

Managing Depression, Grief and Loss During COVID-19

Margaret Wehrenberg, Psy.D.

630-248-3092

margaretwehrenberg@gmail.com

Core Symptoms of Depression

- Hamilton Rating Scale for Depression identifies 6 core symptoms that mirror the DSM-V for depression without psychosis or suicidality:
- Negative mood
- Loss of interest in previously enjoyed activity
- Psychomotor retardation
- Guilt
- Anxiety
- General somatic symptoms

Physiological Causes of Depression

- Inflammation – STRESS, but also infection, surgery, autoimmune disorders (study using statins to decrease inflammation + depression)
- Physiological problems:
 - Vitamin deficiencies – nutritional insufficiencies and excesses
 - Sleep disorders (interactive nature of sleep and depressive symptoms)
- Hormones in men and women
 - Thyroid
 - Testosterone
 - Estrogen and progesterone

Causes of Depression: #1 Endogenous Depression – The Brain You Were Born With

Neurobiology – Genetic or changed by ACES

We will look at structural issues – decreased hippocampal volume, lesser prefrontal cortex volume, enlarged amygdala and nucleus accumbens (basal ganglia), size and density of neurons and glial cells, decreased synapses:

Outcome: more perceived negativity and difficulty of prefrontal cortex to modulate emotional responses.

Brain Structures

- Frontal Cortex (PFC) Executive Functions - analysis, decisions, intention (CBT methods)
- Anterior Cingulate Cortex (ACC) - Rumination, cooperation. Functioning well, contributes to problem solving, making effective transitions
- Gear shift - need methods to “put in the clutch” and to shift to a new thought, perspective, behavior, etc.

Basal Ganglia

A ganglion is a clump of neurons. The basal ganglia are interconnected ganglia that have several important functions as relate to anxiety.

- Energy – What is the overall tone of arousal and alertness? This can be genetically determined but altered by lifestyle or trauma
- Habit formation – necessary! (Movement disorders may be generated in this area) Dysfunction here can result in OCD repetitive (compulsive) behaviors
- Most importantly, reward pathway: the nucleus accumbens (ganglion) receiving dopamine (DA) is essential to creating sense of reward, resulting in motivation

Limbic System

Hippocampus – context - short term memory and retrieval processes

Amygdala – risk and safety appraisal, immediate responses

Amygdala registers safe - not safe and how urgent safety issue may be (valence and salience)

Does so without words or thinking and stimulates sympathetic arousal faster than thinking can occur

Learns threat signals fast, unlearns deliberately

Thalamus – relays input

Hypothalamus – initiate stress response and sympathetic nervous system response (fight or flight when threatened)

Neurotransmitters - Function

Research suggests some people have over-activation in the brain circuitry that creates ruminative thinking – links anxiety and depression. That activation is worse when neurotransmitter function is insufficient for balance:

- Serotonin (SE) (more difficulty problem-solving, low mental energy, lack of satisfaction)
- Dopamine (DA) = low reward & loss of interest
- Norepinephrine (NE) = low cognitive arousal, lethargy
- Glutamate/GABA = hard to calm

Dopamine and Reward = Motivation

In the basal ganglia, dopamine works in the reward pathway to produce sense of pleasure

Cortical intention (glutamate) + DA = Motivation

What we do well, when we receive praise, when we interact with joy, when we ingest substances that please, DA flows

Insufficient receptors for DA = low pleasure response = low motivation for social experience

Principle of Neurological Function:

Neural Networks Tap Similar Emotions and Patterns of Thought

- We react to our moods – mood brings back affective or cognitive memory of conditions when mood was created: mood worsens, network enhanced
- Interpretations go to core themes of inadequacy and worthlessness
- A.N.T.S. – Automatic Negative Thoughts – patterns of thinking

Identify Possible Triggers for Depression

Get a sense for the origin of your depression – always there? Perhaps situational? *How is the pandemic situation triggering you?*

Use Tracking Apps like Daylio or T2Mood Tracker to identify triggers that send you into a funk or plunging into despair

See Shapiro's "Getting Past Your Past" and consider activation, even in the absence of PTSD

Immediate: Psychoeducation and Medication

- Meds can make response to treatment faster, and are effective for the core symptoms of depression in mild, moderate, and severe depression
- Medications do not teach skills or resolve trauma
- Medications for bipolar will include mood stabilizers
- Educate about nutrition and supplements, especially those that boost neurogenesis, such as L-Theanine, St. John's Wort, Ginseng, and other

Immediate: Dispute Negatives and Decrease Pessimism

1. Actively dispute negative and limiting thoughts: What is the evidence that the pessimistic belief is true? What is the evidence it is not true?
2. Find alternative causes for the bad events of life. What is a more realistic explanation?
3. Consider the implications “Will this *really* ruin my life?” Is there a less catastrophic implication?
4. Plan how to improve the situation. Find a positive expectation.

Immediate: Metacognitions Purposefully Change the Network

- “I can think what I want. And I want to think I have many good traits.”
- “I don’t have to leave my negative brain on autopilot. I can use override to think something positive.”
- “What I think affects what I do. I will think about using my strengths.”
- “Even if I don’t feel the energy, I can choose to do it anyway.”

