



Worden's Task-Based Model for Treating Persistent Complex Bereavement Disorder During the Coronavirus Disease-19 Pandemic: A Narrative Review

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Abstract

BACKGROUND: A wide range of studies has shown that the coronavirus disease (COVID)-2019 pandemic could cause many deaths on the global scale by the end of 2020 because of the high speed of transmission and predicted case-fatality rates.

AIM: This paper is a narrative review aiming to address the treatment of persistent complex bereavement disorder (PCBD) during the COVID-19 crisis using Worden's task-based model.

MATERIALS AND METHODS: Related papers published from 2000 to 2020 were searched in the EMBASE, PubMed, Web of Science, Scopus, Cochrane Library, and Google Scholar databases. Bereavement, COVID-19, pandemics, and Worden's task-based model constituted the search terms. A narrative technique was implemented (including reading, writing, thinking, interpreting, arguing, and justifying) for material synthesis and creating a compelling and cohesive story.

RESULTS: A few studies have specifically addressed the grief experiences within the COVID-19 crisis. They managed to identify some potential obstacles to grieving during the pandemic, namely, "anticipatory grief" and "multiple losses." This study tried to use Worden's task-based model to address the treatment of PCBD during the pandemic.

CONCLUSIONS: Despite the paucity of information, Worden's task-based model seems to have a considerable impact on the reduction of the PCBD symptoms. Nonetheless, further research is needed to perceive the effect of this approach on PCBD during the COVID-19 pandemic.

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Introduction

Dying could be assumed as a developmental concomitant of living and a part of the birth-to-death continuum [1]. Life could involve a number of tragic deaths. Bereavement and grief implicate the mental reactions of the survivors of a significant loss [2]. The expression "bereavement" stands for a universal experience of losing or loss, especially after the death of a loved one. Grief means an emotional, cognitive, physical, and behavioral reaction of a person to bereavement [3]. Recent trajectory studies [4], [5], [6] have challenged the traditional "grief work" view of emotion during bereavement [7], [8]. These studies revealed that a recovery pattern could not merely characterize how to cope with loss (i.e., high chronic distress levels or initial escalated distress post-loss followed by a noticeable decrease). Actually, the most common response has been found to be a resilient pattern (i.e., low levels of stable distress) [4], [5], [6]. However, following the natural death (e.g., an illness-induced death) of a significant other, a total of 10–20% of individuals show chronic complaints, including

depression, disturbed grief reactions, and/or posttraumatic stress disorder (PTSD) [5], [6]. These disturbed grief reactions that bring about high levels of life distress and impairments are called persistent complex bereavement disorder (PCBD) in the fifth Diagnostic and Statistical Manual of Mental Disorders (DSM-5) [9] and frequently comorbid with depression and PTSD [10].

In recent months, the coronavirus disease (COVID)-2019 pandemic has disrupted the usual process of mourning by delaying the funerals and burials, the impossibility to embrace the deceased warmly, and missing the opportunity to say goodbye before death [11], [12], [13]. According to several studies, by the end of 2020, this pandemic could cause millions of deaths due to high transmission speed and current estimated case-fatality rates (3:4) all around the world [14]. Grieving for such deaths is often more difficult due to some special features, including the sense of unreality about the bad death, exacerbation of feelings of guilt, need to blame others, frequent involvement of medical and legal authorities, sense of helplessness, obvious uneasiness attributable to a sudden increase in levels of adrenalin and other hormones, the

unfinished business (including what they did not speak and the deceased related stuff they never managed to do, and an increased need for understanding and meaning [13], [15], [16]. Moreover, the "multiple losses" and "anticipatory grief" (i.e., grieving prior to the actual loss) may add to the complexity of grief [16], [17]. In this regard, multiple losses during the COVID-19 crisis could lead to a more severe bereavement that would leave the person on their own with a sense of repeated survivor. These survivors, assuming that the bigger society is not willing to know about their feelings, often doubt whether to express them [16], [18]. Furthermore, the spread of COVID-19 and the enforcement of social isolation programs, such as physical distancing, quarantine, self-isolation, and limiting or banning the physical presence of visitors in hospitals, have affected the possibility of PCBD occurrence [12], [13], [19]. Although all of the survivors are not at risk of PCBD, it is incumbent on the therapist to specify how the current pandemic could cause PCBD after the death of a significant person [12].

