



# 疫時分別亦安寧

死在疫時，活在逆時講座系列（2022年3月25日）

周燕雯 Amy Chow Ph.D, RSW, FT

香港大學社會工作及社會行政學系教授及系主任  
賽馬會安寧頌項目總監

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難  
疫時分別亦安寧

# 死別不易受

死別不易受，  
死別在疫是更難受。



# 基本信念

賽馬會安寧頌





- 在喪親的早期階段，不要為極端情緒感到羞恥
- 強烈的悲傷是喪親者對死者愛的代價
- 照顧者亦不應以撫平喪親者為目標




# 疫情下喪親負擔過重(Bereavement Overload) (Corona et al., in press)

Medical Manuscripts

## The Virulence of Grief in the Pandemic: Bereavement Overload During COVID

Antonio Gabriel De Leon Corona, MD<sup>1</sup>, Jessica Chin, DO<sup>1</sup> ,  
Paul No, MD<sup>1</sup>, and Jennifer Tom, MD<sup>1</sup> 

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### Abstract

The COVID-19 pandemic brought about bereavement overload as a risk factor for complicated grief. Bereavement overload (BO) describes individuals' reactions to losses transpiring in a quick succession, without the time and opportunity for coping [9]. It can occur during catastrophic events and impact everyone experiencing the loss.

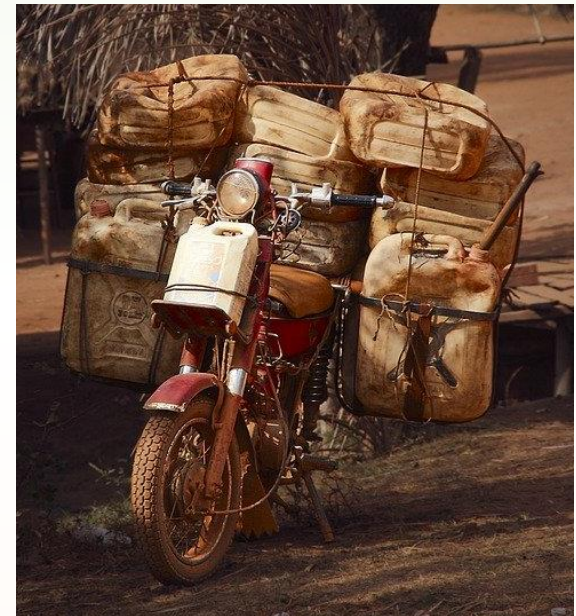
With the high death toll from COVID-19, many people have lost multiple loved ones followed by an abbreviated grieving process due to the nature of the pandemic. This can have psychosocial impact on survivors for years. One of the evolving roles of Palliative Care within and after the pandemic should be to recognize those suffering from BO. Obtaining loss histories may identify those at risk of pathologic grief to provide preventive bereavement care.

We present three cases encountered in our health system during the COVID-19 pandemic amongst a family member, a patient, and a healthcare provider. In each case the Palliative Care Team worked closely with these individuals to identify COVID-associated BO and helped them reconcile their unresolved grief to be able to move forward. These cases reflect only a fraction of those who experienced loss during the pandemic, but they illustrate how grief can be complicated by the pandemic for everyone involved.

Palliative Care will have a crucial role moving forward, in treating the pandemic of complicated grief within the pandemic to adapt to the needs of all survivors, as we realize the effects of COVID will last long after its virulence has waned.

### Keywords

grief, bereavement, pandemic, loss history, bereavement overload, compassion fatigue, covid



<https://pixabay.com/photos/heavy-transport-supply-motorcycle-4639450/>



# 疫情下喪親負擔過重(Bereavement Overload) (Corona et al., in press)

## 喪親負擔過重(Bereavement Overload, BO)

- BO是遞增的，因為所經歷的每一次損失都會使以前的損失加重。
- 災難性的情況可能會觸發BO, 例如戰爭、自然災害，以及大範圍的疾病。
- 事實證明，BO對經歷損失的每個人都有影響。包括那些與死者關係密切的人，悲傷的病人自己，甚至護理人員。
- BO是發展成複雜的悲傷的一個風險因素，這種風險可以持續多年。

# COVID-19如何影響喪親經歷？

(Pearce et al., 2021)

## 前因

- 突發和意外死亡
- 在ICU的死亡
- 隔離病人
- 嚴重症狀包括生命結束時的呼吸困難

## 喪親

- 社區隔離措施

- 並讓一些人孤獨地死去
- 無法送終

- 限制在醫院、護理院和臨終關懷機構的探訪

## 後果

- 看望死者的屍體
- 葬禮程式受到嚴重限制
- 喪親的人可能會感到特別孤立，無法獲得社會支持的好處。
- 喪親的人在疫情之前就已經喪親的人也會受到影響，他們會受到社會隔離和中斷喪親者護理，加劇了悲痛的感覺

# COVID-19如何影響喪親經歷？ (Mayland et al., 2020)

Vol. 60 No. 2 August 2020

Journal of Pain and Symptom Management e33

## COVID-19

### Supporting Adults Bereaved Through COVID-19: A Rapid Review of the Impact of Previous Pandemics on Grief and Bereavement



