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Quarantine: Loss, Grieving and Hope

Loss of a Family Member:

An unexpected text message posted by one's sister, leaves one feeling numb and in total disbelief. It reads, "Mom has just been diagnosed positive for Coronavirus." Shortly thereafter, other family members are contacted and similar information provided about their mother's health. Everyone comments with, "Are you sure about the test results?" In response to family members it is stated, "Mom tested positive for the Coronavirus, after she developed problems breathing and she's now on a ventilator." Several days later, the family members are contacted with the dreaded message of, "The hospital just called to say mom has stopped breathing and pronounced dead, after being taken off the ventilator. In total disbelief after the phone call, a surreal experience of shock and numbness is experienced, after the preceding the conversation.

The sister who was initially contacted about her mother's death was in shock and time appeared to proceed in slow motion. Those feeling of numbness resulted from the "Sudden Loss" (Cherry, K.) of her mother. Any other types of losses are similarly experienced as surreal, but the grief process is viewed differently, from one loss to another. Those advanced losses are expected, as if anticipating the loss ("Anticipatory Grief"), with grieving that proceeds. Also another expected loss is one in which a prolonged illness is experienced, over a lengthy period of time ("Complicated Grief") and the grieving process may have begun prior to the loss.

As one grieves the loss and experiences the various emotions, sometimes the response from others may appear "well meaning," but often times is "unsolicited advice." In people's attempt to forego a person from processing their affect, a person will make a remarks, such as "You'll feel better with time" or later with remarks of, "Why are you still feeling sad? You need to get on with your life." Instead the person grieving has thoughts of feeling abnormal, because of their continued feelings of loss. In essence the individual attempting to help the grieving individual does the opposite stalemating the process, by not listening to their emotional pain. These individual's attempt in providing "ready-made solution" to the grieving person, may result from their own unresolved issues of loss. Examples abound of childhood pets dying, with parents attempt to have children "bypass" feelings of sadness, with remarks of "You'll get over this. We'll go this week and buy you another pet."

Unlike the pet analogy of unprocessed loss, historical evidence through various mediums (History Editors) of the Black Death (1347-1352) has proven evidence of people having processed those losses. One medium is in the artwork (DesOrmeaux, A.L.) that depicted the

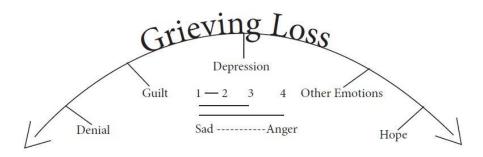
deaths of 75 to 200 million people who died from a pathogen (bacillus called Yersina Pestis), with the communique varying from one spectrum of fear to one of hope. As noted through the skeletal figures painted on canvases, the psychological feeling of <u>fear</u> is depicted. That fear was behaviorally exhibited upon the burning deaths of the Jewish people, who were scapegoated as having been the cause of the plague. As other prolific religious icons of saints and the Madonna figurines in statutes and paintings were artworks to act as a solace of hope in the spiritual healing from the plague.

Symptoms of Loss:

Rather than behaviorally acting out our fear, as in the 14th century and having our fears revealed in the "light of day," we can begin that journey towards recovering from our loss. That revelation can be noted as we identify our affect about contracting this invisible COVID-19 virus. The fear experienced from this pandemic is also fraught with untold anxiety. That psychological effect of anxiety can be debilitating, whereby one is in continual thought about "What will happen next?" or "Will I too die from the Coronavirus?" Other feelings may also result, with guilt experienced in not having been present at her mother's death, because of guarantine restrictions placed by the hospital. Thoughts of "I wish I could have been at the hospital with mom when she died;" in addition to other guilt laden thoughts of "I was too busy to spend more time with mom, I wish she were here, so I could spend that time with her." In addition to feeling an overwhelming sense of depression, albeit sadness with difficulty concentrating and other changes such as, over-or-under sleeping, lack of appetite or overeating to help assuage the pain. On the other continuum of depression is anger. That anger may be a reactive effect in numbing ourselves from the pain and instead "lashing out" to other individuals and/or situational events in experiencing the loss. When noted, the expression of anger is exhibited prior and subsequent to a burial service, towards other family members or situations. These various emotions are also experienced viscerally, with an individual's physical response of psychosomatic symptoms that range from experiencing fatigue, headaches, upset stomach, backaches, etc.

In conjunction, the debilitating effects of sadness are experienced in ones sleep pattern - longer periods and/or shorter periods of sporadic sleep. When awake, the other side of the spectrum of sadness is anger, whereupon one can become irritated by minuscule situations. Those feelings are noted by Elizabeth Kubler-Ross's grief model (Gregory, C.), with five stages (denial, anger, bargaining, depression and acceptance). Both the anger and depression or sadness is delineated in two of her five stages. Her model has been previously criticized as linear, with progression from one stage to another, because her original model was developed for the terminally ill patient. Since then her model has been revised to include a non-linear model with all stages not necessarily experienced. On a personal level, the model on Grieving Loss (**figure**

1) I've incorporated is fluid yet circular model of a back-and-forth movement of various emotions. Noting that some days, intense feelings of depression which is on a continuum of sadness and anger can occurs. If depression is pervasive on a daily basis and increases over time seeking counsel from one's physician or psychiatrist is advised; especially if suicidal thoughts are prevalent.