Materials and Methods

Search strategy

Based on the search terms (i.e., bereavement, COVID-19, pandemics, and Worden's task-based model), related English papers published from 2000 to 2020 were searched in the EMBASE, PubMed, Web of Science, Scopus, Cochrane Library, and Google Scholar databases. Fundamental studies on PCBD during the COVID-19 crisis were examined, and the entire relevant literature was included. Quality appraisal assessed if the material exhibited an almost correct and reasonable argument for the presented themes. Eventually, the narrative technique was applied so that the material synthesis included creating a compelling and cohesive story. This depends on MacLure's [20] description of how a researcher engages with the material, that is, reading, writing, thinking, interpreting, arguing, and justifying. We used these data attempting to discuss critical topics in this realm, such as (1) diagnosing PCBD; (2) Worden's task-based model; (3) tasks of mourning; (4) mediators of mourning; (5) grief counseling versus grief therapy; and (6) pharmacotherapy.

Results

Diagnosing PCBD

Worden [21] provided four definitions for PCBD, or as he calls it "complicated mourning:"

(1) Chronic grief reaction (a reaction that drags on for a long time and would not yield a satisfactory result); (2) delayed grief reactions (when emotional reactions do not fit the loss, and the experience of grief symptoms for a subsequent loss would be intensified in the future); (3) exaggerated grief reactions (feeling overwhelmed or resorting to maladaptive behaviors following the loss, while the person is aware of the association of these symptoms with the grief); and (4) masked grief reactions (where the patients experience specific symptoms and behaviors but they are not aware of their association with the loss).

During the COVID-19 pandemic, multiple losses could delay mourning attributable to the weight and burden of bereavement overload [12], [22]. Such delayed reactions could occur not only following a subsequent loss but also by encountering other survivors or watching a movie/TV show/other media events about loss [23]. This process is consistent with Bowlby's view [23], which states that "earlier attachment figure" could revive the pain of the earlier loss as though it is being felt for the 1st time.

However, in 2013, the American Psychiatric Association made five major alternations in DSM-5 that affected the definitions of grief, bereavement, and PCBD [9]. First, the simultaneous diagnosis of PTSD in the two 1st months after the loss became possible. Second, the grief as an exclusive criterion was removed from the diagnostic category of adjustment disorders. Third, the separation anxiety disorder term was permitted to be applied to adults as well. In the fourth alternation, the diagnosis of PTSD was maintained as a manifestation of PCBD after the observation or awareness of a traumatic event (i.e., a sudden death). In the last alternation, the suggestive criterion of PCBD, that was applied to refer to the more than 1 year lasting mourning, was included in DSM-5 [9], [24], [25]. Although this clinical condition has not been officially confirmed by DSM-5 as a disorder, it might pave the way for the provision of a higher research budget as well as the coverage of health-care insurance [25].

Lazare [26] introduced an excellent taxonomy of clues to identify an unresolved grief reaction that can help diagnose PCBD during the COVID-19 pandemic (Table 1). Although these clues are not sufficient for a diagnostic conclusion, in case, each one of them is identified in a patient, the therapist should consider the possibility of the PCBD [25]. However, diagnostic decisions about bereavement should be conservative during the COVID-19 pandemic to prevent iatrogenic complications attributed to professional interventions (as well as consequential side effects) and interference in a normal human process [27].

Worden's task-based model

The very first grief theories became disfavored due to their extreme rigidity. However, new models

Table 1: Diagnostic clues of persistent complex bereavement disorder [26]

Clue 1. Inability to talk about the deceased without experiencing an intense and fresh grief
Clue 2. Intense grief reaction following some relatively minor loss events
Clue 3. Observing themes of loss during a clinical interview
Clue 4. Unwillingness to move the material possessions belonging to the deceased
Clue 5. Suffering the physical symptoms similar to those experienced by the deceased before his/her death
Clue 6. Creating radical changes in lifestyle by avoiding friends, family members, or activities associated with the deceased
Clue 7. A long history of subclinical depression that could be identified as persistent guilt, lowered self-esteem, and false euphoric feeling
Clue 8. A compulsion to imitate the deceased, which is caused by one's need to make up for the loss by feeling sympathy with the deceased
Clue 9. The existence of self-destructive impulses
Clue 10. Unaccountable sadness occurring at a certain time each year
Clue 11. A phobia about death caused by a specific illness got by the deceased
Clue 12. Avoid paying the gravesite a visit or taking part in death-associated activities or rituals

