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Only the Living Can Witness the Passing of Death: Mourning in Times of Pandemic

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This report presents the special characteristics of the psychotherapy process with patients who are grieving the loss of a loved one. Because of the special background circumstances in which these losses have occurred—the COVID-19 pandemic as well as the 3 months lockdown because of it—I have called these griefs suspended. In the article I offer the social background circumstances, the personal circumstances of the loss, and the therapeutic intervention with the special characteristics for both the therapist and the therapeutic setting. Finally, I offer some specific tools for working with this type of grief. All these considerations are made from the approach of Gestalt therapy as well as with the working model proposed by Dr. Elisabeth Kübler-Ross. This is coupled with my experience of more than 20 years in psychotherapeutic work with people who are living a grieving process.

Keywords: grief, pandemic, loneliness, suffering, therapeutic bond

Living a loss is painful and difficult (Freud, 1918; Bowlby, 1961; Kübler-Ross, 1969; Parkes, 1970; Neimeyer, 1998; Worden, 2008; Vázquez Bandín, 2008a, 2010a). In these times of pandemic disease, it is even more distressing (Vazquez Bandín, 2020). The help of professionals is recommended in the case of coronavirus 2019 crisis, not only because living a loss is a painful personal process to endure but also because these losses have occurred in catastrophic and devastating social conditions (Crosby, 2003; Duncan, 2003). So far, more than 42,000 people have died in Spain, and more than 350 thousand have died worldwide; these are shocking figures. For days and weeks on end, the media reported how hospital emergency rooms were overflowing with urgent care admissions and subsequently provided information only about the number of deaths on a particular day. No names, no ages, no farewells with relatives, no funerals, no burials. This is the way of today and of every day.[1] If we were only mere spectators of this terrible reality, it would be distressing and devastating enough. But even worse is to be in the shoes of family members whose close relatives have passed on anonymously. How have all those people felt, and how do they feel—people whom the pandemic and lockdown have cut off from

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[1] This report was written around May 15, 2020.

being near their loved ones in such hard times, from being able to accompany them as they leave this world, from being able to bury them with a bit of dignity?

One by one, each person who has passed away has been erased from existence in overwhelming silence and solitude. In my head, there sounds a verse from *Rima LXXIII* by Gustavo Adolfo Bécquer (1836–1870): "¡Qué solos se quedan los muertos!" [How alone we leave our deads!] (Bécquer, 2004, p. 33). I am moved to change that phrase into "Those left alone are the living, the relatives of the deceased!" Alone, frustrated, and powerless with an unfinished history, with an unfulfilled human task: to be able to see their dying off, to be able to bury their dead, to be able to say goodbye to them, to be able to have a proper grief. It is difficult for the mind to close what is left unfinished in the experience. It becomes an obsessive thought, a permanent shock or, even worse, it turns into some form of physical or mental illness; in short, a trauma (McCaan & Pearlman, 1990; World Health Organization, 2018; American Psychiatric Association, 2013) and a suspended grief (Vázquez Bandín, 2020a). In addition to this dramatic situation, another one less dramatic but just as disturbing is made manifest: the impossibility of the living to be comforted in close proximity to others—without hugs, touch, and bodily affection—because of the safe distance required to control the spread of the virus. Special characteristics of this suspended grief are indicated below along with the kind approach that might enable its elaboration.

Background Circumstances

When we spoke of mourning on other occasions, those processes took place against a stable background that we generally took for granted (Perls et al., 1951; Kübler-Ross, 1969). In a more or less stable world and society, there was always someone, a specific individual, who would lose a loved one (Kübler-Ross, 1969; Vázquez Bandín, 2010b). If that individual's world and his personal environment was tottering, there was still the unconscious, environmental support of something known, an everyday routine (Perls et al., 1951). At times, this implicit background served as a contrast to the strange and anomalous sensations and feelings of the person entering a situation of mourning. "The world goes on, people walk down the street, children keep laughing and playing so, why do I feel so bad?" This feeling of strangeness was in part the beginning of the mourning process: a state of shock (Kübler-Ross, 1969; Vázquez Bandín, 2008b, 2010a).

