



CARE AND SUPPORT FOR THE COVID - 19 BEREAVED FAMILY MEMBERS: THE COUNSELOR'S ROLE

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Abstract

Worldwide, COVID-19 outbreak has been impacting people. The death toll from Covid-19 has reached 57,50,868 globally, with 39,72,59,234 verified cases. In India, there are 4,24,10,976 confirmed cases of COVID-19, and the death toll has risen to 5,05,279. Everyone experiences bereavement at some point during their lifetime. It is a universal sensation. Many find that when they adjust and integrate their loss into their daily life, their level of sadness lessens over time. The grievors or carers may go through deep, persistent, and crippling grief that satisfies the DSM V criteria for Prolonged Grief Condition, a recognised mental disorder. The majority of people adjust after a loss, with two-thirds saying that their financial, emotional, and physical conditions remained unchanged. Severe dyspnea, patient seclusion, visitation limitations, death in intensive care units, anguish of patients/family members, and disruption of relatives' social support networks are the mourning risk factors. The following psychological interventions will be used in this study to attempt to illustrate the treatment, emotional support, and counselling available to bereaved family members and caregivers (Cognitive Behavior Therapy, Acceptance and Commitment Therapy, Art based therapy, Group Therapy, Traumatic Grief Therapy, Complicated Grief Therapy).

Keywords: Covid-19, Bereavement, Caregivers, Grief, Counseling, Psychotherapy.

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Introduction

People all throughout the world have been affected by the Covid-19 pandemic, and regrettably, many families have lost loved ones. The mortality toll from Covid-19 has reached 57,50,868 and there are now 39,72,59,234 verified cases worldwide. There have been

5,05,279 fatalities associated with COVID-19 in India, where there are currently 4,24,10,976 confirmed cases. A new form of the pandemic emerges on its own every year, and it is still ongoing. The fatality rate quickly increased when new varieties were introduced to society. As a result of losing loved ones in their families,



people experience sadness and grieving. As counsellors, we also had the opportunity to work with the Greater Chennai Corporation and the Loyola College Management (GCC). During the journey, counsellors were frequently required to serve in both their roles as a social worker and a counsellor. As counsellors, there have been instances when we've had to simultaneously break unpleasant news to the families of our students. In other instances, counsellors required the help of NGOs to perform the final rites for the deceased since their family members were receiving medical care. They also had to deal with caregivers who were going through various stages of grief. During counselling sessions that were centred on the client's needs, counsellors offered bereavement counselling, trauma counselling, supportive psychotherapy, problem-solving skills, cognitive behaviour therapy, and activities of daily living. Additionally, they learned about social benefits and received training on how to assist customers in receiving them. My experience travelling with them inspired me to create a conceptual thesis on this subject. This paper will also go into greater length regarding potential therapies and coping techniques for those going through loss and mourning.

Definition of Key Terms

Bereavement:

The term "bereavement" describes the feeling of having lost a loved one. It most frequently refers to the period immediately following a loss, when feelings are the strongest. This is a period of great sorrow and great grief. The phrase is occasionally used interchangeably with grieving and grief. For many years, the majority of individuals involved in difficult mourning and grief therapy have referred to people who have complicated bereavement or complicated mourning as having "chronic sadness," "delayed grief," and "exaggerated pain." In reality, when Beverly Raphael and Warwick Middleton (1990) conducted a poll to ascertain which terminology were the most often used by top therapists in the profession,

several of these notions were established by consensus.

Grief

Grief is characterised as the powerful emotional and physical response that a person goes through after losing a loved one. Grief is marked by a great sadness as well as a strong desire to see the deceased person once again. It is common knowledge that the loss of a loved one is considered to be the most major stressor in daily life, frequently resulting in severe pain for everyone who was intimately associated with the deceased (Holmes & Rahe, 1967).

