Harnessing social support for bereavement now and beyond the COVID-19 pandemic

Lauren J. Breen ⓘD

Correspondence to:
Lauren J. Breen
School of Psychology,
Curtin University, GPO Box
U1987, Perth, WA 6845,
Australia.
**lauren.breen@curtin.
edu.au**

The need to connect with others after loss is almost universal yet societies are more fragmented, lonely, and physically distanced than ever. Bereavement during COVID-19 – whether due to the pandemic or not – is accompanied by losses of income, routine, freedom, trust in others, future plans, and social support.[1] The current global crisis is expected to complicate grieving individuals' adaptation to bereavement due to physical distancing during dying and death, diminished access to mourning rituals, and reductions in physical social support.[2,3] Policies aimed at addressing the pandemic underscore the urgent need to understand how individuals and communities can learn to provide social support to grieving persons as they manage these multiple losses.[4]

Social support is the perception or experience of being cared for, esteemed, and part of a mutually supportive social network.[5] Social support is typically provided by family members, friends, work colleagues, and neighbours and can be of different types (e.g. emotional, informational, instrumental).[6] Bereaved people much more commonly seek support from family and friends than from professionals, yet a considerable minority of grieving persons (almost one-third) report not receiving the support they would have liked.[7] It is commonly assumed that social support buffers the impact of bereavement but the evidence for this is mixed.[8] However, when social support is perceived by the recipient as helpful, it is one of the strongest determinants of positive psychosocial outcomes after bereavement[9] and protects against pervasive grief and depression.[10]

Social support is a complex process. A potential supporter must recognise the need for support. The support must be available, sufficient, and offered to the bereaved, and then perceived as helpful by the recipient. In addition, the usefulness can depend on the source, type, and timeliness of the support offered[6] and the receiver's receptiveness to social support.[11] Bereaved people seek support from family and friends at a much greater rate than from professionals, yet often, the social support process goes awry. Some bereaved people report members of their social networks avoiding them, making hurtful comments, asking harmful questions, joking about the loss, offering platitudes, and generally lacking compassion.[6,12] Bereaved individuals also report expressing difficulties with recognising and expressing their support needs, seeking support from others, and accepting offers of support.[13] Likewise, the recognition of a need for support does not always lead to an offer of support.[14] Some potential supporters might feel uncertain about what support to offer in times of loss or worry that a support attempt might infringe on a recipient's privacy.[15]

The complex social support process is likely to be influenced by three factors. First, norms are the rules that govern acceptable behaviour. For instance, research shows that prevailing social norms often undermine the giving, seeking, and accepting of social support at end-of-life.[15] Second, public stigma is the disapproval and discrimination of others and is influenced by prevailing norms. For example, public stigma is observed in experimental studies using vignette descriptions of grieving persons[14,16–19] but how stigma might affect the offer of social support is not known. The third component is grief literacy, which comprises knowledge to facilitate understanding of grief and loss, skills to enable supportive action, and values of compassion and care.[20] How these factors might influence the social support process is illustrated in Figure 1.

Despite the potential of social support to transform the lives of grieving persons, surprisingly little is known about how it might be optimised. A recent systematic review of factors determining supportive behaviours following bereavement identified 42 variables related to the griever, the
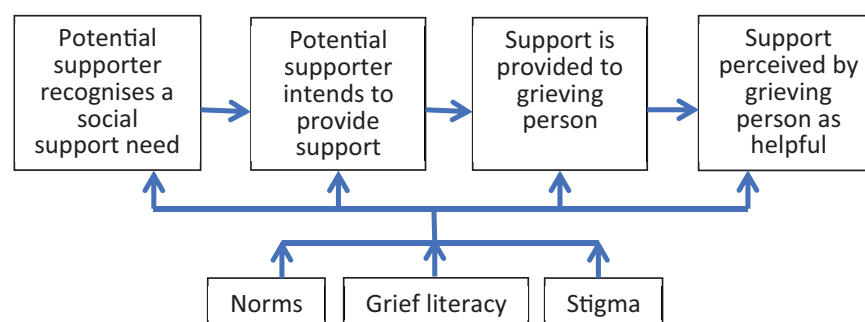
Figure 1. The Complexities of Social Support Following Loss.

deceased, and the potential supporter.[21] The authors highlighted substantial methodological flaws (e.g. student samples as proxies for the general community, numerous biases, limited controls, poor study quality) within this body of research. Furthermore, the transferability of knowledge is limited because the majority of studies (34 of 42) come from the United States. Two studies were from Japan and Australia, with one study from each of Ireland, Norway, United Kingdom, and Spain. Thus, the research has neglected diversity issues and cross-cultural complexities in social support.