Immediate: Plan To Get What You Want

- Plan to have better things to do
- Don't worry until it happens
- Visualize things working out
- Help people give you what you want/need
- Visualize yourself responding resiliently to a situation

2nd Cause of Depression: Situational Stressors

Chronic activation of H-P-A (hypothalamus – pituitary-adrenal axis) = excess of adrenalin and cortisol = dose-specific to severity/length/sense of control over stressor

Inflammation makes depression more likely

Neurotransmitters that turn off/mitigate stress get depleted

Interaction of Depression and Isolation

Circumstances – Stress and Trauma increase risk

- Chronic (especially unpredictable) stress can result in depression
- Isolation is an outcome and, more importantly, a cause of depression
- Pandemic has both criteria
- Set up is prior mental health

Lyubomirsky – the way you process it can increase or mitigate outcomes.

Depressive Cognitive style can be changed in therapy

The Impact of Chronic (Unpredictable) Stress

This kind of stress results in behavioral anhedonia – nothing motivates or interests, lethargy (as if sick)

When it goes on: Chronic activation of H-P-A (hypothalamus – pituitary-adrenal axis) = adrenalin and cortisol dose-specific to severity/length of stress and inflammation results

Inflammation makes depression more likely: changes to the brain, including atrophy of frontal lobes and hippocampi, increases lethargy, decreases ability to problem-solve

Neurotransmitters that mitigate stress get depleted

Immediate: Changes in Self-Care

- Sleep – Cumulative deficit increases rumination. Changes to the biological clock influence bipolar disorder
- Exercise –
 - Immediate rise in energy
 - Long-term: neurogenesis via increased BDNF
- Nutrition –
 - Immediate – low blood sugar = depressed mood
 - Long-term improved nutrition improves neurotransmitter development

Immediate: Respond Differently to Situation-Induced Depression

- Ask for help from others – even if it is just to ask what they would do in your situation to handle with less impact on your health
- Feelings of being bereft can be helped with reconnecting to something greater than yourself - rejoin groups for spiritual or community connection

Being Outside at Every Age Reduces Stress

- Walking in Nature: improves motivation and lowers depression - especially valuable for people who have some isolation
- Walking in green decreases hostility and improves mood
- Longer exposure increases immune function significantly
- Being outside for 30 minutes calms the nervous system, improves attention and helps people absorb what they are learning

3rd Cause of Depression: Trauma

- Traumatic stress and its aftermath results in multiple symptoms. Depression management helps, doesn't heal so attention to all aspects necessary
- Over-activity of NE (norepinephrine) causes excessive stress response
- Beliefs about self and control may change – helplessness needs careful attention

Immediate: Interrupt Helplessness

- Helplessness is a big trigger
- “Stop, Look and Listen!” What just happened? – did something in the situation trigger a memory of helplessness or fear?
- Is there a present, identifiable danger?
- Talk or write about what happened to help your brain learn the limits of how to protect you.

4th Cause of Depression: Early Life Adversity

- Early life experiences of neglect, abuse, problematic attachment, depressed mothers
 - poor self-soothing later in life
 - increased CRF in response to stress – no molehills
 - Plunges into despair - hopelessness
- Dose-response: more adversity = more difficulty with mental and physical health
- Attachment is Protective

Immediate: Pre-Trigger Preparation for Connection

- Major goal is to stop the slide to despair with planned-ahead strategies
- Set up obligations that you must attend
- Find a resource group such as 12 step – calling someone on your list is good trigger-response
- Have inspirational literature handy – kindness and respect are counters
- Children: reminders of connection/security

Start Where You Already Are

Getting the client engaged in treatment means tapping into anything that can raise levels of interest, optimism, arousal.

Start with recognition of what they are doing already – how they are living, conducting themselves

Intensify their awareness of their actions and the benefits of that

Appreciate Yourself

- Stop Saying Bad Things about Yourself. Don't say them to yourself- don't say them to others.
- Notice things you appreciate about yourself and write them down on a list
- Carry this list with you.
- Change comparisons to compliments
- Expect a slow change in making appreciation of self real and making those qualities dominate your presence to self /others.

Marcus Aurelius – 2nd Century – Stoicism Is the Philosophical Foundation of CBT

- Marcus (Roman Emperor) asks, “What virtue has nature given me to deal with this situation?” That leads to: “How do other people cope?” Stoics reflect on character strengths such as wisdom, patience and self-discipline, which can make them resilient in the face of adversity. Even historical figures or fictional characters can serve as role models.
- They try to exemplify these virtues and bring them to bear on the challenges they face in daily life, during a crisis like the pandemic.
- Another common slogan of Stoicism: *fear does us more harm than the things of which we're afraid.*

Focus On Strength: I Do What I Am

What I do changes how I feel about myself

Opportunities to do what we are good at creates genuine self-esteem.

Depressed clients forget they have strengths and positives. Work on this in therapy sessions:

1. Make a list of your best strengths, e.g., Hard worker, honest, kind, creative, disciplined
2. Consider taking inventory on www.viastrengths.org
3. Make a list of opportunities to use your strengths
4. Each day, note: did I use my strengths? How?

Tracking Strengths – example chart

	STRENGTH kindness	STRENGTH discipline	STRENGTH curiosity	STRENGTH loyalty
USED IN	Monday's meeting	Tired: Got work done	Put shelf together	Talk with girlfriend
USED IN				
USED IN				
USED IN				

Increase Awareness of Positive Experiences

Access to positive experience is blocked by depression - causes avoidance of contact with positive experience.