Catriona R. Mayland, MBChB, FRCP, MD, Andrew J.E. Harding, BA, MSc, PhD,  
Nancy Preston, BSc (Hons), RGN, PhD, and Sheila Payne, BA (Hons), RN, Dip N, PhD, C Psychol  
Department of Oncology and Metabolism (C.R.M.), University of Sheffield, Sheffield; Palliative Care Institute (C.R.M.), University of  
Liverpool, Liverpool; and International Observatory on End of Life Care (A.J.E.H., N.P, S.P.), University of Lancaster, Lancaster, UK

#### Abstract

The global COVID-19 pandemic is likely to have a major impact on the experience of death, dying, and bereavement. This study aimed to review and synthesize learning from previous literature focused on the impact on grief and bereavement during other infectious disease outbreaks. We conducted a rapid scoping review according to the principles of the Joanna Briggs Institute and analyzed qualitative data using thematic synthesis. From the 218 identified articles, 6 were included in the analysis. They were four qualitative studies, one observational study, and a systematic review. Studies were conducted in West Africa, Haiti, and Singapore. No research studies have focused on outcomes and support for bereaved people during a pandemic. Studies have tended to focus on survivors who are those who had the illness and recovered, recognizing that some of these individuals will also be bereaved people. Previous pandemics appear to cause multiple losses both directly related to death itself and also in terms of disruption to social norms, rituals, and mourning practices. This affects the ability for an individual to connect with the deceased both before and after the death, potentially increasing the risk of complicated grief. In view of the limited research, specific learning from the current COVID-19 crisis and the impact on the bereaved would be pertinent. Current focus should include innovative ways to promote connection and adapt rituals while maintaining respect. Strong leadership and coordination between different bereavement organisations is essential to providing successful postbereavement support. J Pain Symptom Manage 2020;60:e33–e39. Crown Copyright © 2020 Published by Elsevier Inc. on behalf of American Academy of Hospice and Palliative Medicine. All rights reserved.

#### Key Words

COVID-19, coronavirus, pandemic, bereavement, grief, mourning, review

- 關於在傳染病疫情期間適應喪親之痛的文獻回顧
- 共審查了6篇文章



# COVID-19如何影響喪親經歷？

(Mayland et al., 2020)

- 預後的不確定性和資訊的缺乏
- 社交連線性和自主性的破壞
  - 實際阻礙
  - 社會心理上的障礙
- 失去自主權
- 通常的儀式和做法被打斷
  - 喪失悼念儀式

- 人屍共處新聞
- 嚴厲的社交距離政策
- 其他生活上的挑戰
- 香港感染個案喪禮安排的挑戰

# COVID-19如何影響喪親經歷？ (Pearce et al., 2021)

Open access

Original research

## BMJ Open 'A silent epidemic of grief': a survey of bereavement care provision in the UK and Ireland during the COVID-19 pandemic

Caroline Pearce<sup>1</sup>,<sup>\*</sup> Jonathan R Honey,<sup>2</sup> Roberta Lovick,<sup>1</sup> Nicola Zapiain Creamer,<sup>3</sup> Claire Henry,<sup>1</sup> Andy Langford,<sup>4</sup> Mark Stobert,<sup>5</sup> Stephen Barclay<sup>1,2</sup>

**To cite:** Pearce C, Honey JR, Lovick R, et al. 'A silent epidemic of grief': a survey of bereavement care provision in the UK and Ireland during the COVID-19 pandemic. *BMJ Open* 2021;11:e046872. doi:10.1136/bmjopen-2020-046872

► Prepublication history and supplemental material for this paper is available online. To view these files, please visit the journal online (<http://dx.doi.org/10.1136/bmjopen-2020-046872>).

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<sup>1</sup>Primary Care Unit, Department of Public Health and Primary Care, University of Cambridge, Cambridge, UK

<sup>2</sup>School of Clinical Medicine, University of Cambridge.

### ABSTRACT

**Objectives** To investigate the experiences and views of practitioners in the UK and Ireland concerning changes in bereavement care during the COVID-19 pandemic.

**Design** Online survey using a snowball sampling approach.

**Setting** Practitioners working in hospitals, hospices, care homes and community settings across the UK and Ireland.

**Participants** Health and social care professionals involved in bereavement support.

**Interventions** Brief online survey distributed widely across health and social care organisations.

**Results** 805 respondents working in hospice, community, and hospital settings across the UK and Ireland completed the survey between 3 August and 4 September 2020. Changes to bereavement care practice were reported in: the use of telephone, video and other forms of remote support (90%); supporting people bereaved from non-COVID conditions (76%), from COVID-19 (65%) and people bereaved before the pandemic (61%); funeral arrangements (61%); identifying bereaved people who might need support (56%); managing complex forms of grief (48%) and access to specialist services (41%). Free-text responses demonstrated the complexities and scale of the impact on health and social care services, practitioners and their relationships with bereaved families, and on bereaved people.