manage to identify specific relations and patterns in the idiosyncratic and complicated grief experience. One of the most applicable and inclusive grief theories is the task-based model, established by Worden [25]. The task-based model provides both clients and counselors with frameworks for guiding interventions and improves clients' self-efficacy and self-awareness. Worden [25] recognized grieving as an active process that engages the following four tasks: (1) Accepting the reality of loss; (2) processing the pain of grief; (3) adapting to a world without the deceased (involving internal, external, and spiritual adjustments); and (4) finding a long-lasting connection with the deceased while starting a new life. Furthermore, Worden proposed seven mourning mediators critical to appreciate the client's experience. These mediators are as follows: (1) The character of the deceased; (2) the attachment of the bereaved to the deceased; (3) how the person died; (4) historical antecedents; (5) personality variables; (6) social mediators; and (7) concurrent stressors. Their assessment casts light on the protective factors introduced by the literature. They also create a required context to understand the grief experience's idiosyncratic nature. Further, some other issues need to be considered, such as the strength and style of the bereaved's attachment to the deceased, as well as the level of ambivalence and conflict with the deceased. Death-related factors, namely, degrees of violence or trauma, physical proximity, or death without body recovery, can have significant impacts on the bereaved [25]. In what follows, the Worden's model is detailed.

Tasks of mourning

Grief is defined as a cognitive process that requires facing and rebuilding views about the deceased, grief experience, and the changing world, wherein the survivor has to live now. This process, called grief work, comprises basic tasks that the survivor should accomplish to adapt to the loss (Table 2) [23], [25], [28], [29], [30], [31]. However, it is notable that these tasks are not similarly challenged in any death loss [32]. Certain features need to be

taken into account as to the survivors of patients infected by COVID-19, who suffer from PCBD [12], [22]. Usually, unexpected death makes survivors have unreal feelings about the loss, which may last a long time. In such conditions, numbness, walking around in a daze, and experiencing nightmares and intrusive images are not uncommon [25]. Another special feature of survivors with PCBD is an increased need for understanding, which is typically accompanied by blame [25]. In fact, the first question that arises in the minds of COVID-19 survivors after an unexpected loss is "why this happened?" [12]. In such cases, there would be a strong need to find meaning, which should be seriously incorporated in the third mourning task [25].

Table 2: Tasks of mourning [23], [25], [28], [29], [30], [31]

Task 1: Accept the reality of the loss
This task involves the attempt of therapists to help the survivors believe in the impossibility of reunion, at least in this life. The searching behavior that has been widely investigated by Bowlby and Parkes is directly related to this task. In this task, important considerations comprise denying the facts of the loss, mummification, selective forgetting, denying the irreversibility of death, religion spiritualism (i.e., the hope for a reunion with the deceased), and "middle knowledge" as implicated by Avery Weisman (i.e., knowing and not knowing the loss at the same time)
Task 2: Process the pain of grief
The survivor should process the pain of loss to complete the process of pain and avoid suppressing or neglecting this pain. Not feeling, geographic cure, idealizing the deceased, preventing the reminders of the deceased, and using drugs or alcohol are all among the ways whereby the survivors avoid facing this task. If this task is not sufficiently met, it could later lead to a more difficult return and pass the pain that has been avoided
Task 3: Adjustment to a world without the deceased
In this task, three types of adjustment should be considered after a loss, including external adjustments (the effect of the loss on the everyday functioning of an individual), internal adjustments (the effect of the loss on the sense of self of any individual), and spiritual adjustments (the impact of the loss on an individual's values, beliefs, and assumptions about the universe)
Task 4: Help the survivors find an appropriate place for the deceased in their emotional life
The purpose of this task is to provide a place that helps the survivors to lead a fruitful life in the world. William Worden has interpreted this task as "finding a way to remember the deceased while embarking on the rest of one's journey through life."