First, increase **awareness** of positive experience: Track daily activities very specifically: "Write down what you are doing." Then answer,

- "Is it Pleasurable or Unpleasurable?" (If pleasurable, rate the degree of pleasure)
- Answer, "Did I accomplish something?" (If yes, rate the degree of accomplishment)

Notice what is already working

Cool Down Burnout

- Burnout is outcome of chronic stress:
 - work stress
 - caretaking stress

Depletes every level : physical, emotional, and cognitive

- physical health: predictor of heart disease, type II diabetes, infertility problems & more
- mental health. It could be called vital exhaustion.

Indicators of Burnout – Even When a Change Is Possible

- Saying “I must” or “I have to” – compulsion to work and *obligation* to socialize
- *Believing* no one else can/will do what you do
- Feeling empty when you are not busy
- Wishing you could be hospitalized in order to have a rest and some caretaking.
- Fear that not performing will cause an *unacceptable* risk – someone may disapprove, be unhappy, reject you, fire you.

When Getting a Break May Not Be Possible

- *Believing* no one else can/will do what you do prevents seeing options = May not take advantage of possible sources of relief
- Not taking care of one’s own health – “I will do that when there is time.” Including chronic conditions such as diabetes.
- Unrealistic pessimism interferes with problem-solving
- Isolating and eating, drinking, smoking and using drugs of abuse to relax

Start Recovering – An Exhausted Person Has Nothing to Give!

Get A Burnout Buddy who will hold you accountable, and make any shift gradually:

- Make a self-care checklist and follow it
- Review impact of social media, constant news feeds
- Get support to tolerate the empty feelings of the transition to working less whether at home or work.
- This applies to therapists as well

Unremitting Stress of Work/School

- Pandemic has asked the impossible of parents in particular
- Work outside the home and manage children who are not in school.
- Families are doing it all inside the house. Working, educating children and supervising (entertaining) children, housekeeping, cooking
- Facebook can help/hinder parents – watch its impact
- Stay away from negative social media posts from people who foment agitation instead of patience

Set Boundaries and Use Help

- Set boundaries on work hours and time on kids' activities and plan strategy to implement these
- Set boundaries on email, text, social media and video-gaming
- Be aware of "Zoom Fatigue" set boundaries on Video conferencing time – especially therapists!!!!
- Boundaries will prevent "one day blurs into another."

Mobilize Your Energy

Mobilizing is critical to intervening on lethargy, which affects all three arenas.

Confront "I can't."

Ask your client simply to say "I won't!" whenever you hear "I can't." Ironically, making the verbal refusal of "I will not" is an act of power, not the helplessness of "I can't." In saying "won't" a feeling of control enters in .

Change "I have to" to "I choose to." (Legitimate) perception of choice increases sense of control

Start the Train Rolling – Challenge of Finding Reward

- Netflix, You Tube, etc., should not be only reward for accomplishing tasks
- What things make you feel positive about yourself?
- Make a list of rewards you are already giving yourself – what you are doing with your time even though depressed - try to find rewards that include interactive activities or accomplishments
- Can help students doing online learning as well as domestic tasks

Help Yourself and Family to Be Productive

Mentoring and accountability are necessary steps, especially with adolescents/young adults

- Identify necessary tasks with all components (e.g., doing laundry or remote learning requirements)
- What is the largest step you can take?
- Reward yourself for taking it for 15-30 minutes, then do another step
- Be accountable to someone for doing it

Jump Starts

- Timing tasks increases cognitive commitment to do them later: see how small they are.
- Break into lethargy. Pick any small activity you DO NOT want to do – brush teeth, file papers, empty dishwasher, pick up toys, garage cleaning, sorting – that can be done in increments. Pause a program for 3 minutes and do it. AMAZING productivity makes people feel better.

Change Depressed Physiology

Exercise changes lethargy in many ways: 5-7 days/wk, 70% Max HR, 30-45 min.

- Triggers release of BDNF = neurogenesis
- Makes 5-HT more available (serotonin)
- Raises levels of dopamine
- Causes pleasing sense of physical arousal
- Enhances self-efficacy

Work on *small* steps that build up to max

Change Depressed Physiology Build a Healthy Brain

Remember Sleep and Nutrition are vital – talk about it in therapy (see book list) – Try CBTi Coach App or Calm or GoZen or Cosmic Kids

The brain needs protein and vitamins to build neurotransmitters – eat nutritiously.

Can use supplements to assist this process – especially for endogenous depression

Brain rebuilds during sleep. Pay attention to sleep hygiene and insomnia

End Isolation

- Isolation is a major cause of and outcome of depression – do clients have social skills? May need to do some practice.
- In depression, people show low emission of social signals, which intensifies isolation (Libet and Lewinsohn)
- Over-using video gaming may contribute – numbers of hours and degree of interactive gaming
- In isolation no one challenges depressed thoughts and actions = they intensify

Consider Social Media Impact – Bullying, Comparison Increasing Isolation

- Adolescents and young adults have depression on sharp increase correlated to time on screens using social media. (10+ hr week, not school screen time)
- Cyber bullying – no real escape without turning it off
- Social pressure, Comparison Fallacy affects self-esteem: direct bearing on both self-worth and adequacy

Consider Social Media Impact – FoMO

- Adolescents and young adults have increased awareness of what they are missing out on and it is real! Discuss these losses and note what is the fantasy of what would have been vs the realness of what they are missing – (I might have had a great prom date vs playing in the baseball season, going to graduation)
- Social pressure may still be an issue: sexting, sneaking out

Pay Attention to Others
Saying/Doing Five Positives

	Comment/ Action	Comment/ Action	Comment/ Action	Comment/ Action	Comment/ Action
Day 1					
Day 2					
Day 3					
Day 4					
Day 5					
Day 6					
Day 7					

Balance Your Life

Well-being is not tied to external stimuli because all achievements and possessions are transitory or can be taken away.