**Conclusions** The pandemic has created major challenges for the support of bereaved people: increased needs for bereavement care, transition to remote forms of support and the stresses experienced by practitioners, among others. The extent to which services are able to adapt, meet the escalating level of need and help to prevent a 'tsunami of grief' remains to be seen. The pandemic has highlighted the need for bereavement care to be considered an integral part of health and social care provision.

### Strengths and limitations of this study

- This national survey of health and social care professionals is the first to identify the major impact of the pandemic on bereavement care in the UK.
- Eight hundred and five responses from across the UK and Ireland were received from a wide range of professional roles and settings.
- Due to the snowball sampling approach, it is not possible to calculate a response rate.
- While there was consistency in responses across settings, further research is needed to investigate the settings and bereaved populations where support needs are highest.

scale of the impact of the COVID-19 pandemic on those bereaved is now becoming apparent: it is estimated that for every COVID-19 death, nine people are affected by bereavement.<sup>1</sup> Deaths from COVID-19 are characterised by factors that may increase the risk of complicated and prolonged grief responses<sup>2-4</sup> including: sudden and unexpected deaths, deaths in intensive care units, patient isolation and severe symptoms including breathlessness at the end of life.<sup>5-8</sup> Social distancing measures have had a major impact on those bereaved from all causes, not only from COVID-19. These essential measures restricted visiting in hospitals, care homes and hospices, preventing loved ones saying goodbye and leaving some to die alone. Viewing the deceased person's body and funeral proceedings were severely curtailed. Bereaved people may feel especially isolated and unable to access

- 分析了於2020年8月3日至9月4日805份網上問卷
- 醫院及社區的安寧服務與善別服務工作人員

# COVID-19如何影響喪善別服務？

(Pearce et al., 2021)

- 使用電話。視頻或其他遠程支持 --許多接受服務的喪親者拒絕接受電話服務，寧願等到 "恢復正常服務"。
- 照顧COVID和非COVID的喪親者，甚至在或死亡後才診斷(易有莫名的忿怒)
- 難以識別可能需要服務的喪親者
- 由於死亡遞增，輪候服務時間也較長
- 善別服務是臨床優先事項中的最後考慮的事項

# COVID对丧亲之痛的影响 (Tang et al., 2021)

Vol. 61 No. 6 June 2021

Journal of Pain and Symptom Management e1

## COVID-19

### Correlates of Mental Health After COVID-19 Bereavement in Mainland China

Suqin Tang, PhD, Yi Yu, Qianxin Chen, Meilong Fan, and Maarten C. Eisma, PhD

Department of Sociology (S.T., Y.Y., Q.C., M.F.), Law School, Shenzhen University, Shenzhen, China; Department of Clinical Psychology and Experimental Psychopathology (M.C.E.), University of Groningen, Groningen, The Netherlands

 Check for updates

## Abstract

**Context.** Pioneering empirical studies show that people bereaved due to COVID-19 experience elevated acute grief, posttraumatic stress, anxiety, and depressive symptom levels, which relate to functional impairment. However, studies focused on Western samples and multivariate analyses of relations between potential risk factors and mental health in this population are lacking.

**Objectives.** To assess the mental health of Chinese adults bereaved due to COVID-19. To elucidate the associations of demographic and loss-related characteristics with mental health after COVID-19 bereavement.

**Methods.** Four hundred twenty-two Chinese adults (56% male; Mean age: 32.73 years) recently bereaved due to COVID-19 completed an online survey. Demographic and loss-related characteristics and prolonged grief, posttraumatic stress, anxiety, and depressive symptoms were assessed.

**Results.** Clinically relevant prolonged grief (49%,  $n=207$ ), posttraumatic stress (22%,  $n=92$ ), depressive (70%;  $n=294$ ), and anxiety symptoms (65%;  $n=272$ ) were reported by a substantial group of participants. In four multiple regressions predicting each mental health indicator,  $F(15,406)=5.08-7.74$ ,  $P<0.001$ , loss-characteristics (i.e., a shorter time since loss,  $\beta_s=-.12-.11$ , loss of a first-degree relative,  $\beta_s=.18-.37$ ) and subjective loss experiences (i.e., feeling traumatized by the loss,  $\beta_s=.13-.18$ , or a close and/or conflictual relation with the deceased,  $\beta_s=.12-.23$ ) related most consistently to mental health problems.

**Conclusion.** Many Chinese adults bereaved due to COVID-19 experience severe mental health problems. The recent loss of first-degree relatives, feeling traumatized by the loss, and having a close and/or conflictual relationship with the deceased may elevate risk for these mental health problems, which could require indicated psychological treatment. J Pain Symptom Manage 2021;61:e1-e4. © 2021 American Academy of Hospice and Palliative Medicine. Published by Elsevier Inc. All rights reserved.

