"Hurt and helpless": experience of COVID-19 mourners

"Heridos y desamparados": experiencia vivida por enlutados da COVID-19

"Feridos e desamparados": experiencia vivida por enlutados del COVID-19

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Objective: to investigate the experience of mourning the death of people infected by COVID-19 in media publications. Methods: qualitative research, using concrete psychoanalytic psychology, in the study of reports from mourners, between March and May 2020, via Google. Results: Eight news reports and 13 personal accounts were listed, with impactful themes of loss of emotionally significant people who died due to COVID-19 or suspected of it. The psychoanalytic consideration of the material allowed the creation/finding of five affective-emotional meaning fields, “Pain of loss”, “Pain of separation”, “Pain of neglect”, “Revealing the truth” and “Hurt and helpless”. Conclusion: the mourners experienced a double suffering in the COVID-19 pandemic, both for the loss of loved ones and for feeling socially neglected, including by government authorities, but, of these, few demonstrate awareness of negligence in the context of public health, demanding better social conditions.

Descriptors: Bereavement; Mental Health; Psychoanalysis.


Descritores: Luto; Saúde mental; Psicanálise.

Objetivo: Investigar la experiencia vivida de duelo por la muerte de personas infectadas con COVID-19 en publicaciones de los medios de comunicación. Método: investigación cualitativa, utilizando la psicología psicoanalítica concreta, en el estudio de los informes de los enlutados, entre marzo y mayo de 2020, a través de Google. Resultados: Se seleccionaron ocho informes y 13 relatos, con temas impactantes sobre la pérdida de una persona afectivamente significativa que murió de COVID-19 o que se sospechaba que había muerto de COVID-19. La consideración psicoanalítica del material permitió crear/encontrar cinco campos de significado afectivo-emocional, “Dolor de la pérdida”, “Dolor del alejamiento”, “Dolor de la negligencia”, “Revelando la verdad” y “Heridos y desamparados”. Conclusión: los enlutados han sufrido doblemente en la pandemia de COVID-19, tanto por la pérdida de seres queridos como por sentirse desatendidos socialmente, incluso por las autoridades gubernamentales, pero de ellos pocos muestran conciencia de negligencia en el ámbito de la salud pública, exigiendo mejores condiciones sociales.

Descriptores: Aflicción; Salud Mental; Psicoanálisis.
INTRODUCTION

Death, as a human phenomenon\(^1\), is always culturally and historically situated. With regard to the contemporary world, a materialist vision predominates, a result from 19th century scientism, eventually mixed with Christianity, which, on the other hand, is accompanied by acts and customs relating to wakes and burials that no longer occur in a domestic environment.

For concrete psychoanalytic psychology, mourning is an experience that, like every human act or set of human acts, is full of meanings, among which the affective-emotional meaning stands out. Unfolding over time, the vicissitudes of the grieving processes depend, to a large extent, on the personal maturity of each person\(^2\), as well as on concrete situations, such as the conditions of the death and the social support received. Therefore, it is essential to pay attention to the concrete conditions in which the grieving process takes place, as these play a fundamental role in its understanding, as predicted by the complementary Freudian series reinterpreted according to a dialectical perspective\(^4\).

In mourning during the COVID-19 pandemic, there is evidence of specific undertones that the process suffers, given the characteristics of the virus, such as high transmissibility and high mortality rate. Such characteristics made social isolation measures necessary that directly affected the patient’s distancing and the impossibility of holding wakes according to customs that include exposing the body to visits from family and friends.

In the field of mental health, several investigations address the psychological impacts caused by the pandemic, focusing on social isolation and mourning the death of loved ones and, despite different theoretical and methodological foundations, research converges in pointing out that care is needed when dealing with the mourners, in order to avoid pathological mourning\(^3\)\(^\text{-}^20\). Recognition of the importance of investigations into the affective-emotional experience of loss, especially when the grieving process takes place in a frankly exceptional context, characterized by mass deaths, the possibility of more than one infected family member and the physical separation of people/family members, outlining difficulties, translate into demands for psychological care from the population.

Therefore, this study aims to investigate the experience of mourning the death of people infected by COVID-19 in media publications, from the perspective of concrete psychoanalytic psychology.
METHODS

This is qualitative research using the psychoanalytic method, from the perspective of concrete psychoanalytic psychology¹, which is a theoretical-methodological framework that is based on the articulation between psychoanalysis and dialectical-materialist philosophy. This is a proposal for the production of comprehensive knowledge about the affective-emotional meanings of human acts or conduct, whose character is inherently binding, which always occur in macrosocial contexts¹. For this reason, it can be said that this framework is included among those of the relational approach to psychoanalysis, which simultaneously opposes and surpasses classical metapsychological theorization²¹-²⁴.