Can be consciously cultivated – train the mind to alleviate suffering (not eliminate bad experiences)

Goal of balance: to alter deficits, hyperactivity or dysfunction in four arenas: goals, attention, cognition and affect

Depression Disrupts Balance

1. Goals: Loss of motivation for happiness
2. Cognition: Thoughts unbalanced toward negativity.
3. Attention: Coupled with negative expectations, imbalance leads to misapprehension of:
 - Acts, intentions, emotions of others
 - One's influence on events and situations (Inattentiveness to interactions with others)
4. Affect: negativity must shift toward positive.

Clients need appropriate challenges of skills and abilities that they already possess

What Do You Pay Attention To?

- Use Gratitude Journal 365 Pro or similar.
- Daily Intention to see or do something that pleases yourself or others
- End each day noticing 3 things that went right that day and what you did to make them happen
- End each day with a note to self about one moment that was life-affirming

Increase Self-Compassion (Kristin Neff)

See www.self-compassion.org

- Self-kindness vs self-judgment - Self-compassionate people recognize that being imperfect, failing, and experiencing life difficulties is inevitable, so they tend to be gentle with themselves when confronted with painful experiences rather than getting angry when life falls short of set ideals.
- Common humanity vs Self-Isolation: self-compassion involves recognizing that suffering and personal inadequacy is part of the shared human experience – something that we all go through
- Altruism can reduce suffering and improve kindness.

Shift Toward Positive Networks (Frederickson)

Positivity broadens – opens your mind – you have more access to creativity and new solutions

- you can see events from other perspectives
- You see possibilities
- You see choices of how to respond to events in your thinking and behavior

Positivity builds your strength to flourish

You can see more ways to live a joyful life

You are more resilient in the face of trouble

You have more resources to bring to bear when you need help.

Remember and Repeat Positive Experiences – Balance Cognition and Motivation (Frederickson)

Repetition & Imagination are brain strengtheners.

- Focus on a recent positive experience, discuss each sensory component, include positive thoughts about it
- Commit to find a similar experience during the coming week – be accountable for it.
- Then commit to reflect on positives during the week and bring that into discussion with other people

Stop Destructive Behavior

Borrow Someone Else's Control

- Learn to recognize signs of the plunge to despair
- Call a lifeline –
 - therapist,
 - friend or family
 - community resource
 - use Lifeline notes
- Find the trigger
- Do a reality check
- Develop an alternative explanation

Practice Spiritual Life

- Sense of Purpose
- What is your answer to “Why?”
- Higher Power – connecting to something greater than oneself (a loving God)
- Creating time for Quiet, Silence, Reflection
 - Meditation (Benson, Henslin, Thich Nhat Hanh, Newberg, Siegel,)
 - Contact with spiritual leaders
 - Prayer (Eddie Ensley)
- Connect to Other People

What’s the Disaster?

Ask oneself: What is the Disaster Here? Define it. Then:

- Is this a minor inconvenience?
- Is this a major inconvenience?
- Is this a major catastrophe?

Write out the reasons and the resources that are available to help

Contact people resources like a sponsor or friend to help evaluate BEFORE ACTING

Journaling about Distress

- What do I feel in my body?
- Are these sensations familiar?
- What is the earliest age I remember feeling this way?
- Can I get a memory of a situation in which I had this feeling or even just an image of myself like a snapshot feeling this?
- Is there any similarity between the two experiences? (former and current)

Broaden Your Perspective

- Depression narrows your field of vision
- Don't fight against reality: learn to see 'what is'
- You might fight your feeling of depression and thus make it worse: accept its presence and be curious about it
- **Learn how you construct your negative reality and interrupt it**

Notice Without Judging - Mindfulness

- 1) choose to remember that your emotional reactions are your interpretation of a situation or communication
- 2) observe: what is happening in the situation and what sensations are you experiencing?
- 3) suspend judgment of why it is happening
- 4) focus on what possible responses will help you.

Change Your Depressive Cognitive Style

- Notice negative storylines about why things happen to you.
- Listen for words like *always* and *never* in your explanation. They imply that you feel stuck.
- Listen for expressions that imply you have no choice or control.
- Listen for blame words: “I should stop . . .” or “I shouldn’t have done . . .” or “I ought to know better.”

Dispute Negatives and Decrease Pessimism

1. Actively dispute negative and limiting thoughts: What is the evidence that the pessimistic belief is true? What is the evidence it is not true?
2. Find alternative causes for the bad events of life. What is a more realistic explanation?
3. Consider the implications “Will this *really* ruin my life?” Is there a less catastrophic implication?
4. Plan how to improve the situation. Find a positive expectation.