In the elaboration of traditional grief, Perls et al. (1951) state, "The grief, the confusion, and suffering are prolonged, for there is much to be destroyed and annihilated and much to be assimilated" (pp. 359–360).[2] In these moments of special difficulty, therefore, it is necessary to be able to offer our patients a secure bond that serves as a ground in which they can take risks: we are all well aware that, in the current situation, the implicit background of normality does not exist (McCaan & Pearlman, 1990; Van der Kolk, 2014). The world, society, and close environment of the person in mourning have been altered beyond their particular loss. Some manifestations of losing ground include: prolonged lockdown of the entire population of a neighborhood, a city, a country—of the entire world; a state of alert and a sense of real danger for one's own life as well as that

[2] Perls et al. (1951) stated, "Annihilating is making into nothing, rejecting the object and blotting it from existence, . . . destroying (de-structuring) is the demolition of a whole into fragments in order to assimilate them as parts in a new whole. Annihilation is a defensive response to pain" (pp. 340–341).

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of loved ones and others in the milieu of the person in mourning; the impossibility of speaking to, being close to, and hugging any other human being because of the danger of contagion; and absolute loneliness because of the lack of really close social support.

Personal Circumstances of Loss

Also to be considered are the terrible circumstances under which the loss has occurred. These include confusion and doubt; the lack of information; the impossibility of accompanying the person in the moment of death; the absence of an emotional farewell; unawareness of the whereabouts of the deceased's remains; no opportunity to hold a vigil for the departed; or an accompanied and dignified funeral or burial. There is increased suffering for each person who has lost a loved one in these difficult times, not in the least because of the effects of trauma, postponed grief, and posttraumatic stress. A situation of social stress will continue for some time because no one can be certain what the future holds for us as individuals or as a collective (Selye, 1978; Levine & Scotch, 2013).

The Therapeutic Offer

The Therapist

It is important to stress that not all psychotherapists are trained to support grieving processes (Kübler-Ross, 1969; Vázquez Bandín, 2008b, 2010a). In no case, and especially not in this current situation, is just any therapist, and much less so someone who has not been properly trained, in a position to support a traumatic and suspended mourning process. It is not a matter of good will but of training and professional ethics (American Psychological Association, 2016).

But we must bear in mind, too, that at the present time the professionist—the therapist—is also going through his or her own process of stress and loss (Spagnuolo Lobb, 2013). It is not so much an affective loss because of the death of a loved one, which would be the definition of a real grief, as the forfeiture of a prepandemic lifestyle. We have all suffered, and continue to suffer, the effects of an extended lockdown, changes to our lifestyle, and bouts of anxiety and fear on account of the coronavirus (Fiorillo & Gorwood, 2020). Psychotherapists are not exempt from these situations; we must be aware of that reality and of our state of emotional health. Kübler-Ross (1969) writes: "It is the persistent nurturing role of the therapist who has dealt with his/her own death complex sufficiently that helps the patient overcome the anxiety and fear of his/her impending death" (p. 41) and, one may add, of the death of loved ones. Wanting to help is fine, but our work can never be an excuse to lose sight of our personal and emotional situation or to use those who suffer as a means of salvation. We may cite Biblical chapter and verse on this point: "And if the blind lead the blind, both shall fall into the ditch" (The Holy Bible, King James Bible, Matthew 15:14).

The Therapeutic Framework

As professionals, we can deal with the matter of grief either through online psychotherapeutic work or through face-to-face work under special conditions: that is, by maintaining a safe social distance (minimally 6 feet or 2 m) and by having both therapist and patient wear masks and gloves in a therapeutic setting (the therapist's consulting room) and, in special cases, in the domicile of the person in mourning (although I personally advise against such a setting) (MacKay & O'Neill, 2010). Each of these possibilities has its limitations and implies a change to what we have been doing up until now. But the new now is operant, and I shall not dwell there.

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Therapeutic Tasks in the Normal Mourning Process

Many have written about the tasks involved in the mourning process, for example, Freud (1918), Bowlby (1961), Kübler-Ross (1969), Parkes (1970), Neimeyer (1998), and Worden (2008). Differences and nuances among these experts aside, the psychotherapeutic tasks for an individual in mourning can be summarized as follows (Kübler-Ross, 1969; Vázquez Bandín, 2008b, 2010a, 2010b, 2013).