Aiming to comply with research procedures²⁵-²⁶, the psychoanalytic method adopted here was operationalized in terms of investigative procedures for the production, recording and interpretation of research material. Below is a brief explanation of each of them.

The investigative procedure for producing the research material was completed through Google searches, on May 31st, 2020, with the keywords: "COVID-19", "Mourning" and "Report" (without quotation marks), which gave access to news reports that were selected based on the impact of the titles. In such news reports, it was possible to access personal accounts on experiences of mourning due to the loss of an emotionally significant person due to COVID-19 or suspected death, published between March and May 2020, which make up the research material.

Using the methodological watchwords “let it arise,” “take into consideration” and “complete the configuration of the emerging sense”²⁶, the investigative procedure of interpreting the material was carried out, nurturing a state of fluctuating attention and free association of ideas, in the context of a research group. Therefore, in the interpretation it was called affective-emotional meaning fields, which are non-conscious intersubjective substrates from which human conduct emerges.

Therefore, dialogical-reflective work was carried out, with other authors, psychoanalysts or not, with a view to producing comprehensive knowledge on the topic studied. Therefore, we sought to develop subsidies that help in clinical practice, in psychoprophylactic and psychotherapeutic aspects, as well as in the promotion of public policies and social transformations, considering that, for concrete psychoanalytic psychology, all suffering is inherently social.
RESULTS

Eight news reports and 13 personal accounts were listed, with impactful themes of the loss of an emotionally significant person to death due to COVID-19 or suspicion.

The psychoanalytic consideration of the material allowed the production of five affective-emotional meaning fields, “Pain of loss”, “Pain of separation”, “Pain of neglect”, “Revealing the truth” and “Hurt and helpless”. Figure 1 systematizes the interpretative results, as well as the definition and illustration of each of the meaning fields.

**Figure 1.** Graphic illustration of the affective-emotional meaning fields in news reports about grief. Campinas, Brazil, 2020.

The first affective-emotional meaning field, “Pain of loss”, is that which is organized around the belief that the death of a loved one brings intense emotional suffering:

*When I’m alone, I still cry, but I try to move on with my three children who need me. Imagine being locked up for 24 hours, crying in front of the boys... Yes, I have to cry, but I do it alone, when they don’t see me. (R1)*

*I thought this would never happen to me and my family. Now, imagine losing three children... When the first died, God and Our Lady gave me the strength to survive. When the second one died, I said: ‘It’s over!’ I went to my room and received even greater strength from God not to give up on life. (R2)*

*I can’t accept losing my son... (R9)*

*Absolute emptiness and impotence. (R12)*

The second affective-emotional meaning field, “Pain of separation”, shows that the impossibility of physical contact with loved ones imposes difficulties and suffering. And distancing, despite avoiding contagion, ends up intensifying anguish:
The funeral home car arrived at 5:30 am and went straight to the cemetery. We were informed and headed straight there. We stood at a distance watching the employees take the sealed coffin out of the car. We said a short prayer from afar. The wake lasted a maximum of five minutes and soon she was buried. I was wondering if it was really her in there? How did they arrange her before putting her in there? What was her last breath like? I'm sure everyone was thinking and wondering the same thing. It's sad that you can't have a dignified wake for the person we love so much. (R4).

Now, with the loss of my father... A person who could be extremely healthy like uncle Sérgio [who lived in the USA and died of COVID-19], my father who had nothing that hindered his life [could die]. My mother is still hospitalized and she can't hug us, she can't have anyone hugging her, not even a nurse can hug her. (R8)

[...]. The suffering of this isolation is much greater when you lose someone in your family and cannot give them a hug. (R10)

How painful it is to see a loved one alone in an ICU bed, isolated, feeling abandoned, because a damned virus took out their lungs, taking away their oxygen and their immense joy. I hope you never have to stay at home inert while your family member's body is being cremated without any relative being able to say goodbye and pay homage to them, how sad, my God!!!! (R11)

The whole process is very violent. There are many fears, many ghosts. As I was with him the whole time, I had to be quarantined and couldn't get a hug from my children. It's devastating. (R13)

The third meaning field, “Pain of negligence”, addresses the belief that disregard for the risks of COVID-19, on the part of authorities and wider public, worsens health and emotional impacts:

My daughter did not believe in the strength of this disease, she continued working and traveling normally, without taking the necessary precautions. (R2)