Be Less Absolute about Negative Assumptions

- This may be *unpleasant* but it is not *awful*
- I made a mistake, but didn't ruin *everything*.
- Alter “awful” “terrible” “unfixable” to “I don't prefer it” “it could be worse” “it will be better next time”
- Focus on “I learned something from this”
- Alter inadequacy “I can fix what has happened”

Increase Your Flexibility

Stop Reacting to Your Own Bad Mood

A) know it is happening

- notice what you are thinking, doing and feeling
- Are you planning to be mad or hurt? It is harder to be pleasantly surprised when you are in a bad mood.

B) develop interventions: Then H.A.L.T. (Hungry, Angry, Lonely, Tired)

- Create a new image of you would look, say and what you would do.
- Notice the outcome of the above process.

Choices Give Flexibility

- There are no perfect choices – looking for them is evidence of rigid thinking
- There are usually several good choices
 - Learn to identify, brainstorm
 - Pick one and decide what you will do if it does not pan out
- Choices can be changed

Dispute Negatives and Decrease Pessimism – see CBT – Beck, Ellis, McMullin

1. Actively dispute negative and limiting thoughts: What is the evidence that the pessimistic belief is true? What is the evidence it is not true?
2. Find alternative causes for the bad events of life. What is a more realistic explanation?
3. Consider the implications “Will this *really* ruin my life?” Is there a less catastrophic implication?
4. Plan how to improve the situation. Find a positive expectation.

Stop Over-Estimating the Importance of Negative Experience

- Point out and ask, “Consider some dreaded occurrence that eventually took place. Did it make you miserable? How long did the misery last? Are you still miserable about it today?”
- People avoid negative experience and end up stuck. Jung described the value of going through affective experience to change the affect.
- BE with the client while fully in the affect. Do not be afraid to offer your presence as sufficient.

Be Less Absolute about Negative Assumptions

- This may be *unpleasant* but it is not *awful*
- I made a mistake, but didn't ruin *everything*.
- Alter "awful" "terrible" "unfixable" to "I don't prefer it" "it could be worse" "it will be better next time"
- Focus on "I learned something from this"
- Alter inadequacy "I can fix what has happened"

Manage Disappointment – Loss Must Be Grieved

Therapists may mistakenly treat disappointment as pessimism – that can drive affect underground, freeze the client's responses

- Identify the loss, express it, sit with the loss.
- Validate reality: not getting what one wanted is a loss
- Validate emotions: you would appropriately feel sad about any loss
- Ask: "What would you hope for if you were not afraid of being disappointed again?"

Grief and Loss in the Post-Pandemic World

- The current pandemic has intensified existing depression, but adds loss and grief to the challenges
- We feel especially out of control
- Many are not recognizing this and identify feeling depressed
- Loss
 - Celebrations being missed.
 - Special trips that would have increased family/relationship bonding (and current situation either makes for too much closeness or distance)
 - Loss of work (identity, promotion, collegiality)

Rituals Allow for Grief/Meaning-making

- The Power of Ritual – to see how we have come to this point and take time to look at where we are going.
- Construct or participate in rituals that celebrate
 - Graduations
 - Proms
 - Bar/Bat mitzvah – confirmation – baptism - religious coming of age
 - Births
 - Cancer treatment recovery
- Allow for community – it witnesses the transition
- Reasons not to postpone – elder participation – moving forward

Grieving Death

- For those who have family members dying during the pandemic, whether from COVID-19 or other causes
- What can be done to allow grieving, when in-person community is not possible?
- Establish as much connection within community as you can by voice, writing
- Pictures
- Zoom memorial until in-person can occur

Singing together is powerful – even when we are apart

- *Get your playlist together and sing along while you are in the house or car.*
- *Look for one that moves you and sing along.*
- *Get onto YouTube where you may see as well as here the performance, then find a song, a group, an organization and sing.*
- *A composer friend suggests, “Don’t think about how you sound. Sing along as if no one is listening. Let your heart guide you.”*

Kessler on Grief (See article in Psychotherapy Networker March/April 2020)

- Kessler's work on Stages of Grief (his book Finding Meaning: The Sixth Stage of Grief) suggests the stages of grief are not processed in order. Be patient with yourself
 - Denial (Shock and disbelief the loss occurred)
 - Anger (someone we love is not longer here)
 - Bargaining (what-ifs and regrets)
 - Depression (sadness from the loss)
 - Acceptance (acknowledging reality)

"Contain Grieving in Time" After the Immediacy of the Loss

- If feeling overwhelmed - Choose a daily time and place to grieve and create a ritual
- Choose objects that focus your attention on your grief/loss and place them where you can see them. Use ritual enhancers like specific music, candle, prayer reminders (rosary, prayer shawl, incense)
- Set a timer for a brief period of 5-10 minutes
- Allow whatever thoughts and feelings emerge to be present without judgment to allow expression of any stage of grief and when timer goes off, note if there is anything you want to remember
- During the day, say yes to the grief and redirect thoughts

Creating in the Face of Death/Loss

Getting the feelings outside of ourselves can be powerful

- Create art – relate it to the loss
- Create music
- Write lyrics, poetry
- Create a memorial

Begin to Make Meaning- This Too Can Occur in Stages

- Kessler writes meaning can take many shapes:
 - Gratitude for time with loved one
 - Ways to commemorate and honor loved one
 - Realize value of life to springboard a change. (The Stoics believed that when we're confronted with our own mortality, and grasp its implications, that can change our perspective on life quite dramatically. Any one of us could die at any moment. Life doesn't go on forever.) How do I want to live the remaining time I have? That is all that is in my control.
- What are small ways to bring this to focus daily? For me it is a visual memento or photo, but for you it may be music, something you do each day

Hope is Necessary and Risky

- Neural construct research suggests mood may be a trigger for despair
- The mood of hope may trigger failed expectations = disappointment = rapid plunge to despair (hopelessness)
- Hope tapping negative neural construct can cause: Positive anticipation = negative anticipation = self fulfilling prophecy
- Prepare for outcome of success – re-entry from a good experience, such as a vacation/good family time

Learn to Live Fully Even in Restricted Circumstances – Savor the Positive

Every day, what can you savor?