Mediators of mourning

Among many people experiencing an unexpected loss, there is a broad spectrum of symptoms involved in four general categories, including feelings, physical sensations, cognitions, and behaviors (Table 3) [3], [25]. Although it is incumbent on a therapist to know about this process, regardless of their viewpoint on it (such as stages, phases, or

Table 3: Symptoms of grief under four general categories [3], [25]

Feelings	Anger, sadness, blame, anxiety, guilt and self-reproach, loneliness, helplessness, fatigue, shock, emancipation, yearning, relief, numbness
Physical sensations	Hollowness in the stomach, tightness in the chest, tightness in the throat, oversensitivity to noise, depersonalization, breathlessness, muscle weakness, loss of energy, dry mouth
Cognitions	Confusion, disbelief, preoccupation, sense of presence, hallucinations
Behaviors	Sleep disturbances, eating disturbances, distracted and absentminded behavior, dreams of the deceased, social withdrawal, sighing, avoiding reminders of the deceased, restless hyperactivity, crying, visiting places or carrying objects that remind the survivor of the deceased, treasuring the objects belonging to the deceased

tasks), it is not adequate for effective grief counseling [25]. The grief varies among people according to its intensity and duration [33]. Among most people with PCBD in the time of the COVID-19 pandemic, for example, feelings of guilt, anger, helplessness, shock, numbness, disbelief, sleep disturbances, and restless hyperactivity are more severe and require special attention [16]. Therefore, it is essential to perceive the way of moderating these tasks through different factors to realize why people manage tasks of mourning differently, which is more significant when facing PCBD [12], [25].

As already stated, Worden [25] introduced seven key mourning mediators that influence the tasks of mourning. The kinship relationship with the deceased, as the first mediator, plays a prominent role in the response of these people to the loss. For instance, parents (especially mothers), widows, and the sisters of the deceased are more affected than adult children, widowers, and brothers [25]. The second mediator is the nature of the survivor's attachment to the deceased [25]. In this regard, the intensity of love for the deceased, the degree of the effectiveness of the presence of the deceased in the survivor's sense of well-being, ambivalence about the deceased, conflict with the deceased, and dependent relationships (like pre-loss marital dependence) could affect the reaction to grief [34], [35]. The third mediator is how the person died [17], [25], [36]. In COVID-19 crisis, the remoteness of the deceased at the moment of death, suddenness or unexpectedness of the death, and multiple losses could alter the process of grief [12]. The fourth mediator is the historical antecedents, including the quality of the survivor's reaction to the prior losses, that is, whether he/she has mourned adequately and properly or has added the previous unresolved grief to the new loss [25]. The fifth mediator is personality variables [25]. The previous studies have demonstrated that grief reaction intensifies for the cases of preexisting mood and anxiety disorders, preexisting trauma (particularly childhood trauma), maladaptive coping styles, insecure attachment styles, rumination, and negative cognitive styles [37], [38]. The sixth mediator involves social variables [25]. Since mourning is a social phenomenon, the degree of perceived emotional and social support from family or others has a significant role in the mourning process, which has been highly affected by the COVID-19 pandemic [19]. Fear of contagion, stigma, and subsequent lack of social support are some of the challenges faced by therapists during the COVID-19 pandemic [12]. The last mediator is the concurrent losses and stresses [25]. It includes issues such as complicated economic problems (as a result of business restrictions during quarantine or loss of family head due to COVID-19), substance use, and inability to follow usual cultural practices of death and mourning [12], [13], [19]. Furthermore, these mediators have been classified into three main categories, namely, loss-related factors (mediators 1, 2, and 3), pre-loss

risk factors (mediators 4 and 5), and perilous factors (mediator 7) [39].

According to Wortman and Silver's view [40], the distress levels of survivors are conspicuously affected by various mediators. Accordingly, therapists should seriously consider these mediators during the grief process, grief counseling, and grief therapy.

Grief counseling versus grief therapy

The occurrence of a wide range of grief reactions following a loss is a normal experience [41]. Some of the people, including individuals bereaved by COVID-19, might experience high levels of distress that leads them to seek counseling [12]. In such cases, grief counseling usually could help people adapt to the loss more efficiently [13]. In this regard, there are particular purposes based on the four mourning tasks, including (1) elevating the loss realism, (2) helping the survivors manage both behavioral and emotional pains, (3) providing the survivors with the ability to handle different impediments to readjustment (external, internal, and spiritual) after the loss, and (4) helping the survivors establish an approach to remembering and/or maintaining an emotional connection with the deceased while moving forward to reinvest in life [25].

