



Sadness and Adapting in the Time of COVID-19

Andrew A. Nierenberg, MD

We are living in a time of sadness: the death of loved ones from COVID-19 or experiencing it yourself; taking care of patients who have lost loved ones; sensing that the world no longer works in expected ways and losing hope that a competent federal government would have had more competent responses to mitigate the pandemic; the loss of jobs (many in health care as systems groan under the strain of financial losses); loss of one's assets during this financial meltdown along with worries about having enough for retirement; loss of social connection with social distancing; losing the ability to meet with patients in real life and relegated to meeting with them on a flat-screen Zoom

Andrew A. Nierenberg, MD, is the Thomas P. Hackett, MD, Endowed Chair in Psychiatry, the Director of the Dauten Family Center for Bipolar Treatment Innovation, and the Co-Director, Center for Clinical Research Education, Massachusetts General Hospital; and a Professor of Psychiatry, Harvard Medical School.

Address correspondence to Andrew A. Nierenberg, MD, via email: psyann@Healio.com.

doi:10.3928/00485713-20200609-01

call; loss of simple things such as going into work and spending time with colleagues; loss of usual activities such as going to stores, restaurants, gyms, and theaters; the loss of reasonable assumptions about one's future along with continuing and overwhelming uncertainty; and an illumination of deep institutional racism as Black people die not only in disproportionate numbers from COVID-19, but also from a long history of senseless murders like those of George Floyd, Breonna Taylor, and Ahmaud Arbery. Who could have anticipated in 2019 that the world would become the mess it has become in 2020?

In the face of this pervasive sadness, it is important to discuss how this sadness effects how we and our patients think, how we, as medical professionals, adapt, and what we can consciously do to mitigate how sadness can adversely influence our decisions and behavior.

Sadness has particular and specific effects. A group of colleagues from the Harvard Kennedy School has studied how sadness impacts thinking and decision-making.¹⁻³ They found that sadness, in contrast to anxiety, foreshortens time—it becomes more difficult to consider an extended future. Now becomes more important than later. And since now overrides later,

one can have a tendency to spend more now rather than save for later or to indulge in behaviors that may ultimately be unhealthy (eg, smoking or overeating) to soothe the now regardless of the consequences later. This means that we need to be vigilant with ourselves to avoid coping with the discomfort of COVID-19-related sadness in ways that are harmful and instead turn to more productive strategies to cope with resilience (practicing gratitude, mindfulness, keeping in touch with loved ones, and exercising). Once we take better care of ourselves, we can take better care of our patients and urge them to do the same.

REFERENCES

1. Cryder CE, Lerner JS, Gross JJ, Dahl RE. Misery is not miserly: sad and self-focused individuals spend more. *Psychol Sci.* 2008;19(6):525-530. doi:10.1111/j.1467-9280.2008.02118.x. PMID: 18578840
2. Dorison CA, Wang K, Rees VW, Kawachi I, Ericson KMM, Lerner JS. Sadness, but not all negative emotions, heightens addictive substance use. *Proc Natl Acad Sci U S A.* 2020;117(2):943-949. doi:10.1073/pnas.1909888116. PMID: 31888990
3. Lerner JS, Li Y, Valdesolo P, Kassam KS. Emotion and decision making. *Annu Rev Psychol.* 2015;66:799-823. doi: 10.1146/annurev-psych-010213-115043. PMID: 25251484