- She becomes aware of and accepts the reality of the loss.
- She elaborates on the emotions and pain of the loss.
- She adapts to a world in which the deceased is no longer present.
- She relocates the deceased person emotionally.
- She reconstructs the timeline (past, present future in her ordinary life).

Each of these tasks requires its particular time and specific skills (see Vázquez Bandín, 2008b, 2010a, 2010b, 2013, 2020b).

Specific Tasks in These Suspended Moments of Grieving

In the current modality of suspended grief, bereaved people do not have a social ground on which to lean because3 it has been broken by the coronavirus pandemic and its resultant isolation and confinement (by law we Spaniards are confined and isolated in our homes). Therefore, the first task is to create, or rather cocreate, between patient and therapist, a bond—emotional and narrative—that allows the elaboration of mourning. This link is an interweaving, between patient and therapist, that permits the creation of a *between* in the present, in the here and now, of the relationship (Perls et al., 1951; Vázquez Bandín, 2008a, 2010, 2014, 2016; Spagnuolo Lobb, 2013). The patient needs an other in the here and now to be able to hear himself speaking to another who is available to him (Perls et al., 1951; Robine, 2011; Spagnuolo Lobb, 2015; Bloom, 2016; Levinas, 2016 among many other authors). These tasks cited above have the following aims (Vázquez Bandín, 2020b):

- To permit the patient to speak, with the support of empathetic listening, of the specific vicissitudes of loss, all the while that the therapist is aware of facial expressions, tone of voice, and so forth as well as of the kinesthetic resonance that this phenomenology awakens in us as therapists (Francesetti, 2015; Frank, 2016; Vázquez Bandín, 2020b).
- Both therapist and patient are focused on the present moment of the patient's situation (not of the session because this is a hasty move at the moment). The grieving person needs to tell to another the story and details about the loss of her loved one before being aware here and now how she/he feels while saying it to the therapist as a first step to the process of mourning.
- To attend to the patient's day-to-day life (shopping, personal hygiene, meals, sleep) to establish supports and commitments.
- To know which family and social supports the patient has in the present.
- To suggest that the patient-in-mourning write a kind of diary of his grief if, in fact, he desires and likes to write. Thus, the patient may be accompanied in an implicit way in his loneliness.

The objective of these specific tasks in moments of "suspended" grief is to make it easier for people to be in the "here-and-now" of their situations, so that subsequently they

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can follow the usual steps already outlined in the section on therapeutic tasks in the normal mourning process. "The present is a passage out of the past toward the future," as Perls et al. (1951, p. 374) remind us. Hence, it is essential to focus therapy in the present moment, so that the person who is suffering can find self-support.

Conclusions

Although it is early for being able to carry out a more in-depth study in the treatment of this suspended grief, it is important to highlight that there are special characteristics that invite us to take greater care with these patients when they come to psychotherapy. It is necessary, as we have seen briefly, to implement psychotherapy with some specific tasks. With the passage of time, we hope to be able to make a deeper and more detailed reflection of this process and its therapeutic interventions.

Only the living can witness the passing of death.[3]

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References

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (Vol. 5). https://doi.org/10.1176/appi.books.9780890425596

American Psychological Association. (2016). *Ethical principles of psychologists and code of conduct*. Retrieved from https://www.apa.org/ethics/code

Bécquer, G. A. (2004). Cerraron sus ojos. In G. A. Bécquer (Ed.), *Rima y leyendas*. Anaya.

Bloom, D. (2016). The relational turn in Gestalt therapy. In J.-M. Robine (Ed.), *Self. A poliphony of contemporary Gestalt therapists* (pp. 67–90). L'Exprimerie.

Bowlby, J. (1961). Processes of mourning. *International Journal of Psycho-Analysis*, *42*, 317–340.

Crosby, A. W. (2003). *America's forgotten pandemic: The influenza of 1918*. Cambridge University Press. https://doi.org/10.1017/CBO9780511586576

Duncan, K. E. (2003). *Hunting the 1918 flu: One scientist's search for a killer virus*. University of Toronto.

Fiorillo, A., & Gorwood, P. (2020). The consequences of the COVID-19 pandemic on mental health and implications for clinical practice. *European Psychiatry*, *63*(1), 1–2. https://doi.org/10.1192/j.eurpsy.2020.35

Francesetti, G. (2015). From individual symptoms to psychopathological fields. *British Gestalt Journal*, *24*, 5–19.

