology advances, it has become so essential to encourage the development and dissemination of internet-based PGD treatments if the pandemic endures/continues for an extended period of time (Eisma et al., 2020).

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