1. Irritability 2. Sleep 3. Appetite 4. Concentration

Figure 1.

Coping with Loss:

Coping with the various emotions in working on loss is a multifunction process. A process that incorporates various emotions of: denial or shock; with guilt and anxiety intermingled with one another; also a continuum of experiencing sadness or anger, which are all fluid and non-stagnant. Symptoms of irritability, dysregulation in sleep; effects to one's appetite, also an inability to focus or concentrate may be experienced within that continuum of depression. Other emotions may similar result, with is dependent on one's grieving process. The final process of loss is an attempt of experiencing a sense of hope in being with previously deceased family members and friends.

When one is overcome by any of the previously mentioned emotions, engaging in a coping strategy to help decrease those feelings is essential. An acronym of "TEC" can be utilized to help in modulating one's emotional response (Flores, 4-17-20). The "T" signifies a "time out" in slowing or halting those escalating feelings through the decrease in one's adrenaline level. Time out should incorporate the ability to refocus those feelings by engaging in a "calming exercise" ("E"). An exercise can either be a sedentary activity (slow-deep breathing, listening to soothing music, technological devices, etc.), or a physical activity (exercising by walking or running, etc.). After one's emotional response have abated, a non-verbal form of

communication would help one give a narrative of their emotional affect by journaling. That affect can be identified on culturally recognizable words ("happy, sad, mad and scared/anxious – other words can similar affective words be used) at the beginning or end of the narrative.

Focusing on one's needs through these coping skills is important, but also the social interaction is important. Thus the focus on others through activities such as preparing meals, making craft items, ordering items for care packages (toiletries, face masks, gloves) and leaving them on their doorstep. These activities can help in focusing on others, thus helping in decreasing symptoms of sadness and/or anger.

Memorializing the Loss:

In dealing with these symptoms, the next task in dealing with the loss is the preparation of a burial, which in itself can be arduous. The reality of the loss is marking a burial tradition, which affords an opportunity of extending support to one another. Because of multiple deaths due to the Coronavirus have increased exponentially with deaths in the United States of 58,877 and 169,318 worldwide, it makes it difficult to memorize one's loss with a funeral service (Elflein, J.). When one is limited in their ability to physically and psychologically participate by gathering together in these services, it heightens one's feeling of isolation, which does not provide closure to those grieving the loss.

A question that arises is, "When these losses are on both a familial and also on a societal level with "social distancing" implemented, can one truly experience the support of others during a funeral service for the deceased?" The only consolation provided for family members is to drive by a church or gravesite and only at a distance, which funeral services proceed. In retrospect technology, as previously cited in increased social interaction, an answer would entail the connection with others on the internet (Zoom, Facebook Messenger, Google Hangout). This would allow individuals the opportunity to provide a venue of expressing their thoughts and feelings, about the deceased person, through group participation. A formalized version accessible on a website to a large group of individuals would be to provide a religious service to memorize the loss of the individual. Other members could participate in providing a eulogy, with "snippets of times" spent with the deceased individual. This would provide an opportunity to begin "opening the door" of healing, through this and other memorial activities.

Hope in the Midst of Loss:

This activity of remembrance encourages family members and friends to articulate the legacy of the deceased member. Later in retrospect, when one views a person's death and subsequent to the loss, a sense of hope can be experienced. One aspect of hope provided by visions prior to one's death is articulated by David Kessler in his book entitled, <u>Visions, Trips, and Crowded</u> <u>Rooms: Who and What You See Before You Die</u> (Kessler, D.) He provides examples of

"Deathbed Visions," which are antidotal accounts by healthcare professionals and clergy members, prior to their death of visions of a parent, relative, friends or others who were previously deceased. In conjunction to Kessler's examples, another personal example encapsulates similar visions. Prior to the deaths of my parent-in-laws, each experienced similar visions. Upon their deaths, each looked at an area in the room, appearing enraptured and speaking inaudibly to an invisible entity of a previously deceased family member. At some point, I whispered and encouraged them to step over the thin veil of invisibility to join their loved one. In that sanctified moment, it provided a sense of solace, knowing my parent-in-laws were joining other ethereal-loved ones.

A second aspect of hope is similarly articulated by other individuals who have reported their "Near-Death Experiences." The near-death experience has been described as an out-of-body experience of themselves, hovering above their lifeless body. Shortly thereafter, a bright light appeared in which one was surrounded by other family members or friends. The description was one of an unimaginable peace, with an overwhelming desire to join them. But were halted in their journey and told to return, because "It was not their time" to join them. The person hesitantly came back and described no longer being fearful of the unknown abyss of death. After the loss cited earlier of one's mother and also viewing the deathbed visions and neardeath experiences, one can experience a sense of hope in the knowledge of joining their loved ones in the "hereafter."

Summary:

In summation, the information provided on the grieving process will hopefully aid those who have experienced a recent loss, as a result of the Coronavirus. Then information in the sections of Loss of a Family Member, Symptoms of Loss, Coping with Loss, will hopefully provide much needed material on grieving one's loss. Many times in viewing loss because of the excruciating pain one experiences, it is highlighted from a negative perspective. But on the other end within the spectrum of loss, a sense of hope in the emotional healing through the Memorializing the Loss, adds to another perspective on loss. In conclusion, the loss one experiences is personalized and should in no way, be compared to others. Take care in this journey of healing......

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