Frank, R. (2016). Kinesthetic resonance and reflexivity. *Cuadernos de Gestión*, *8*, 2–13.

Freud, S. (1918). Mourning and melancholia. In J. Strachey (Ed. & Trans.), *The standard edition of the complete psychological works of Sigmund Freud* (Vol. XIV, pp. 243–258). The Hogarth Press.

Kübler-Ross, E. (1969). *On death and dying*. Routledge.

Levinas, E. (2016). *Time and the other*. Duquesne University Press.

Levine, S., & Scotch, N. A. (2013). *Social stress*. Routledge.

MacKay, E., & O'Neill, P. (2010). What creates the dilemma in ethical dilemmas? Examples from psychological practice. *Journal Ethics & Behavior*, *2*, 227–244. https://doi.org/10.1207/s15327019eb0204_1

McCaan, M., & Pearlman, L. (1990). *Psychological trauma and adult survivor theory: Therapy and transformation*. Routledge.

Neimeyer, R. (1998). *Lessons of loss. A guide to coping*. Center for the Study of Loss and Transition.

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This article is intended solely for the personal use of the individual user and is not to be disseminated broadly.

Parkes, C. M. (1970). The first year of the bereavement: A longitudinal study of the reaction of London widows to the death of their husbands. *Psychiatry*, *33*, 444–467. https://doi.org/10.1080/00332747.1970.11023644

Perls, F. S., Hefferline, R., & Goodman, P. (1951). *Gestalt therapy: Excitement and growth in the human personality*. Dell.

Robine, J.-M. (2011). *On the occasion of an other*. Gestalt Journal Press.

Selye, H. (1978). *Stress of life*. MacGraw-Hill.

Spagnuolo Lobb, M. (2013). *The now-for-next in psychotherapy: Gestalt therapy recounted in post-modern society*. Istituto di Gestalt HCC Italy Publishing.

Spagnuolo Lobb, M. (2015). The body as a “vehicle” of our being in the world. Somatic experience in Gestalt therapy. *British Gestalt Journal*, *24*, 21–31.

The Holy Bible (n.d.). *King James version*. Retrieved from https://www.kingjamesbibleonline.org/

Van der Kolk, B. (2014). *The body keeps the score*. Penguin Books.

Vázquez Bandín, C. (2008a). *Buscando las palabras para decir*. Sociedad de Cultura Valle Inclán, Colección Los Libros del CTP.

Vázquez Bandín, C. (2008b). Wait for me in heaven. *Gestalt Review*, *16*, 126–144.

Vázquez Bandín, C. (2010a). Cuando el destino nos alcance. In C. Vázquez Bandín (Ed.), *Borradores para la vida*. Sociedad de Cultura Valle-Inclán, Colección Los Libros del CTP.

Vázquez Bandín, C. (2010b). *Borradores para la vida*. Madrid, Spain: Asociación Cultural Los Libros del CTP.

Vázquez Bandín, C. (2013). Loss and grief. Sometimes, just one person missing and makes the whole world seem depopulated. In G. Francesetti, M. Gecele, & J. Roubal (Eds.), *Gestalt therapy in clinical practice* (pp. 299–319). Istituto di Gestalt HCC Italy Publishing.

Vázquez Bandín, C. (2014). *Sin ti no puedo ser yo*. Asociación Cultural Los Libros del CTP.

Vázquez Bandín, C. (2016). ‘Like a river flowing, passing yet ever present.’ The theory of self in Gestalt therapy. In J.-M. Robine (Ed.), *Self. A poliphony of contemporary Gestalt therapists* (pp. 21–38). L’Exprimerie.

Vázquez Bandín, C. (2020a). *Por quién no doblan las campanas*. Retrieved from https://centrodeterapiaypsicologia.es/wp-content/uploads/Por-quien-no-doblan-las-campanas-1.pdf

Vázquez Bandín, C. (2020b). *Todos los días grises del año*. Asociación Cultural Los Libros del CTP.

Worden, J. W. (2008). *Grief counseling and grief therapy: A handbook for the mental health practitioner*. Springer. https://doi.org/10.1891/9780826101211

World Health Organization. (2018). *CIE-10*. https://www.comb.cat/Upload/Documents/8051.pdf

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