

Unexpressed grief in the families of patients deceased by covid-19 in iran: consideration for health care providers

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Abstract

The severity of grief is subject to the individual's experience of loss, the age of the deceased, and the condition of death of the loved one. The peace of survivors is possible provided that there is an appropriate understanding of the death circumstance. This issue is completely related to the context and is influenced by the associated culture in societies. Unexpected death without burial and mourning ceremonies due to the prevalence of COVID-19 has affected typical grief process in the family of the deceased. Negative and painful emotions must be resolved by the human psyche, otherwise the condition for unexpressed grief will be provided. The challenges of the pandemic crisis ought to be acknowledged as an inevitable part of human life, and our goals and programs should be practical and tangible to alleviate the psychological pain and burden imposed on the survivors. Pertinacity against inevitable issues such as death and resistance to attain inner peace and happiness in life are not signs of love and affection for the deceased. In addition, the principle of physical distancing should be replaced by social distancing

Keywords

Grief disorder • COVID-19

Introduction

In December 2019, the first case of the coronavirus appeared in Wuhan, China. The disease has spread rapidly throughout the World and the COVID-19 has been announced pandemic by the World Health Organization. Currently, efforts have been made to find an effective vaccine and cure this viral disease, yet all in vain [1]. It is difficult to determine accurately the number of patients and the resulting deaths due to the unclear epidemiological characteristics of the disease and the lack of sufficient facilities. However, at the time of writing this research, statistics released by the World Health Organization indicate that 94,968,081 people worldwide are infected and more than 2,031,282 people have died by this virus. However, it seems that statistics are higher than this.

Literature Review

The official statistics of the Ministry of Health of Iran also revealed that 143849 people have been infected and more than 7627 people have been died by the coronavirus. People confronted with a great

challenge concerning health, treatment, and social life system [2]. In 18 February 2020 the first case of infection was reported officially. This disease has affected all the physical, mental, psychological, and economic dimensions of the lives of the people in the World. The coronavirus is causing the major economic, social, and political crisis. Socially, the coronavirus stops up the public space stalking the health of civil society. Coronavirus and virtual reality go hand in hand involved in the creation of a world in which public spaces and civil society are diminished. The closure of cities and the avoidance of crowds and attempts to settle down at homes, intensifying limitations over social interactions, can make the virtual reality a substitute for public space [3].

Governments and organizations prioritized health services regarding limited resources, disease control, and physical therapy of patients and prevention of the spread of this disease. In order to thwart the spread of the disease, the countries adopted social distancing and herd community based on the terms of the quarantine policy. In Iran, this has led to a decline in the presence of people in society and formal ceremonies. In such a situation, it was not possible for governments and organizations to pay sufficient attention to family services and deaths caused by COVID-19. Due to high

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prevalence and lack of individual protective equipment, visiting patients was restricted and eventually barred. Considering the care processes, COVID-19 also affected the characteristics of the caring in moribund patients in a way it deprived most survivors of the possibility of saying goodbye and mourning. Funeral and mourning ceremonies are diverse in societies and are influenced by their formal attitudes. The religion of Islam has its laws, decrees and rules from birth to death and even after the death of individuals and determines its limits. Islam recommends specific instructions for the details of death, burial, and mourning [4]. These commands and decrees begin even before death and at the time of mourning and continue until after death and even several years after. The religion of Islam has a special respect for the Muslim and even respects his lifeless body. It is customary for clerics and trained religious leaders to hold commemoration ceremonies for the deceased on the third, seventh and fortieth days of his death. The results of studies show that the treatment of grief using the Islamic approach (funeral and burial and commemoration ceremonies) has a positive effect on general health indicators and is applicable in psychotherapy interventions for Muslim bereaved. Funeral and burial ceremonies in Islamic Republic of Iran are carried out collectively and with the presence of relatives, friends, and acquaintances. By performing these ceremonies, the negative emotions of the families of the dead have been deflated and it has caused them to adapt to the lack, which paves the way for a return to normal life.

The World Health Organization (WHO) has announced safe measures for the management of the bodies of those who died of COVID-19. Then the Ministry of Health of Iran, taking into account the issues of foreign affairs and the protocol of the World Organization, compiled and announced a protocol for funeral ceremonies for bodies died by COVID-19. Accordingly, the process of normal mourning for the families of the deceased was disrupted. With establishment of restrictive and quarantine strategies, conventional formalities such as final farewell, escort and farewell in funeral parlor and grave all have been eliminated.

Grief is the natural and normal response to the loss of a loved one with a wide range of emotional, behavioral, cognitive, and physiological symptoms. In many cases, grief is naturally acknowledged by the mourning person as a fact of life as it enhances process of adaptation. Yet, in rare cases, this period results in severe psychological and physical problems.

Although the duration and severity of the response to grief depend on sudden death and the individual's cultural background, the symptoms gradually decrease and do not endure more than 6 months in a year. However, the course of grief may be unusual in some people so that grief symptoms and behaviors may continue and need psychiatric interventions.