The current milieu of loss and grief underscores the urgent need to understand substantially more about how top promote social support for grieving persons. Such knowledge is underdeveloped yet increasingly relevant in the wake of 'everyday' tragedies and large-scale events such as terrorism, newsworthy tragedies, natural disasters, and pandemics. Most bereavement care intervention efforts are targeted to addressing the needs of people with mental health concerns. However, health services are not necessarily well-equipped to identify bereaved individuals or provide appropriate bereavement care to the rising number of persons in need.[2] The COVID-19 crisis provides the opportunity to focus on developing social support, now and in the future, so that our communities are equipped to provide responsive, timely, and sustainable social support. Understanding the giving, seeking, and accepting of social support is critical to investigate how social support can be bolstered is critical to benefit grievers, their supporters, and communities. The time is right for considerable investment in research to understand how social support can be optimised as part of the rapidly developing public health palliative care movement that aims to reclaim dying and death in the everyday lives of individuals and communities.[22]

ORCID iD
Lauren J. Breen [iD] https://orcid.org/0000-0002-0463-0363

References

1. Breen LJ. Grief, loss and the coronavirus pandemic. *Aust J Gen Practice*. Epub ahead of print 15 May 2020. DOI: 10.31128/AJGP-COVID.

2. Eisma MC, Boelen PA and Lenferink LIM. Prolonged grief disorder following the Coronavirus (COVID-19) pandemic. *Psychiat Res*. Epub ahead of print 22 April 2020. DOI: 10.1016/j.psychres.2020.113031.

3. Eisma MC, Tamminga A, Smid GE, *et al.* Acute grief after deaths due to COVID-19, natural causes and unnatural causes: an empirical comparison. *J Affect Dis* 2021; 278: 54–56.

4. Australian Government. National mental health and wellbeing pandemic plan. https://www.mentalhealthcommission.gov.au/mental-health-and-wellbeing-pandemic-response-plan (2020, accessed 10 July 2020).

5. Taylor SE. Social support: a review. In: Friedman HS (ed.) *Oxford handbook of health psychology*. Oxford: Oxford University Press, 2011.

6. Aoun SM, Breen LJ, White I, *et al*. What sources of bereavement support do bereaved people perceive to be helpful and why? Empirical evidence for the Compassionate Communities approach. *Palliat Med* 2018; 32: 1378–1388.

7. Aoun SM, Keegan O, Roberts A, *et al*. The impact of bereavement support on wellbeing: a comparative study between Australia and Ireland. *Palliat Care Soc Prac*. Epub ahead of print 27 July 2020. DOI: 10.1177/2632352420935132.

8. Stroebe W, Zech E, Stroebe MS, *et al*. Does social support help in bereavement? *J Soc Clin Psych* 2005; 24: 1030–1050.

9. Lobb EA, Kristjanson LJ, Aoun SM, *et al*. Predictors of complicated grief: a systematic review of empirical studies. *Death Stud* 2010; 34: 673–698.

10. Chen R. Social support as a protective factor against the effect of grief reactions on depression for bereaved single older adults. *Death Stud*. Epub ahead of print 4 June 2020. DOI: 10.1080/07481187.2020.1774943.

11. Smith KV, Wild J and Ehlers A. The masking of mourning: social disconnection after bereavement and its role in psychological distress. *Clin Psychol Sci*. Epub ahead of print 11 May 2020. DOI: 10.1177/2167702620902748.

12. Breen LJ and O'Connor M. Family and social networks after bereavement: experiences of support, change, and isolation. *J Fam Ther* 2011; 33: 98–120.

13. Breen LJ, Aoun SM, Rumbold B, *et al*. Building community capacity in bereavement support: lessons learnt from bereaved former caregivers. *Am J Hospice Palliat Med* 2017; 34: 275–281.

14. Logan EL, Thornton JA, Kane RT, *et al*. Social support following bereavement: the role of beliefs, expectations, and support intentions. *Death Stud* 2018; 42: 471–482.

15. Grindrod A and Rumbold B. Healthy End of Life Project (HELP): a progress report on implementing community guidance on public health palliative care initiatives in Australia. *Ann Palliat Med* 2018; 7(Suppl. 2): S73–S83.

16. Eisma MC. Public stigma of prolonged grief disorder: an experimental study. *Psychiatry Res* 2018; 261: 173–177.

17. Eisma MC, teRiele B, Overgaauw M, *et al*. Does prolonged grief or suicide bereavement cause public stigma? A vignette-based experiment. *Psychiat Res* 2019; 272: 784–789.

18. Penman EL, Breen LJ, Hewitt LY, *et al*. Public attitudes about normal and pathological grief. *Death Stud* 2014; 38: 510–516.

19. Philippkowski S, O'Connor M, Eisma MC, *et al*. Does voluntary assisted dying cause public stigma for the bereaved? A vignette-based experiment. *Palliat & Support Care*. Epub ahead of print 5 January 2021. DOI: 10.1017/S1478951520001352

20. Breen LJ, Kawashima D, Joy K, *et al*. Grief literacy: a call to action for compassionate communities. *Death Stud*. Epub ahead of print 19 March 2020. DOI: 10.1080/07481187.2020.1739780.

21. Logan EL, Thornton JA and Breen LJ. What determines supportive behaviors following bereavement? A systematic review and call to action. *Death Stud* 2018; 42: 104–114.

22. Kellehear A. *Health promoting palliative care*. Oxford: Oxford University Press, 1999.