Savoring is much more than feeling pleasure.

It is the capacity to

- Attend to
- Appreciate
- Enhance positive experiences

Ways to Practice Gratitude

- Eliminate sitting on the “pity pot”
- Amplify good memories – discuss them, write about them, remember them with pictures and think about the experience when you see the picture
- Make upward comparisons – why *this* is even better than before
- Practice a specific forgiveness mode

Gratitude Assignments

1. Gratitude journal (Emmons and Lyobomirsky)– 3 blessings a day or each week journaling on the blessings
 - Daily is more effective
 - People were perceived by family as happier when they did this
2. Daily write down what went well and why
 - Increases memory of positives
3. Gratitude Visits with Testimonials (Seligman)

References for Managing Anxiety and Depression in a Post-COVID World

- Atunéz, J., (2020) Circadian typology is related to emotion regulation, metacognitive beliefs and assertiveness in healthy adults. *PLoS One*. 2020 Mar 13;15(3):e0230169. doi: 10.1371/journal.pone.0230169. eCollection 2020.
- Brooks, S., Webster, R., Smith, L., Woodland, L., Wessely, S., Greenberg, N., Rubin, G. (2020) The psychological impact of quarantine and how to reduce it: rapid review of the evidence. *Lancet* 2020; 395: 912-20. Published online February 26, 2020. [http://doi.org/10/1016/S0140-6736\(20\)30460-8](http://doi.org/10/1016/S0140-6736(20)30460-8).
- Berwian, I., Wenzel, J., Collins, A., Seifritz, E., Stephan, K., Walter, W. & Huys, Q. (2020) Computational mechanisms of effort and reward decisions in patients with depression and their association with relapse after antidepressant discontinuation. *British Journal of Psychiatry*. 2020 Apr;216(4):222-230. doi: 10.1192/bjp.2019.265.
- Brujniks, S., Lemmens, L., Hollon, S., Peeters, F., Cuijpers, P., Arntz, A., Dingemans, P., Willnes, L., Can Oppen, P., Twisk, J., van den Boogaard, M., Spijker, J., Bosmans, J., & Huibers, M. The effects of once- versus twice-weekly sessions on psychotherapy outcomes in depressed patients. *JAMA Psychiatry*. 2020 Feb 19. Doi: 10.1001/jamapsychiatry.2019.4971. [Epub ahead of print]
<https://www.washingtonpost.com/health/2020/05/04/mental-health-coronavirus/?fbclid=IwAR119kH8Y66tUPXvuU5EYonEKQSNuvFVWjisOfIK99h4la3Th1658M2Zlo>
<https://news.wbfo.org/post/increased-social-media-consumption-during-pandemic-can-negatively-impact-mental-health>
- Doss, B., Knopp, K., Roddy, M., Rothman, K., Hatch, S. & Rhoades, G. (2020) Online programs improve relationship functioning for distressed low-income couples: Results from a nationwide randomized controlled trial. *Journal of Clinical Psychology*. 2020 Apr;88(4):283-294. Doi: 10.1037/ccp0000479.
- Gino, F. & Norton, M. (2013) Rituals alleviate grieving for loved ones, lovers and lotteries. *Journal of Experimental Psychology: General*. 2013 American Psychological Association. 2014, v 143; 1, 266-272. DOI: 10.1037/a0031772.
- Lai J, Ma S, Wang Y, et al. Factors Associated With Mental Health Outcomes Among Health Care Workers Exposed to Coronavirus Disease 2019. *JAMA Netw Open*. 2020;3(3):e203976. doi:10.1001/jamanetworkopen.2020.3976
- Lee, Y., Yang, B., Liu, Q., Luo D., Kang, L., Yang, F., Ma, S., Lu, W., Chen-Li, D., Rosenblatt, J., Mansur, R., Nasri, F., Subramaniapillai, M., Lie, Z., McIntyre, R., & Lin, K., (2020) The synergistic effect of social media use and psychological distress on depression in China during the COVID-19 epidemic: social media, distress, and depression. *Psychiatry and Clinical Neurosciences*. Doi: 10.1111/pcn.13101
- Levin, D., Walter, J., Murnighan, J., (2011) The power of reconnection; how dormant ties can surprise you. *MIT Sloan Management Review*; 2011/03/01.v52.
- Ong, J., Lau, T., Lee, X., Rijn, E., Chee, M. (2020) Daytime Nap Restores Hippocampal Function and Improves Declarative Learning. *Sleep*. 2020 Mar 28;zsaa058. doi: 10.1093/sleep/zsaa058. Online ahead of print.