Failing to carry out mourning ceremonies due to COVID-19 brings about accumulation of negative emotions in the family and causes disorders in the normal process of mourning a bereaved person, which results in unexpressed grief that, in long-terms, provides conditions for physical and mental disorders. Persistent grief, self-blame, remorse, depression, wishing for death, anger, avoiding remembering the deceased's memories or extreme mental occupation with the deceased, communication problems, and unwillingness to accept new responsibilities in life are all symptoms of unexpressed grief.

The consequences and side effects of unexpressed grief in the coming years and in the period of post-COVID-19 crisis are unknown and unpredictable [5]. Undoubtedly, the organizations providing a wide range of health services will be challenged by plenty of processes regarding screening and treatment of mental illnesses. Considering the mental state of the family involved in this pandemic is significant as much as, in the current situation as special attention is given to diagnosing infected people and preventing corona chain, health and caring system may neglect paying attention to psychological burden on family members of individuals dying by COVID-19 and carrying out psychological interventions. The aim of this study is to discuss and present a proposal for the management of unexpressed grief in families confronted with death of their loved one by COVID-19.

The challenges to the grieving process in the families of the deceased by this disease are as following:

- Lack of family presence in last farewell to the deceased
- Failure of the family to attend the funeral
- Failure to hold mourning ceremonies for the deceased by the family
- Restrictions on government resources in providing psychological services to people concerning with unexpressed grief.

Results and Discussion

The process of mourning due to social distancing, quarantine, insecurity, self-blame and lack of normal burial and mourning ceremonies has been affected by COVID-19. Despite the fact that experiencing death of the loved one may happen within one or two weeks, the devastating long-term effects to the survivors and health care system are indisputable. The concentration of the health care system on unexpressed grief should contribute, according to existing resources, to enhance communication, promote self-care, and prevent above-mentioned long-term effects in communities affected by this disease. The solution to unexpressed grief is modification of normal mourning processes and psychological interventions.

Resolving the unexpressed grief requires a holistic view of the phenomenon of death and life, interpersonal interaction, and team work. In this regard, it is necessary to reconsider the existing policies and protocols and take advantage of opportunities provided by virtual reality in order to replace "physical distancing" with "social distancing" in a way that, considering pros and cons, families of deceased are allowed to have controlled social interactions.

Media and social networks play a significant role in maintaining the family's inactive communication with hospitalized patients to prepare family to confront with potential consequences, stress control, anxiety, and prevention of unexpressed grief. This platform should be utilized for psychological counseling in order to strengthen flexibility and resilience of family to decrease the possibility of unexpressed grief. Attention to children and the elderly, as vulnerable groups against the effects of unexpressed grief, requires an organized program [6]. Measures in this regard should be age-appropriate. For bereaved children, explicating dimensions of life and biology, we need to talk about growth and aging instead of death. If they feel guilty, they should be allowed to express themselves. Teenagers, in dealing with the death of the loved one, are prone to

become introvert and sleep disorders so that we should talk to them without blaming their feelings. Helping mourners set aside an hour a day to review memories, cry, and mourn can prevent dysfunctions in regular life.

It is important to hold a funeral service and a condolence meeting to prevent unexpressed grief. So mourning should be in any circumstance, yet its procedure can be different than the normal condition. To this end, with the observance of health norms and social distancing, the possibility of transferring deceased to residence and home must be provided. If possible, a family member should attend to share the latest images with family members from time of transfer to funeral. In this context, trained religious leaders can be used as intermediaries between special burial groups and family of the deceased in order to provide spiritual services. Confidence should be given to the family that an appropriate memorial service will be held for the deceased after the pandemic crisis.

Virtual communication between the deceased's family and other bereaved families strengthens resilience and adaptability with grief. Educational programs on the philosophy of death and life to overcome emotions like guilt and anger and pain caused by the painful pressure is significant to family members. With the support of mental health staff, the necessary messages and information should be provided to reduce the effects of mourning [7]. Contacts must be answered promptly over time, and differences in cultural and religious and even local dialects must be addressed. Reviewing memories, photos, clips, blessings for the deceased and holding virtual Qur'an recitation sessions virtually to keep family calm can be really helpful.

The families of the deceased should be monitored virtually by the health and treatment centers regarding mourning burial procedures during this period. If necessary, face-to-face psychological interventions by reinforcing the view that "life is still going on" is essential for family members. In some cases, medical interventions can be useful and effective in controlling anxiety, severe aggression, and panic attacks.

Conclusion

In psychological interventions for these people, social stigma should be prevented. The social isolation of these families, due to

stigma, causes consequences such as personal, job, and financial problems. Public memorials to commemorate the deceased, even if with no attendance, play an important role in prevention of stigmatization. Despite the provision of multiple procedures for determining the effects of unexpressed grief in the communities affected by COVID-19, further research is required to determine all its dimensions and effective interventions.

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