Unfortunately, my father didn't take it seriously, he said it was just a media thing. When he decided to travel, I warned him not to go and even though I knew the risks, he went because he didn't believe in the disease. (R6)

...put yourself in the shoes of so many families who are going through what our family is going through. Respect the pain of so many people. I would really like governments to be more respectful of each life taken and suffocated by the coronavirus. (R11)

The meaning field “Revealing the truth”, being a subcategory of “Pain of negligence”, points out that losing someone due to COVID-19 brings the need to raise awareness about the seriousness of the virus:

Now, with this loss of my father, I see it as my duty as a citizen to explain to the world that this virus is not a simple flu. (R8)

We must all be aware of what is happening. If we take care of ourselves, we can lend a hand to those who are leaving... But take precautions! These are things that we are not used to, but we must get used to on a daily basis. This can happen to anyone. The bill came to my old man and grandfather. (R1)
I think it’s very important that my wife’s death helps people to take better care of themselves, what’s happening isn’t a joke. (R5)

I can’t accept losing my son to such a serious problem. I just hope people believe: this problem exists and it’s here. (R9)

The “Hurt and Helpless” meaning field, which encompasses all other meaning fields, is organized around the belief that people are suffering both from the loss of someone and also from feeling they are not being taken care of during the COVID-19 pandemic. Proposed countertransferentially, this meaning field is composed of the set of productions studied, that is, it crosses, to some extent, all the research material.

Below, Chart 1 presents the affective-emotional meaning fields meaning created/found interpretively, as well as the productions that emerge from them. It is important to highlight that each report, as it corresponds to a complex experience, can emerge from more than one category.

**Chart 1.** Affective-emotional meaning fields and the corresponding reports in reports about mourning. Campinas, Brazil, 2020.

<table>
<thead>
<tr>
<th>Meaning fields</th>
<th>Reports</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Pain of loss”</td>
<td>R1, R2, R5, R6, R9, R10, R11, R12, R13</td>
<td>9</td>
</tr>
<tr>
<td>“Pain of separation”</td>
<td>R4, R7, R8, R10, R11, R12, R13</td>
<td>7</td>
</tr>
<tr>
<td>“Pain of neglect”</td>
<td>R1, R2, R3, R5, R6, R8, R9, R10, R11, R12</td>
<td>10</td>
</tr>
<tr>
<td>“Revealing the truth”</td>
<td>R1, R5, R8, R9, R11</td>
<td>5</td>
</tr>
<tr>
<td>“Hurt and Helpless”</td>
<td>R1, R2, R3, R4, R5, R6, R7, R8, R9, R10, R11, R12, R13</td>
<td>13</td>
</tr>
</tbody>
</table>

**DISCUSSION**

The first meaning field, “Pain of loss”, seems to describe a process of mourning for a loved one, in which the presence of various difficult and painful feelings is common. According to Winnicottian theory, the death of significant people is experienced according to the degree of emotional maturity of the person who suffers the loss. Thus, people who have reached sufficient maturity to relate to others, recognizing them as a singular individual otherness, are in a better position to process grief in a healthy way, while those who are more immature and dependent may face greater difficulties. However, experience shows that there is an interaction between the greater or lesser degree of maturity of the mourner and the way in which a death actually occurs. Thus, the loss of older people and/or those who have experienced illness, which lasts for a certain period of time, ends up allowing the death to be more assimilated. In turn, sudden losses, in situations where everyone is threatened with contracting a lethal disease, create a social environment that affects everyone’s experience of the usual continuity of their routine.

Similarly, the environmental care received by the mourner also plays a fundamental role for individuals and groups dealing with grief. Environments that favor care, support and...
maturity can contribute to the integration of experience with the self and mental health, while environmental failures, that is, failure to adequately adapt to the needs of those involved, can represent ruptures and more difficult mourning².

The second meaning field, “Pain of separation”, points out suffering arising from the patient’s distancing, preventing contact and abruptly cutting off a coexistence that would still be possible. Many current studies, both from Brazil and from other countries, describe this fact as a concern, as it can prevent further contagion, but it can also create difficulties in accepting and understanding what happened. Furthermore, it is necessary to consider multiple cases of infection, hospital admissions and deaths in the same family, which can make mourning experiences difficult¹⁵⁻¹⁷,²⁷⁻²⁹.