Wenner-Moyer, M (2016) Eye contact: How long is too long?" *Scientific American Mind*. 27, 1,8.
Doi:10.1038/scientificamericanmind0116-8

Additional References

Abu-Raiya, H., Pargament, K., Krause, N., Ironson, G. (2015) Robust links between religious/spiritual struggles, psychological distress, and well-being in a national sample of American adults. *American Journal of Orthopsychiatry*, Vol 85(6), Nov 2015, 565-575. <http://dx.doi.org/10.1037/ort0000084>

Al-Mosaiwi, M., Johnstone, T., Al-Mosaiwi, (2018) In an absolute state: Elevated use of absolutist words is a marker specific to anxiety depression, and suicidal ideation. *Sage Journal* Jan 5, 2018.

Berman, M., Kross, E., Krpan, K., Askren, M., Burson, A., Dedlin, P., Kaplan, S., Sherdell, L., Golib, I., Jonides, J., (2012) Interacting with Nature Improves Cognition and Affect for Individuals with Depression. *Journal of Affective Disorders*. 2012 November; 140(3): 300–305. doi:10.1016/j.jad.2012.03.012.

Burke, M. and Kraut, R. Using facebook after losing a job: differential benefits of strong and weak ties. *Proc. of CSCW'13, ACM Press* (2013), 1419-1430.

Cascio, C., et al. (2015) Self-Affirmation Activates Brain Systems Associated With Self-Related Processing and Reward and Is Reinforced by Future Orientation. *Journal of Social and Cognitive Affective Neuroscience* 11 (4), 621-629. 2015 Nov 05.

Choi, K., Chen, C., Stein, M., Klimentidi, Y., Wang, M., Koenen, K., Smoller, J. (2019) Assessment of bidirectional relationship between physical activity and depression among adults: A 2-sample Medelian randomization study. *JAMA Psychiatry*. 2019;76(4):399-408. doi:10.1001/jamapsychiatry.2018.4175

Dreissen, E., et.al. (2013) The efficacy of cognitive-behavioral therapy and psychodynamic therapy in the outpatient treatment of major depression: a randomized clinical trial. *American Journal of Psychiatry*. 2013; Sep 1,; 170: 1041.

Drevets, Wayne C; Price, Joseph L; Furey, Maura L. Brain structural and functional abnormalities in mood disorders: Implications for neurocircuitry models of depression. *Brain Structure and Function*. Vol 213(1-2) Sep 2008, 93-118

Dunlop, B., LoParo, D., Kinkead, B., Mletzko-Crowe, T., Cole, S., Nemeroff, C., Mayberg, H. & Craighead, W.(2019) Benefits of sequentially adding cognitive- behavioral therapy ro antidepressant medication for adults with nonremitting depression. *American Journal of Psychiatry*. 2019 Apr 1;176(4):275-286. doi: 10.1176/appi.ajp.2018.18091075. Epub 2019 Feb 15

Dunn, E., Soare, T., Zhu, Y., Simpkin, A. Suderman, M., Klengel,T., ... Relton, C. (2019) Sensitive Periods for the Effect of Childhood Adversity on DNA Methylation: Results From a Prospective, Longitudinal Study. *Biological Psychiatry*; 85: 10, 838 - 849

Ecker, B. and Hulley, L. (2013) Unlocking the emotional Brain. *Psychotherapy Networker*. Jul/Aug 2013.

Fentz, H., Hoffart, A., Jensen, M., Arendt, M., O'Toole, M., Rosenberg, N. & Hougaard, E. (2013). Mechanisms of change in cognitive behavior therapy for panic disorder: the role of panic self-efficacy and catastrophic misinterpretations. *Behavior Research and Therapy*, 51, 579-587.

Fredrickson, B. (2001). The role of positive emotions in positive psychology: The broaden- and- build theory of positive emotions. *American Psychologist*, 56, 218– 226.

Fredrickson, B. (2009). *Positivity*. New York: Crown.

Fredrickson, B. (2013). *Love 2.0: How our supreme emotion affects everything we feel, think and do*. London: Hudson Street Press.

Gadek-Michalska, A., Tadeusz, J., Rachwalska, P., & Bugajski, J. (2013) Cytokines, prostaglandins and nitric oxide in the regulation of stress-response systems. *Pharmacology Review*. 2013;65(6):1655-62

Glenn, D. Golinelli, D., Rose, R., Roy-Byrne, P., Stein, M., Sullivan, G., Bystritsky, A., Sherbourne, C., & Craske, M. (2013) Who get the most out of cognitive-behavioral therapy for anxiety disorders? The role of treatment dose and patient engagement. *Journal of Consulting and Clinical Psychology*, 81, 639-649.

Hupbach, A., Dorskind, J. (2014) Stress selectively affects the reactivated components of a declarative memory. *Behavioral Neuroscience*, Vol 128(5), Oct 2014, 614-620.<http://dx.doi.org/10.1037/bne000006>
Jabr, F. (2015); Why your brain needs more downtime. *Scientific American Mind*. October 2015.

Jacka, F., et.al. (2013) Maternal and early postnatal nutrition and mental health of offspring by age 5: a prospective cohort study. *Journal of the American Academy of Child and Adolescent Psychiatry*. 2013 Jul 19.