Stages of grief

Causes and effects

Unrelated to gender, the majority of survivors report substantial depression symptoms such as sobbing, low mood, loss of appetite and weight loss, weariness, trouble sleeping, trouble focusing, guilt about some part of the death, agitation, lack of interest, and poor memory. They hardly ever suffer motor retardation or significant depressive symptoms that make them feel bad about themselves. They often mistake a stranger for the deceased, although they hardly ever experience hallucinations involving the deceased. For nearly half of them, a major depression diagnosis could be made within the first month. These symptoms progressively disappear throughout the year, yet grief lingers on special days and around particular dates. By one year, 15% of people had significant depression, and 10% have had major depression for the entire year. Because all bereaved suffer symptoms immediately, complicated grief (CG), a more severe reaction that resembles post-traumatic stress disorder (PTSD), is now being found and investigated. It can't be distinguished from PTSD until at least six months after the loss (Clayton, 2007).

Related to the pandemic, lack of medical assistance, stigma associated with COVID 19, fear of transmission, disregard for or denial of care by the tertiary care unit, carelessness on the part of COVID patients, comorbidity, dread



of uncertainty, and anxiety-related problems. According to a study, consuming more alcohol, tranquilizers, cigarettes, and other drugs at this trying period is the root cause of the morbidity of mourning. While women and parents do not have an increase in mortality within the first year after a loss, males do. In roughly 15% of bereaved people who are initially widowed, pathologic grief—defined as a persistent depressive symptom—occurs. Bereaved individuals should receive the same care as other sad patients (Clayton, 1990).

Individuals who have experienced a loss are more susceptible to major mental health issues like depression and substance misuse, as well as an increased chance of suicide. Bereavement is seen as a common human experience, and most people adjust to their loss over time. Grief, however, is still a very difficult phase during which adaptations might take months or even years (Prigerson & Jacobs, 2001; Stroebe, Schut, & Stroebe, 2007).

The morbidity of bereavement includes depressive symptoms and complicated grieving, and it rises in these first few months in terms of drinking, smoking, and drug use. For the first twelve months, men under 75 years old see an increase in mortality; this trend may not apply to women. Antidepressants may be used alone or in conjunction with complex grief counselling to treat the more severe symptoms (Clayton, 2007).

Treatment

Studies on how to deal with sadness and bereavement have been conducted. These therapies and techniques are discussed below;

Cognitive Behaviour Therapy (CBT)

Numerous CBT techniques that are employed in the treatment of anxiety disorders and depression, such as enhancing pleasurable occurrences, challenging illogical beliefs, and graded exposure to dreaded or feared circumstances, can be adjusted for use with bereaved people (Kavanagh, 1990). (Morris, 2008). At the end of therapy, CBT-based

therapies were more successful than non-CBT ones at reducing symptoms of grief, depression, anxiety, trauma, and distress. The relative effectiveness of CBT-based treatments for treating depression and anxiety after bereavement compared to other therapeutic modalities was also shown by the results of follow-up assessments (Currier, 2010). Greater reductions in the symptoms of grieving, despair, anxiety, trauma, and distress were seen as soon as the intervention was CBT-based. Comparatively to other therapy, CBT-based therapies led to greater improvements in depression and anxiety at follow-up (Currier, 2010).

Art therapy

A randomised control trial was done to compare art therapy for grief to traditional therapy in terms of behaviour. For three months, they held 20 sessions lasting two hours each. The study's findings indicated that the experimental therapy caused changes with a non-significantly larger size (Schut, 1996). Several art therapists have used a variety of mediums to provide visual extensions to Neimeyer's story-telling techniques. For instance, the clients requested that artwork depicting a fond recollection of a loved one who had passed away be created to help with narrative story-telling. Art therapy methods based on Neimeyer's narrative perspective on CG are presented in a number of recent publications (Ferszt et al, 2004).

Complicated Grief Therapy (CGT)

Many CGT studies are still being conducted. Pharmacotherapy's involvement in CG recovery is one study subject that hasn't been fully addressed. According to a study based on real-world data, using antidepressants concurrently may help with cognitive behavioural therapy (CGT) since it makes it easier for patients to endure difficult tasks by going through old situations. The use of selective serotonin reuptake antidepressants alone, without the addition of psychotherapy, may be adequate to treat CG, according to an open-label pilot



research. A conclusion that medication alone is adequate for many people to reduce suffering would have significant public health implications because CGT is a difficult treatment that is not now universally offered (Julie, 2012). A study found that CGT was more successful than traditional IPT at reducing CG symptoms (Shear et al. 2005). We replicated these findings in their second experiment, which involved older participants with a mean age of 66. (Shear et al. 2014). With an average response rate of 70% across all investigations, CGT was once more demonstrated to be effective in their third study, the findings of which have been submitted for publication (Shear et al 2016).