Furthermore, the difficulty of establishing contact with the sick person, not being able to be physically close to someone infected with the virus, whether they are at home or hospitalized, becomes a stressful factor and causes intense suffering. Among the studies found⁷⁻⁹, there are those that point to this impossibility of being close and caring for the patient as something that can further aggravate the suffering of loss. In these cases, they also state that the use of technology can mediate contacts and provide some relief. In short, it is understandable that family members describe with pain this impossibility of being physically present at their loved one’s side and mention that the fact that they did not follow the worsening health condition made it difficult for them to prepare to deal with the loss and understand the death⁹.

In this context, it is important to consider the suffering not only of those who lose a loved one to COVID-19, but also of those who suffer from not being able to have contact with their loved one, having to deal with the pain of loneliness¹⁴. Therefore, care, a central aspect of the human experience, is made difficult during the pandemic, resulting in important affective-emotional repercussions.

However, even considering the impacts of COVID-19, attitudes of care, empathy, solidarity and compassion between people are possible, which can contribute to better coping with adversities. In the Winnicottian conception, such capabilities constitute a tendency of human nature, which can manifest itself in a favorable environment³⁰. In other words, again, an environment conducive to the continuity of existence, which welcomes and supports the subject, despite all the affective-emotional difficulties arising from the pandemic, allows people to actualize their potential, which promotes mental health.

Regarding the meaning field “Pain of neglect” and its subcategory, “Revealing the truth”, they seem to indicate greater perception of social determinations on the part of the bereaved.
In other words, in addition to the affective-emotional repercussions, these involve another level of consciousness\(^1\), to the extent that the conduct of authorities and common sense, incompatible with what would be expected in a pandemic context, are experienced as a disregard for the needs of individual and collective personalities, emerging critical perceptions and denunciation actions against this situation.

The revealed truth, even though it may be a healthy and positive manifestation, as it alerts others to the disease situation, is understandable in a country like Brazil, where denialism and a scenario of fake news and theories with fascist undertones have been witnessed, contrary to human rights, marked by disregard for scientific knowledge and the people most affected by social inequalities. This scenario, in line with the lack of planning in cases of pandemic, contributed to the high number of deaths and feelings of distrust in the country\(^5\).

In this way, it is clear that, despite the grieving process and the adversities at the time of the COVID-19 pandemic in Brazil, some of the mourners experienced situations of negligence and took charge of disseminating true warning information, which can be understood as a healthy reaction in that it benefited others to be aware of the seriousness of the situation.

**CONCLUSION**

It can be noted that the first two meaning fields, “Pain of loss” and “Pain of separation”, refer more directly to the grieving process; the first describing the different feelings that can arise at this stage and the second has a more direct relationship with physical isolation during the illness process. The third meaning field, “Pain of neglect”, and the subcategory “Revealing the truth”, deal more with a conscious perception that there was no adequate treatment in terms of the right to public health and even neglect on the part of experts and government officials, on how to deal with the situation.

Thus, people suffered doubly in the COVID-19 pandemic, both from the loss of loved ones and from feeling socially neglected, including by government authorities, as proposed in the “Hurt and helpless” meaning field. This meaning field not only points to the occurrence of an environmental invasion of pandemic contexts in the experiences of individuals and groups, which generated diverse impacts and repercussions, but also demonstrates important social helplessness, which would favor illness processes, such as more difficult mourning.

Furthermore, it is known that this helplessness is not experienced homogeneously by the entire population. Women, indigenous, the poor, black and peripheral populations were those who were the most impacted as a result of the COVID-19 pandemic, including higher rates
of illness and deaths, while, as is easily deduced, wealthy families with academic training had more access to home offices, isolation possibilities, testing and care resources.

As a limitation, this study focused on a very delicate moment both in terms of the number of mourners and the difficulties that were imposed in a pandemic context. Therefore, it indicates the need to consider the peculiarities of this situation in the process of attention and care for mourning.

Furthermore, given the characteristics inherent to qualitative research, which, seeking to deepen the production of comprehensive knowledge, ends up working with a reduced number of reports, which prevents generalizations, thus, it is recommended to carry out more psychological investigations, both qualitative and quantitative, on the subject. On the other hand, the work in question brought aspects highlighted in the media, which in themselves show the grief experienced in a pandemic context, a situation experienced in the world and a context for mental health interventions.

REFERENCES


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CONTRIBUTIONS
Cristiane Helena Dias Simões collaborated in the conception of the study and its design, data collection and analysis and writing. Gustavo Renan Almeida da Silva and Tânia Maria José Aiello-Vaisberg contributed to the conception of the study and its design, data collection and analysis, writing and review. Mayara de Souza Américo Ribas and Thaís Américo Ribas participated in the conception of the study and its design, data collection and analysis.

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