A recent meta-analysis has shown that the preventive grief counseling (unlike treatment interventions) is not effective and could even be harmful [42]. However, in some cases, it is better to begin grief counseling as soon as possible but not in the first 24 h after the loss, unless the survivor and the therapist have been pre-connected [25]. This counseling process could be performed in a professional setting, informal setting (home environment), or through telephone contacts [12]. However, Parkes and Prigerson [43] stated that counseling processes in professional settings and through telephone contacts are the most and the least effective approaches, respectively. The grief counseling principles and procedures are illustrated in Figure 1 using Worden's task-based model [25]. Notice that grief counseling needs to follow a theoretical insight into human behavior and personality, not only according to mere settings of techniques [25]. In this regard, some techniques such as evocative language (using tough words to evocate the survivor's feelings like using the term "your son died" instead of "you lost your son"), use of symbols (using pictures or the belongings of the deceased), writing (writing a letter to the deceased and expressing the feelings and thoughts by the survivor), drawing (painting pictures reflecting the sentiments of an individual as well as what he/she experienced with the deceased), role-playing (helping the survivor to role-play various situations he/she fears), cognitive restructuring (particularly concerning covert thoughts and self-talk), memory books (creating a memory book for the deceased), directed imagery (helping the survivor visualize the deceased in an empty chair with closed eyes; then provoking the survivor to talk about what he/she needs to

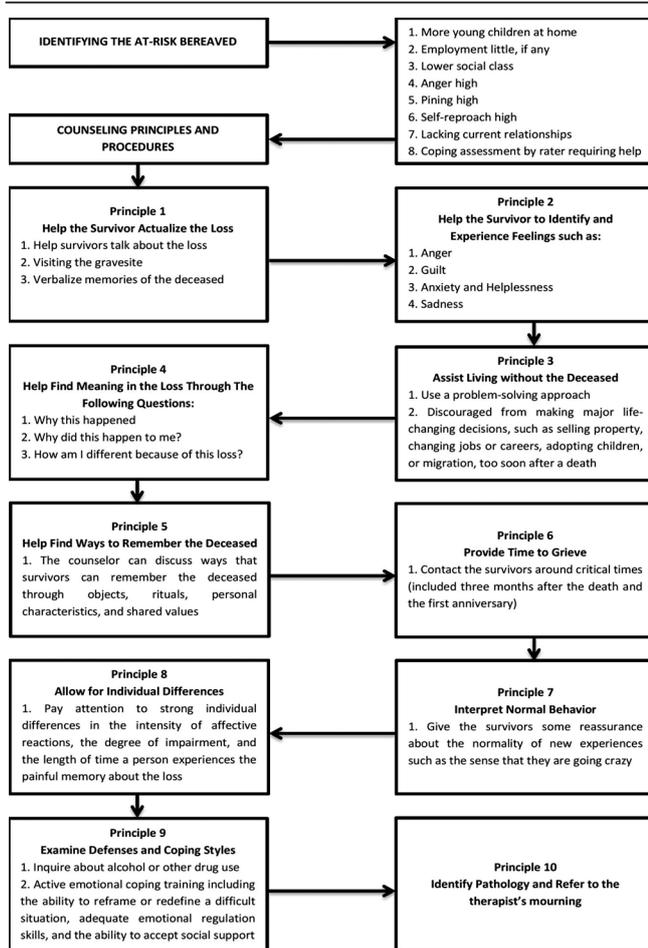


Figure 1: The stages of grief counseling during coronavirus disease-19 pandemic [25]

say to the deceased), and metaphors (a more acceptable symbolic representation of grief such as phantom pain and amputation related to the former image of loss) could provide an efficient grief counseling [25], [44], [45]. However, the aim of grief therapy is different from that of grief counseling to some extent [25]. Grief counseling aims to facilitate the grief tasks concerning the recent bereavement so that the survivor better adapts to the loss, whereas grief therapy aims at identifying and resolving the separation conflicts [25]. These conflicts prevent the completion of mourning tasks for those people suffering from PCBD [25]. Resolving these conflicts requires the experience of thoughts and feelings avoided by the patient. On this subject, the therapist would provide the patient with the opportunity to mourn through giving the social support required for a successful grief process, that is, an opportunity that might not be accessible at the moment of the death, which implicates a suitable therapeutic band [25]. One way to bolster this band is recognizing the difficulties that people might experience when dealing with a long-lasting intense grief. As the conflicts concerning the deceased become a more fundamental issue, the resistance to discovering painful feelings and thoughts increases. Hence, in any therapy, the resistances are always observed carefully and addressed as a component of the therapy process [25].