Interpersonal Therapy (IPT)

By concentrating on a patient's behaviours and social interactions with family and friends, it seeks to boost self-esteem and enhance communication skills in a short amount of time. This is done by teaching patients directly how to relate to people better. Interpersonal therapy was the only intervention utilised in one trial to provide bereavement care, and the only outcome that was measured—grief—was not affected.

The benefit of maintaining combined treatment during the maintenance phase was evident in both the maintenance of social adjustment benefits as well as the lowest rate of depression return in comparison to the other groups. The Social Adjustment Scale scores of subjects who were randomly assigned to nortriptyline and monthly maintenance IPT consistently outperformed those of subjects who were randomly randomised to monotherapy (Miller, 2001).

Psychotherapy-based treatments

Another type of psychological intervention can be carried out in various ways, including individually, in groups, or in family settings. More than 25 researches have used psychotherapy as a form of intervention; these studies used a variety of techniques, including cognitive-behavioral, psychodynamic, interpersonal, and psychoanalytical approaches,

as well as combinations of these, modality, and social support. There were seventeen studies in total that used control groups; only 13 of them claimed randomization, and only five of these made clear the process of allocation (Forte, 2004).

Support groups or Counselling

A study has been used as the intervention in 39 research, just three of which had clearly outlined allocation procedures. Of these, 23 studies provided control groups, and 15 claimed random assignment. Ten of them involved mutual or self-help, the majority of them used unofficial group therapy. The remaining 29 trials involved professionally run support groups aimed at specific demographics such as seniors, college students, and children who had lost a parent.

Even more variations in programme implementation were found among studies. The number of sessions (one to 25) and how they were conducted (full-fledged patient-driven conversation or highly structured procedures), whether attendance was required or voluntary, the type of group leadership, and the format were all variables that showed variance (individual, group, or marital). Some research documented the treatment effects while other studies showed no effect, possibly as a result of these or other discrepancies in the interventions.

Traumatic Grief Therapy

We present encouraging findings for a small group of patients in an effort to create a treatment for traumatic grieving, a clinical condition that is thought to be widespread and crippling. In similar participants, the outcomes of the traumatic grieving treatment protocol were noticeably superior than those of interpersonal therapy alone. A few of the participants in this study had previously undergone interpersonal therapy and/or other forms of psychotherapy with minimal success (Shear, 2001).

Acceptance and Commitment Therapy

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The Cognitive-Behavioural Therapy (CBT) philosophy and the importance of thoughts and information on the relationship between anxiety and disappointment in life can both be attributed to the impact of the acceptance and commitment treatment approach. According to the cognitive method, cognitive distortions, erroneous thinking, and irrational ideas all have an impact on anxiety. According to this viewpoint, people frequently make intellectual mistakes during perception and interpretation of events, such as exaggeration, disaster identification, distortion, fast conclusion, and overgeneralization. Events cannot in and of themselves generate problems; rather, it is the intellectual framework, information-processing model, and methods for making sense of events that lead to such unfavourable sensations and emotions in people. The quantity of erroneous beliefs, intellectual mistakes, and cognitive distortions appears to have diminished as a result of internalising what happens in a person. This, in turn, lowers anxiety and lengthens life expectancy (Shannon, 2012 & Malmir, 2017).

Conclusion

In contrast to western nations, the number of cases of grief and mourning reported in our nation is relatively low. People who are grieving or grieving after a loss can benefit from a variety of therapies and coping mechanisms that have been proven effective. A few rituals are observed in our culture and community that help a person deal with mourning in a healthy way. When one experiences suffering and loss, they gain a greater perspective of life. A change has taken place in the notion of how to get "closure" by "letting go" of the departed. The process of getting over a loss ends there. Even while it doesn't make sense on a rational level, it does from an emotional and spiritual standpoint. Each individual must learn to cope with, overcome, and grow in the face of it. It is normal for people to heal from grief, and we may help them do so by educating them on the fact that embracing a loss is not a betrayal.

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