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Preventing the Second Pandemic

DR. SHERMAN LEE DEVELOPS SCALE TO MEASURE COVID GRIEF.

by Jim Hanchett | January 6, 2021

Above: Dr. Sherman Lee

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As the death toll from COVID-I9 continues to climb, <u>psychology</u> professor Sherman Lee has developed a mental health screener to identify those suffering from dysfunctional grief due to the loss of a friend or family member.

Lee says the mental health needs of people grieving the loss of a loved one have been neglected. He believes the Pandemic Grief Scale (PGS) he developed with Robert Neimeyer of the Portland Institute for Loss and Transition is the first of its kind to be published.

The five-item scale to be administered by mental health professionals is based on information Lee and Neimeyer gathered from 83I adults who lost someone to COVID-I9. An alarming two-thirds of those adults indicated they were suffering from clinically dysfunctional grief that impaired their work and social lives.

"This raises the specter of a second pandemic in the shadow of the first, one characterized by widespread intense and problematic grief that could pose profound long-term challenges in adjustment among mourners already struggling with pervasive psychological, social, and economic stressors resulting from the spreading infection and policies to mitigate it," Lee and Neimeyer said.

The PGS comprises five items that Lee and Neimeyer gleaned from their own observations and from a widely used list of 37 common grief symptoms:

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- I. A death wish or suicidal thinking
- 2. Identity confusion reflected in a struggle to assimilate a death into a coherent, post-loss life narrative
- 3. Apathy where the bereaved have little motivation or energy to invest in other activities
- 4. Difficulty reminiscing and accessing positive memories of the deceased
- 5. Meaninglessness reflected in a sense that life is empty

The subjects used in the study had been bereaved an average of three months. More than 40% had sought professional help for their grief and almost that many had themselves tested positive for COVID-I9. Worldwide, more than nine million are dealing with bereavement grief and that suggests more than 100,000 are suffering at a pathological level. The researchers say those numbers are likely to grow exponentially in the months ahead.

As the numbers rise, traditional methods of confronting and reducing grief are unavailable. In hospitals and nursing homes, social isolation protocols limit both available social support and meaningful engagement of family members in end-of-life care. Vulnerable patients can decline precipitously even with ventilation and other forms of medical support, as families experience helplessness and guilt in being unable to tend to their loved ones at the end of life. Additionally, places of worship are shuttered so mourners can't easily find comfort in their faith.

"Without policies to promote less stressful grieving, the psychological, medical and economic toll of bereavement is severe in this pandemic and likely to emerge again in future pandemics," Lee and Neimeyer said.

An article about the PGS by Lee and Neimeyer - "Pandemic Grief Scale: A screening tool for dysfunctional grief due to a COVID-I9 loss" - was published in the December 2020 edition of the academic journal *Death Studies*.

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