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The Psychological Fallout of the Pandemic As Illness and Death Increase

By

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The psychological fallout of the pandemic will change when illness and death become more widespread. We will have more direct experience of the hard realities of the pandemic. Increasingly, we will know people who are sick (perhaps including ourselves), and increasingly we will know people who have died (perhaps the people we love most in the world). As the reality of this hits home it is likely that more people will experience abject fear of death (call it “existential anxiety”), and without doubt more of us will be in grief, perhaps repeatedly.

How will we cope with this? Will mental health professionals be prepared to help?

Typically, we get help coming to terms with mortality from spiritual leaders. But houses of worship are closed. They are using telecommunications to stay in touch with congregants and even to conduct services. Will these remote connections provide adequate spiritual solace?

And typically, people prepare for imminent death by gathering at deathbeds in homes or hospitals. This mostly will not be possible. Will vigils via video conference become the norm?

And typically, people deal with grief in public ceremonies—funerals, memorial services, burials with friends and family in attendance, wakes, visits to the home of the bereaved. These critical ceremonies are now being stopped. How will people process grief when bodies pile up in makeshift morgues and then are dumped in mass graves? Also via video conference?

What can mental health professionals do? Fortunately, laws and regulations have been changed to permit and pay for treatment via telecommunications. So—in theory--mental health professionals—psychiatrists, psychologists, social workers, and mental health counselors, especially grief therapists, can help people to weather the emotions of imminent death and of grief.

But it will be a challenge to provide adequate comfort via telecommunications. Being physically present is its own kind of comfort. Will a talking image on a screen provide adequate solace? We will find out.

And will we mental health professionals ourselves be prepared to deal with existential anxiety and grief of the people we hope to help, especially when we too may be devastated by personal loss and fear of death? Do most of us have the skills we need? Will we be able to weather the emotional toll it will take on us?

In addition, to direct treatment via telecommunications, mental health professionals have been helping communities to help neighbors who are living in isolation. There has been growing development of mutual aid programs connecting volunteers with people living in isolation via telephone and video conference. Mental health professionals help by training volunteers, by helping them process their experiences, and by providing clinical backup. But as there is more illness and death, this will require people to learn how to have hard conversations that most of us shy away from—conversations about mortality and grief. Are we up to that challenge?

Mental health professionals are also trying to help people to cope with the psychological fallout of the pandemic by providing information—tip sheets—about how to cope during the pandemic. Mostly it has been good advice, at least for educated people who are not overwhelmed by their needs for income and the necessities of life. But it will need to be modified to reflect the realities of existential anxiety and grief. Now, for example, we are advised to get sleep. There will need to be advice for someone who wakes up in the middle of the night afraid that they are about to die or in tears as they remember those they have lost.

Mass tragic experiences—wars, forced migrations, economic depressions, pandemics, and the like—are psychologically devastating. There are elevated rates of PTSD, depression, anxiety disorders, substance abuse, and suicide among people who live through them. But in terrible times many people discover new strengths, new levels of courage, new reserves of compassion, and new sources of meaning. Hopefully, that will be true of us mental health professionals as we face the awful challenges ahead.

(Michael B. Friedman, LMSW was the Founder and Director of the Center for Policy and Advocacy of The Mental Health Association of NYC and taught at Columbia University School of Social Work prior to retiring. Steven S. Sharfstein, M.D. is a former President of the American Psychiatric Association.)