Kohler O, Benros ME, Nordentoft M. et al. (2014) Effect of anti-inflammatory treatment on depression, depressive symptoms, and adverse effects: A systematic review and meta-analysis of randomized clinical trials. *JAMA Psychiatry* 2014; Oct 15

Krieger, T., Altenstein, D., Baettig, I., Doerig, N., & Holtforth, M. (2013) Self-compassion in depression: Associations with depressive symptoms rumination, and avoidance in depressed patients. *Behavior Therapy* 44, 501-513.

Kross, E., Krpan, K., Askren, M., Burson, A., Dedlin, P., Kaplan, S., Sherdell, L., Golib, I., Jonides, J., (2012) Interacting with Nature Improves Cognition and Affect for Individuals with Depression. *Journal of Affective Disorders*. 2012 November; 140(3): 300–305. doi:10.1016/j.jad.2012.03.012.

Lee, J., Tsunetsugu, Y., Takayama, N., Park, B., Li, Q., Song, C., Komatsu, M., Ikei, H., Tyrvaenen, L., Kagawa, T., Miyazak, I. (2014) Influence of Forest Therapy on Cardiovascular Relaxation in Young Adults. *Evidence-Based Complementary and Alternative Medicine*. Volume 2014, Article ID 834360, 7 pages
<http://dx.doi.org/10.1155/2014/834360>

Lee, K., Williams, K., Sargent, L., Williams, N., & Johnson K. (2015) 40-second green roof views sustain attention: The role of micro-breaks in attention restoration. *Journal of Environmental Psychology*, June 2015 V 32; 182-189
<https://doi.org/10.1016/j.jenvp.2015.04.003>

Lopez, R. et al. (2017) A Balance of Activity in Brain Control and Reward Systems Predicts Self-Regulatory Outcomes. *Journal of Social and Cognitive Affective Neuroscience*. 2017 Feb 01. PubMed: 28158874
DOI: 10.1093/scan/nsx004\

Mammen, G., et al. (2018) Association of cannabis with long-term clinical symptoms in anxiety and mood disorders: A systematic review of prospective studies. *Journal of Clinical Psychiatry* 2018 Jun; 79:17r11839. (<https://doi.org/10.4088/JCP.17r11839>)

Marcelle, M., Irvine K, & Warber, S. (2014) Examining Group walks in nature and multiple aspects of wellbeing: A large scale study. *Ecopsychology*: Sep2014; v6:3. 134-147. DOI: 10.1089/eco.2014.0027

Monk, C., Klein, R., Telzer, E., ... Ernst, M., et al.(2008) Amygdala and nucleus accumbens activation to emotional facial expressions in children and adolescents at risk for major depression. *American Journal of Psychiatry*. Vol 165(1) Jan 2008, 90-98.

Ohly, H., White, M., Wheeler, B., Bethel, A., Ukoumunne, O., Nikolaou, V. (2016) Attention Restoration Theory: A systematic review of the attention restoration potential of exposure to natural environments. *Journal of Toxicology*

and Environmental Health, Part B 2016 19:7;305-343 | Published online: 26 Sep 2016
<https://doi.org/10.1080/10937404.2016.1196155>

Paddock, C. (2010) Bedtime Texting, Internet Use, Disturbs Sleep and Mood In Teens. 3 November 2010.
<https://www.medicalnewstoday.com/articles/206546.php>

Paddock, Dr. Catherine (2012) *Facebook use feeds anxiety and inadequacy says small study* accessed 2013-02-15 <http://www.medicalnewstoday.com/articles/247616.php>

Rimmele, U., Davachi, L., Phelps, E.A. (2012). Memory for time and place contributes to enhanced confidence in memories for emotional events. *Emotion*, 12, 834-46

Schiller, D., Raio, C., & Phelps, E.A. (2012). Extinction training during the reconciliation window prevents recovery of fear. *Journal of Visualized Experiments*, 66, e389

Shurick, A.A., Hamilton, J.R., Harris, L.T., Roy, A.K., Gross, J.J., Phelps, E.A. (2012). Durable effects of cognitive restructuring on constructed fear. *Emotion*, 12, 1393-7

Teppers, E., Luyckx, K., Klimstra, T., Goossens, L. (2014) Loneliness and Facebook motives in adolescence: A longitudinal inquiry into directionality of effect. *Journal of Adolescence*; 2014: 37:5; 691-699
<https://doi.org/10.1016/j.adolescence.2013.11.003>.

Verduyn, P., Lee, D., Park, J., Shablack, H., Orvell, A., Bayer, J., Ybarra, O., Jonides, J., Kross, E. Passive Facebook usage undermines affective well-being: Experimental and longitudinal evidence. *Journal of Experimental Psychology: General*; Vol 144(2), Apr 2015, 480-488

Valkenberg, P., Koutamnais, M., Vossen, H. The concurrent and longitudinal relationships between adolescents' use of social network sites and their social self-esteem. *Computers in Human Behavior*, 2017 Volume 76, November 2017, Pages 35-41. <https://doi.org/10.1016/j.chb.2017.07.008>

Vossen, H. & Valkenburg, P. (2016) Do social media foster or curtail adolescents' empathy? A longitudinal study. *Computers in Human Behavior*, 2016: 63;118-124

Wallace, B.A., and Shapiro, S. (2006, October) Mental balance and well-being, *The American Psychologist*, 61(7), 690-701.

Wells, N. (2000) At home with nature: Effects of "greenness" on children's cognitive functioning. *Environment and Behavior*: 32(6):775-79