## Key Words

Coronavirus, bereavement, prolonged grief disorder, posttraumatic stress disorder, anxiety, depression

- 分析了於2020年9月至10月422份網上問卷
- 最近因COVID-19而失去親人的人

# COVID对丧亲之痛的影响 (Tang et al., 2021, p. e3)

*Table 1*  
**Correlates of Prolonged Grief, PTSD, Anxiety, and Depression Symptoms**

Variable	Prolonged Grief		PTSD		Anxiety		Depression	
	<i>B</i> (95% CI)	$\beta$	<i>B</i> (95% CI)	$\beta$	<i>B</i> (95% CI)	$\beta$	<i>B</i> (95% CI)	$\beta$
Age	-0.05 (-0.18, 0.09)	-0.05	-0.11 (-0.31, 0.08)	-0.08	-0.03 (-0.08, 0.02)	-0.07	-0.01 (-0.07, 0.05)	-0.03
Gender	0.43 (-1.33, 2.18)	0.02	0.70 (-1.86, 3.26)	0.03	0.40 (-0.26, 1.07)	0.06	0.76 (0.05, 1.47) <sup>c</sup>	0.10 <sup>c</sup>
Religious belief <sup>a</sup>	2.15 (-1.50, 5.81)	0.06	3.41 (-1.92, 8.75)	0.06	0.25 (-1.13, 1.63)	0.02	0.38 (-1.11, 1.86)	0.03
Age of deceased	-0.01 (-0.12, 0.09)	-0.03	0.01 (-0.14, 0.16)	0.01	0.02 (-0.02, 0.06)	0.10	0.003 (-0.04, 0.05)	0.02
Time since loss in months	0.02 (-0.48, 0.52)	0.003	-0.40 (-1.12, 0.33)	-0.05	-0.24 (-0.43, -0.05) <sup>c</sup>	-0.12 <sup>c</sup>	-0.24 (-0.44, -0.03) <sup>c</sup>	-0.11 <sup>c</sup>
Cause of death <sup>b</sup>	5.33 (0.52, 10.15) <sup>c</sup>	0.10 <sup>c</sup>	4.69 (-2.34, 11.71)	0.06	0.16 (-1.66, 1.98)	0.01	0.81 (-1.13, 2.78)	0.04
Relationship with deceased <sup>c</sup>								
Partner	7.43 (2.89, 11.97) <sup>f</sup>	0.36 <sup>f</sup>	4.47 (-2.15, 11.09)	0.16	2.16 (0.44, 3.88) <sup>f</sup>	0.29 <sup>f</sup>	2.91 (1.07, 4.75) <sup>f</sup>	0.37 <sup>f</sup>
Child	7.27 (0.22, 14.31) <sup>c</sup>	0.18 <sup>c</sup>	8.71 (-1.58, 19.00)	0.15	2.54 (-0.12, 5.21) <sup>d</sup>	0.17 <sup>d</sup>	2.78 (-0.18, 5.94) <sup>d</sup>	0.17 <sup>d</sup>
Parent	5.42 (1.43, 9.42) <sup>f</sup>	0.24 <sup>f</sup>	2.16 (-3.68, 7.99)	0.07	0.84 (-0.67, 2.35)	0.10	2.08 (0.46, 3.70) <sup>f</sup>	0.23 <sup>f</sup>
Grandparent	4.37 (-0.39, 9.13)	0.17	2.01 (-4.93, 8.96)	0.06	0.37 (-1.43, 2.17)	0.04	0.92 (-1.01, 2.86)	0.09
Friend	2.74 (-1.84, 7.31)	0.10	1.11 (-5.56, 7.79)	0.03	-0.06 (-1.79, 1.67)	-0.006	0.72 (-1.14, 2.57)	0.07
Unexpectedness of death	-0.03 (-0.79, 0.74)	-0.003	0.64 (-0.47, 1.76)	0.06	0.15 (-0.14, 0.44)	0.05	0.05 (-0.27, 0.36)	0.02
Perceived traumatic severity	1.65 (0.46, 2.84) <sup>f</sup>	0.17 <sup>f</sup>	0.98 (-0.76, 2.72)	0.07	0.48 (0.03, 0.94) <sup>c</sup>	0.13 <sup>c</sup>	0.71 (0.22, 1.19) <sup>f</sup>	0.18 <sup>f</sup>
Closeness with deceased	1.57 (0.32, 2.83) <sup>c</sup>	0.14 <sup>c</sup>	1.93 (0.09, 3.76) <sup>c</sup>	0.12 <sup>c</sup>	0.20 (-0.27, 0.67)	0.05	-0.15 (-0.66, 0.36)	-0.04
Conflict with deceased	0.58 (-0.24, 1.41)	0.07	2.77 (1.56, 3.98) <sup>g</sup>	0.23 <sup>g</sup>	0.58 (0.27, 0.89) <sup>g</sup>	0.18 <sup>g</sup>	0.25 (-0.09, 0.59)	0.07
<i>F</i> (15, 406)	7.74 <sup>g</sup>		5.09 <sup>g</sup>		5.51 <sup>g</sup>		5.08 <sup>g</sup>	
<i>R</i> <sup>2</sup>	22.2%		15.8%		16.9%		15.8%	
<i>M</i> (SD)	41.58 (9.60)		20.84 (13.47)		9.37 (3.75)		10.18 (3.51)	

Note. PTSD = Posttraumatic Stress Disorder; *B* = unstandardized coefficient; CI = Confidence Interval;  $\beta$  = standardized coefficient Beta; *M* = Mean; SD = Standardized Deviation.