Grief therapy is mostly performed in a professional setting lasting from 2 to 20 sessions (depending on the types of treatment interventions) [46]. The therapeutic procedures for grief are briefly illustrated in Figure 2 using Worden's task-based model [25].

Pharmacotherapy

Although the psychological insight into the bereavement has been enhanced, there is still not an appropriate basis for biological interventions, except in cases with a serious psychiatric disorder such as major depressive disorder, post-traumatic stress disorder, and psychotic disorders [25]. Despite different viewpoints regarding the management of PCBD, there is an agreement on the treatment of anxiety and insomnia (not depressive symptoms) with low doses of medications [47], [48]. Prescribing antidepressants for people suffering from acute grief reactions due to the COVID-19 pandemic are not common for two reasons. First, these medications would work in long term and could hardly ever sedate acute grief reaction symptoms, aside from major depressive episodes [25]. Second, drug interactions have raised concerns among COVID-19 survivors [49]. In this respect, duloxetine, fluvoxamine, fluoxetine, phenelzine, sertraline, and vortioxetine are the only antidepressants that have the least interaction with the therapeutic regimens used in COVID-19 infection [50], [51].

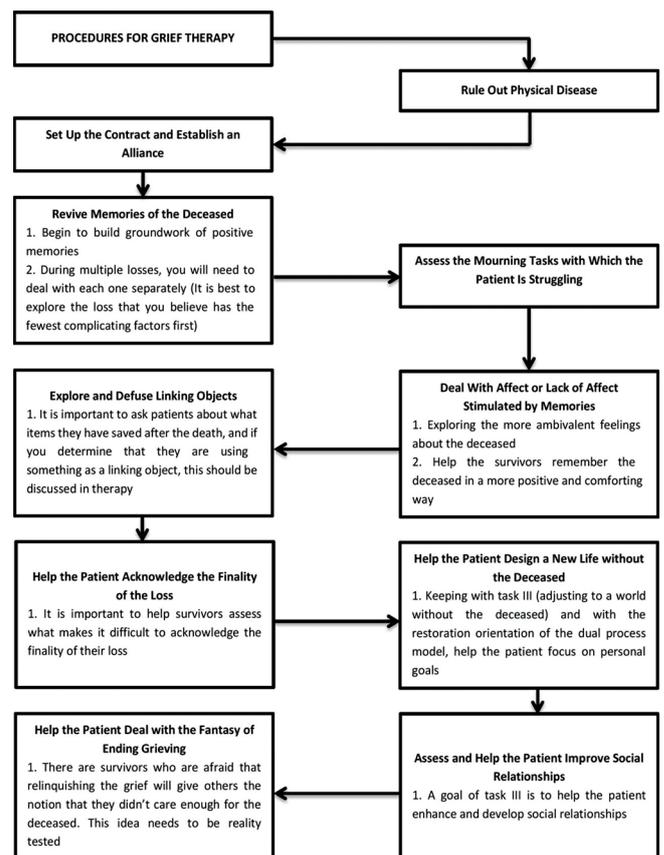


Figure 2: The stages of grief therapy during coronavirus disease-19 pandemic [25]

Conclusions

The COVID-19 crisis will proceed with influencing more people. Loss and grief, as the most encompassing themes, interweaves many facets of people's life in different context. Thus, it is necessary to improve accessibility to evidence-based interventions, in both face-to-face and online formats, during the COVID-19 crisis [52], [53], [54]. It seems that Worden's task-based model may be effective in reducing the symptoms of PCBD. However, further investigations in this field need to be carried out through longitudinal empirical study.

Authors' Contributions

Mohsen Khosravi designed the study, collected the data, and drafted the manuscript. Furthermore, he read, revised, and approved the final manuscript.

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