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* / News / 2021 / February / Professor Contributes to New Hospice Book on Pandemic



Professor Contributes to New Hospice Book on Pandemic

Dr. Sherman Lee offers counsel on how to 'Live with Grief.'

by Jim Hanchett | February 22, 2021

Above: Sherman Lee

Read time: about 2 min

<u>Psychology</u> professor Sherman Lee's contribution to a newly published Hospice Foundation book on the pandemic begins with two stories that exemplify why COVID-I9 is so damaging, even to those who don't contract the virus:

A couple has a teenage daughter who is infected as they care for an elderly parent at home. Their spiraling anxiety is compounded by a difficult decision – do they place their daughter in a hospital where they won't be able to see her or do they protect her grandmother by sending her to an eldercare facility that comes with its own risks.

A woman's mother dies of cancer alone in a hospital and her large and tight-knit family is denied a traditional funeral. Only one person is allowed to attend and the grieving woman feels she has again failed her mother by denying her a proper homegoing.

The stories illustrate what Lee and co-author Robert Neimeyer describe as the enormous and unprecedented psychological impacts of the pandemic. They are among the contributors to *Living With Grief Since COVID-19*, published this month and intended for survivors and healthcare and grief professionals.

"The COVID-19 pandemic will inevitably lead to a consequent pandemic of complicated grief. Whether an individual has died from the disease or some other cause, every death and every grief journey has been affected by

1 of 2 6/18/2025, 1:05 PM

COVID-19," co-editor, author and noted grief expert Kenneth J. Doka writes of this historic period.

Lee and Neimeyer, director of the Portland Institute for Loss and Transition, focus on two aspects of the pandemic's psychological impact: the global outbreak of coronavirus anxiety and the complicated and unfinished grief that follows COVID deaths.

During the first months of the pandemic, one in four Americans reported clinical levels of depression and nearly one in three reported clinical levels of anxiety. That was reflected in what Lee and Neimeyer describe as a large set of cognitive, emotional, behavioral and physiological symptoms of anxiety including sleep disruption, loss of appetite and nausea. To help clinicians diagnose this "distinctive form of distress," Lee developed the <u>Coronavirus Anxiety Scale</u> now used by mental health professionals worldwide and it is included in the Hospice book.

The distress continues after death for survivors. Lee and Neimeyer analyzed the grief suffered by over 800 people who had lost a loved one to COVID-I9. They found evidence of widespread and disabling grief, writing: "Mourners struggle with turbulent emotions of longing, guilt, loneliness, and desolation which impair their ability to function in the contexts of family, work, and the social world for many months beyond the death, and often years." The authors developed a Pandemic Grief Scale to help mental health professionals as they assess survivors and that tool is also included in the book.

While anxiety and grief cut across all populations, Lee and Neimeyer particularly focused on the disproportionate impact on two vulnerable communities, health care workers and people of color in the United States. The authors say their higher risks of infection translate directly into higher levels of coronavirus anxiety, depression and, given their higher COVID-I9 mortality, complicated bereavement.

Lee and Neimeyer conclude the chapter with guidance for mental health professionals, pointing out that so much is new about the impact of COVID-I9 that it isn't included in traditional academic coursework. They say the predictably high demand for grief therapy arising from the current pandemic and those in the future requires immediate and ongoing professional development training for therapists and other caregivers.

2 of 2