<sup>a</sup>Reference group: no religious belief (*n* = 27). Religious beliefs included Buddhism (*n* = 17), Taoism (*n* = 3), Catholicism (*n* = 3), Christianity (*n* = 3), and Islamism (*n* = 1).

<sup>b</sup>Reference group: COVID-19 related complications (*n* = 14). COVID-19 related complications included heart disease (*n* = 2), fever (*n* = 2), acute respiratory distress syndrome (*n* = 1), asthma (*n* = 1), cardiovascular and cerebrovascular diseases (*n* = 1), chronic obstructive pulmonary disease (*n* = 1), diabetes (*n* = 1), high blood pressure (*n* = 1), liver cancer (*n* = 1), lung cancer (*n* = 1), obesity (*n* = 1), and respiratory failure (*n* = 1).

<sup>c</sup>Reference group: a combined group of other relative (*n* = 22) and other relationship (*n* = 7). Other relative included uncle (*n* = 5), aunt (*n* = 4), cousin (*n* = 4), grandaunt (*n* = 3), granduncle (*n* = 1), great grandmother (*n* = 1), and not specified (*n* = 4). Other relationship included colleagues (*n* = 4), acquaintance (*n* = 2), and not specified (*n* = 1).

<sup>d</sup>*P* = 0.05.

<sup>e</sup>*P* < 0.05.

<sup>f</sup>*P* < 0.01.

<sup>g</sup>*P* < 0.001.



- 临床相关的长期悲伤（49%，n = 207）
- 创伤后压力（22%，n = 92）
- 抑郁症（70%，n = 294）
- 焦虑症状（65%；n = 272）

- 喪親之痛：
  - 損失特徵（即損失後的時間較短，失去一級親屬）和主觀損失經歷（即感覺受到創傷）
- 心理健康問題：
  - 損失後的時間，失去一級親屬，和主觀損失經歷（即因損失而感到創傷，或與死者有密切和/或衝突的關係）

# COVID对丧亲之痛的影响 (Eisma et al., 2021)

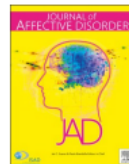
Journal of Affective Disorders 278 (2021) 54–56



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journal homepage: [www.elsevier.com/locate/jad](http://www.elsevier.com/locate/jad)



## Correspondence

Acute grief after deaths due to COVID-19, natural causes and unnatural causes: An empirical comparison



## ARTICLE INFO

**Keywords:**  
Coronavirus  
COVID-19  
Grief  
Bereavement  
Prolonged grief disorder

## ABSTRACT

**Background:** There are now over 800,000 registered deaths due to the COVID-19 pandemic worldwide. Researchers have suggested that COVID-19 death characteristics (e.g., intensive care admission, unexpected death) and circumstances (e.g., secondary stressors, social isolation) will precipitate a worldwide increase of prolonged grief disorder (PGD) and persistent complex bereavement disorder (PCBD). Yet, no study has investigated this. Since acute grief is a strong predictor of future pathological grief, we compared grief levels among people recently bereaved due to COVID-19, natural, and unnatural causes.

**Methods:** People bereaved through COVID-19 ( $n = 49$ ), natural causes ( $n = 1182$ ), and unnatural causes ( $n = 210$ ), completed self-report measures of demographic and loss-related characteristics and PGD and PCBD symptoms.

**Results:** COVID-19 bereavement yielded higher symptom levels of PGD ( $d = 0.42$ ) and PCBD ( $d = 0.35$ ) than natural bereavement (but not unnatural bereavement). Effects held when limiting analyses to recent losses and those who participated during the pandemic. Expectedness of the death explained this effect.

**Limitations:** Limitations include using a convenience sample and self-report measures.

**Conclusions:** Higher grief levels occur among people bereaved due to COVID-19 compared to people bereaved due to natural loss. We predict that pandemic-related increases in pathological grief will become a worldwide public health concern.

- 分析了  
1441份網上問卷
- 失去親人的人

# COVID对丧亲之痛的影响 (Eisma et al., 2021, p55)

**Table 1**

Group comparisons of COVID-19, unnatural, and natural bereavement on demographic and loss-related characteristics and grief levels.

