

EDUCATION BULLETIN April 7, 2020

GRIEVING THE LOSS OF NORMALCY DURING THE PANDEMIC

Content Attribution

We have reviewed, synthesized, adapted, and added to information from the following sources. Please consult these sources if you want more information.

- Doka K. 2001. *Disenfranchised Grief* [book, not available online]
- Kessler D. 2019. *On Grief and Grieving: Finding the Meaning of Grief Through the Five Stages of Loss* [book, not available online]
- Kubler-Ross E, et al. 2005. *Find Meaning: The Sixth Stage of Grief* [book, not available online]
- [That Discomfort You're Feeling is Grief](#)

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How are Physicians Being Impacted by Grief?

Society at large is grieving the loss of our usual lifestyles and ways of relating, connecting, working, and feeling safe in the world. And we know that, while temporary, there will be lasting impacts and we are grieving the loss of how we lived before COVID-19. In the moment, it may not feel temporary, because there is so much unknown about how things will unfold.

In addition to this general grief, those of us on the front lines are directly experiencing the acute illness and death of individuals on a scale not experienced in our generation. We may be the last person to see, touch, and speak to critically ill patients, who are separated from their families, and thus bearing the grief of all. Our entire profession is absorbing the shock waves of collateral grief and trauma. We are also experiencing what is termed *anticipatory grief*, for the unknown losses ahead.

Our profession has a pre-existing culture of denial of acute and chronic losses, with encouragement of stoicism and emotional repression. For reasons of confidentiality, we cannot publicly share our grief and rituals surrounding death are often unavailable to physicians, leading to feelings of isolation and *disenfranchised grief*. This type of grief tends to intensify emotional reactions and reduces social support. Grief and trauma go hand-in-hand during a pandemic, and current experiences can reactivate past grief and trauma that we may not have fully processed.

How Does Grief Manifest?

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Grief is a normal reaction to loss, and is characterized by a range of emotional, cognitive, physical, and behavioural symptoms. It frequently includes feelings of sadness, guilt, anger, loneliness, hopelessness, and numbness. The stages of grief described by Elisabeth Kubler-Ross are helpful in understanding reactions of self and others, though they do not occur in a linear fashion. They may not happen in order, and instead may repeat in a spiral over time:

- Denial (e.g., This can't be real; I don't need PPE)
- Anger (e.g., X group is to blame for this; The authorities have let me down)
- Bargaining (e.g., Maybe if I sacrifice myself, my loved ones will be spared)
- Sadness/Depression (e.g., I feel helpless; I'm useless; When will this end?)
- Acceptance (e.g., This is real, it's happening, and I want to do what I can)

How Can We Deal with Grief in Ourselves and Our Colleagues?

- ***"We" is the most important word.*** We are hardwired for attachment, and shared grief is the key to ameliorating isolation and hopelessness. We are in this together. We will get through this, together. We have each other's backs. Be compassionate, to yourself and those around you.
- ***Emotions are neither dangerous nor toxic, but signals of pain.*** Don't skip over pain. Acknowledge it as part of the grief process. Strategies such as taking time to pause after caring for a very ill patient or journaling at the end of the day may help in processing emotional experiences. Sit in the present and consider mindfulness as a tool.
- ***Identify your grief.*** Naming your emotions can be powerful. Acknowledge what you're feeling and consider opening up to others about it. It is normal to feel this way.
- ***Attend to love, work, and play.*** Nourish connections. Play with ideas or explore creativity in the midst of a storm. All three are crucial.
- ***Be self-aware.*** Notice if you're falling into the extremes of omnipotence (feeling the pressure to be all-powerful/in control/a superhero) or impotence (feeling like you can't do anything). Acknowledge that we are potent (we can have an effect or influence) AND that we have limitations. Find balance in your thoughts, rather than extremes and worst-case scenarios.
- ***Reflect on the words of Hippocrates.*** "Cure sometimes, treat often, comfort always." When faced with an illness for which we don't yet have a cure, we can offer comfort, empathy, and support to our patients and colleagues.
- ***Consider meaning as the sixth stage of grief.*** We are challenged to find the meaning in our work—as worthy of dignity and respect—and to trust that post-traumatic growth is possible, as suggested by the research.
- ***Be alert to signs that grief has progressed to a mental health issue.*** If you experience persistent anxiety and depression, significant decline in functioning, or suicidal ideation, you may require help from mental health professionals. Reach out as soon as