	COVID-19 (n = 49)	Unnatural (n = 210)	Natural (n = 1182)	Group comparisons
Age (Mean (SD))	48.08 (15.61)	41.22 (15.49)	46.71 (16.28)	$F(2, 1408) = 10.49^{**}, C > U^*, N > U^{**}$
Female (n,%)	41, 83.7%	163, 78.4%	913, 77.6%	$p = .63$
Time since loss in months (Mean (SD))	1.95 (1.17)	38.94(75.52)	24.68 (54.56)	$F(2, 1386) = 9.28^{**}, U > N^*, U > C^{**}, N > C^*$
Relationship with deceased (n,%)				$p < .001$
Partner	12, 24.5%	35, 16.7%	374, 31.6%	$N > U^{**}$
Parent	25, 51.0%	52, 24.8%	558, 47.6%	$N, C > U^{**}$
Child	0, 0%	43, 20.5%	59, 5.0%	$N, C < U^{**}$
Sibling	2, 4.1%	21, 10.0%	53, 4.5%	$N < U^*$
Other family member	7, 14.3%	22, 10.5%	104, 8.8%	
Friend	3, 6.1%	37, 17.6%	34, 2.9%	$C < U^*, N < U^{**}$
Expectedness of death (n,%)				$p < .001$
Expected	0, 0%	2, 1.0%	269, 22.8%	$C, U < N^{**}$
Unexpected	31, 63.3%	171, 81.4%	335, 28.3%	$C, U > N^{**}, C < U^*$
Both or neither	18, 36.7%	37, 17.6%	578, 48.9%	$C > U^*, N > U^{**}$
Satisfaction with social support	3.23 (0.98)	3.05 (1.07)	3.13 (0.96)	$F(2, 1438) = 0.89, p = .41$
Grief levels PCBD (Mean (SD))	57.37 (9.60)	56.45 (10.97)	53.49 (11.18)	$F(2,1438) = 8.61^{**}, C > N^*, U > N^{**}$
Grief levels PGD (Mean (SD))	38.94 (6.40)	37.82 (7.62)	35.59 (7.98)	$F(2, 1438) = 10.62^{**}, C > N^*, U > N^{**}$
Grief levels PCBD ≤ 6 months post-loss (Mean (SD))	57.37 (9.60)	56.10 (11.74)	53.19 (10.74)	$F(2, 693) = 5.46^*, C > N^*, U > N^*$
Grief levels PGD ≤ 6 months post-loss (Mean (SD))	38.94 (6.40)	37.58 (8.08)	35.39 (7.70)	$F(2, 693) = 7.07^{**}, C > N^*, U > N^*$
Grief levels PCBD during pandemic (Mean (SD))	57.37 (9.60)	58.16 (9.30)	53.33 (10.95)	$F(2, 792) = 11.61^{**}, C > N^*, U > N^{**}$
Grief levels PGD during pandemic (Mean (SD))	38.94 (6.40)	38.97 (6.47)	35.39 (7.77)	$F(2, 792) = 14.06^{**}, C > N^*, U > N^{**}$

# 喪禮如何影響喪親者？

## (Burrell and Selman, 2020)


賽馬會安寧頌



Jockey Club End-of-Life Community Care Project

Article

### How do Funeral Practices Impact Bereaved Relatives' Mental Health, Grief and Bereavement? A Mixed Methods Review with Implications for COVID-19

Alexander Burrell<sup>1</sup>  and Lucy E. Selman<sup>2</sup>

#### Abstract

Those who are bereaved during the current COVID-19 pandemic are subject to restrictions on funeral sizes and practices. We conducted a rapid review synthesising the quantitative and qualitative evidence regarding the effect of funeral practices on bereaved relatives' mental health and bereavement outcomes. Searches of MEDLINE, PsycINFO, KSR Evidence, and COVID-related resources were conducted. 805 records were screened; 17 studies of variable quality were included. Current evidence regarding the effect of funeral practices on bereaved relatives' mental health and bereavement outcomes is inconclusive. Five observational studies found benefits from funeral participation while six did not. However, qualitative research provides additional insight: the benefit of after-death rituals including funerals depends on the ability of the bereaved to shape those rituals and say goodbye in a way which is

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- 到2020年，對17篇文章（11項觀察性研究和6項定性研究）進行文獻回顧。

# 喪禮如何影響喪親者？

(Burrell and Selman, 2020)

賽馬會安寧頌



Jockey Club End-of-Life Community Care Project

- 參與策劃葬禮與悲痛調整無關
- 但另一項研究發現策劃葬禮降低了人格解體和社會孤立。
- 參加葬禮與較少的未解決的悲痛有關，但在另一項研究中沒有發現。



<https://pixabay.com/photos/flowers-funeral-memorial-goodbye-4839340/>



# 喪禮如何影響喪親者？

(Burrell and Selman, 2020)

賽馬會安寧頌



Jockey Club End-of-Life Community Care Project

- 瞻仰遺容與較少的抑鬱症狀和較不強烈的悲傷有關，如願以償地說再見與6周時更好的適應有關，但這些關聯在6個月或13個月時並不明顯。



<https://pixabay.com/photos/flowers-funeral-memorial-goodbye-4839340/>

# 喪禮如何影響喪親者？

(Burrell and Selman, 2020)

- 對喪禮的限制不一定會給喪親者帶來不好的結果或經歷。
- 決定葬禮支持程度的不是出席者的數量，甚至不是葬禮的類型，而是這個場合的意義 (meaning)。
- 殯儀員工在幫助喪親者創造個人的、有意義的、表達集體悲痛和支持的葬禮方面發揮的關鍵作用，儘管目前有各種限制。

# 有意義的葬禮的資料

(Burrell and Selman, 2020)

賽馬會安寧頌



Jockey Club End-of-Life Community Care Project

- 如何讓他人參與的想法
  - 直播葬禮--歡迎和感謝那些
  - 迎接和感謝那些遠程加入的人
  - 錄製儀式，以便重播觀看
  - 舉行 "滾動式葬禮"，通過一系列的虛擬會議來紀念死者。
  - 在葬禮舉行時舉行替代儀式，例如在家庭的花園裡。
  - 鄰居們可能希望從屋頂和柵欄那邊見證。

# 有意義的葬禮的資料

(Burrell and Selman, 2020)

賽馬會安寧頌



Jockey Club End-of-Life Community Care Project

- 分享歌曲、照片和故事清單，讓喪親者想起他們所失去的人。
- 宣讀個人悼詞或播放由不能出席的人發送的語音記錄
- 用蠟燭、鮮花或帶有照片和個人化的資訊來代表那些不能出席的人

# 有意義的葬禮的資料

(Burrell and Selman, 2020)

賽馬會安寧頌



Jockey Club End-of-Life Community Care Project

- 如何讓他人參與的想法
  - 提供其他儀式或紀念活動，例如播放有意義的歌曲，點燃蠟燭。
  - 寫信給去世的人。
  - 種植種子和烤制喜歡的蛋糕
  - 舉辦網上紀念活動和紀念筆記 家庭可能希望組織一個網上招待會，受邀的朋友和家人可以舉杯
  - 穿上死者最喜歡的顏色和/或分享回憶

# 有意義的葬禮的資料

(Burrell and Selman, 2020)

- 規劃一個有意義的葬禮

- 成人：

- <https://quakersocialaction.org.uk/wecan-help/helping-funerals/down-earth/coronavirus-organising-meaningful-funeral>

- 兒童：

- <https://www.winstonswish.org/coronavirus-funerals-alternative-goodbyes/>



# 有意義的葬禮的資料

(Burrell and Selman, 2020)

- 关于悼念的建议:
  - [http://www.suddendeath.org/covid-19-bereavement/ covid-19-advice-on-memorialising](http://www.suddendeath.org/covid-19-bereavement/covid-19-advice-on-memorialising)

# 喪親需要的滯後

- 面對即時挑戰後才面對情緒



# 給喪親者的貼士



# 腦筋彈性 (Cognitive Flexibility)

- 多角度腦筋
  - 死因
  - 內疚
  - 寂寞 (Loneliness)
  - 控制 (Control)
- 易位而處腦筋
  - 如果你是牠
- 平行腦筋
  - 好壞參半



<https://pixabay.com/illustrations/man-head-silhouette-to-dye-dirt-3591573/>



# 腦筋彈性 (Cognitive Flexibility)

- 易時而處腦筋
  - 不停留在過去
  - 多留在現在
  - 稍想想將來
- 捨得腦筋
  - 不執着



<https://pixabay.com/illustrations/man-head-silhouette-to-dye-dirt-3591573/>

# 多啦 A 夢法寶

- 時光機
  - 易時而處腦筋
- 交換繩
  - 易位而處腦筋
- 竹蜻蜓
  - 鳥瞰視野
- 指引天使
  - 不恥多問
- 助興樂團
  - 平行腦筋
- 記憶麵包
  - 平行腦筋
- 縮小燈
  - 實際腦筋
- 算了算了棒
  - 捨得腦筋



# 我的願景 (攝於2022年3月5日)



# 系统方法的要素

Review Article

PALLIATIVE  
MEDICINE



## What elements of a systems' approach to bereavement are most effective in times of mass bereavement? A narrative systematic review with lessons for COVID-19

Palliative Medicine  
2020, Vol. 34(9) 1165–1181  
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Emily Harrop<sup>1</sup> , Mala Mann<sup>1,2</sup> , Lenira Semedo<sup>1</sup>,  
Davina Chao<sup>3</sup>, Lucy E Selman<sup>4\*</sup>  and Anthony Byrne<sup>1\*</sup>

### Abstract

**Background:** The global COVID-19 pandemic has left health and social care systems facing the challenge of supporting large numbers of bereaved people in difficult and unprecedented social conditions. Previous reviews have not comprehensively synthesised the evidence on the response of health and social care systems to mass bereavement events.

**Aim:** To synthesise the evidence regarding system-level responses to mass bereavement events, including natural and human-made disasters as well as pandemics, to inform service provision and policy during the COVID-19 pandemic and beyond.

**Design:** A rapid systematic review was conducted, with narrative synthesis. The review protocol was registered prospectively ([www.crd.york.ac.uk/prospero](http://www.crd.york.ac.uk/prospero), CRD 42020180723).

**Data sources:** MEDLINE, Global Health, PsycINFO and Scopus databases were searched for studies published between 2000 and 2020. Reference lists were screened for further relevant publications, and citation tracking was performed.

**Results:** Six studies were included reporting on system responses to mass bereavement following human-made and natural disasters, involving a range of individual and group-based support initiatives. Positive impacts were reported, but study quality was generally low and reliant on data from retrospective evaluation designs. Key features of service delivery were identified: a proactive outreach approach, centrally organised but locally delivered interventions, event-specific professional competencies and an emphasis on psycho-educational content.

**Conclusion:** Despite the limitations in the quantity and quality of the evidence base, consistent messages are identified for bereavement support provision during the pandemic. High quality primary studies are needed to ensure service improvement in the current crisis and to guide future disaster response efforts.

### Keywords

Bereavement, grief, pandemics, disasters, disease outbreaks, coronavirus infections

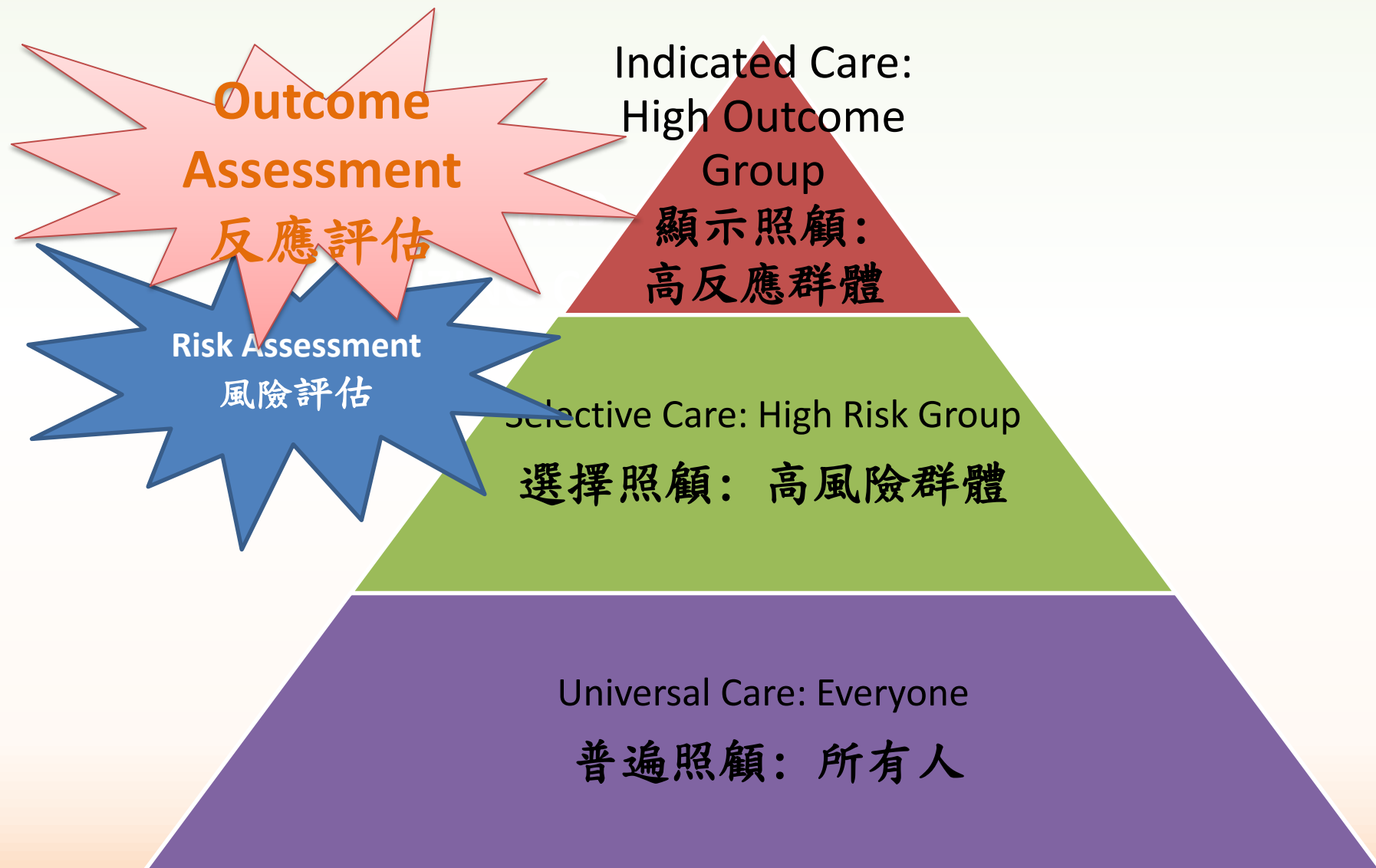
- 2000年至2020年的文献回顾
- 六项研究

# 系統方法的要素

- 積極主動的宣傳
- 由中央組織但由地方提供的干預措施
- 多管齊下的
- 針對事件的專業能力
- 強調心理教育內容

- 需要為喪親者提供最佳的支援
- 黃金機會去發展
  - 生命和死亡教育(Life and Death Education)
  - 關懷社區(Compassionate Community)
  - 醫社合作 (Medical-Social Collaboration)
  - 善別服務的專業發展(Professional Development)

# 三層善別照顧



# 謝謝！



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