

Frida Kahlo as a mediator for narratives of hospital psychologists about the COVID-19 pandemic

Frida Kahlo mediando narrativas de psicólogas hospitalares sobre a pandemia de COVID-19

Frida Kahlo mediando en las narrativas de psicólogas hospitalarias sobre la pandemia de COVID-19

 Bárbara Aline Bezerra de Miranda¹,  Cintia Bragheto Ferreira²,  Eduarda Maria Camilo Silva³

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Abstract:

Objective: to describe the perceptions of hospital psychologists regarding the practices performed during the COVID-19 pandemic. **Methods:** qualitative-descriptive research, guided by the perspectives of social constructionism and arts based research. To collect the data, interviews were conducted in conjunction with the presentation of three works by Frida Kahlo. **Results:** nine hospital psychologists participated in the research. The analysis of the *corpus* was focused on the conversations triggered by the images used, which resulted in the construction of the following themes: *Internal dialogues*, which presented reflections on difficulties faced and personal transformations, and *Professional and family dialogues*, which emphasized the need to adapt to changes in the way of working with patients and their families, as well as the importance of emotional support for frontline professionals. **Conclusion:** art, through the images used, was a powerful resource to help the interviewees narrate their pandemic stories, and to perceive and construct meaning for their experiences.

Keywords: Psychology, Medical; COVID-19; Art.

Resumo:

Objetivo: descrever as percepções de psicólogos hospitalares quanto às práticas desempenhadas durante a pandemia de COVID-19. **Método:** pesquisa qualitativa-descritiva, orientada pelas perspectivas do construcionismo social e da *arts-based research*. Para o levantamento dos dados, foram realizadas entrevistas em conjunto com a apresentação de três obras de Frida Kahlo. **Resultados:** participaram nove psicólogas hospitalares. A análise do *corpus* esteve centrada nas conversas disparadas pelas gravuras utilizadas, o que resultou na construção das temáticas: *Diálogos internos*, que apresentou reflexões sobre dificuldades enfrentadas e transformações pessoais; e *Diálogos profissionais e familiares*, que enfatizaram a necessidade de adaptação às mudanças na forma de trabalho com os pacientes e suas famílias, bem como a importância do apoio emocional aos profissionais da linha de frente. **Conclusão:** a arte, na forma das gravuras utilizadas, foi um recurso potente para auxiliar as entrevistadas a narrarem suas histórias pandêmicas, e a perceberem e construir sentidos para suas vivências.

Palavras-chave: Psicologia médica; COVID-19; Arte.

Resumen:

Objetivo: describir las percepciones de los psicólogos hospitalarios sobre sus prácticas durante la pandemia de COVID-19. **Método:** investigación cualitativa-descriptiva, guiada por las perspectivas del construcionismo social y de *arts-based research*. Para recoger los datos, se realizaron entrevistas junto con la presentación de tres obras de Frida Kahlo. **Resultados:** Participaron nueve psicólogas hospitalarias. El análisis del *corpus* se centró en las conversaciones suscitadas por los grabados utilizados, que dieron lugar a la construcción de temas: *Diálogos internos*, que presentó reflexiones sobre las dificultades afrontadas y las transformaciones personales; y *Diálogos profesionales y familiares*, que hacía hincapié en la necesidad de adaptarse a los cambios en la forma de trabajar con los pacientes y sus familias, así como en la importancia del apoyo emocional para los profesionales de primera línea. **Conclusión:** El arte, en la forma de los grabados utilizados, fue un poderoso recurso para ayudar a las investigadas a narrar sus historias sobre la pandemia y a percibir y construir significados para sus experiencias.

Palabras clave: Psicología médica; COVID-19; Arte.

Corresponding Author: Cintia Bragheto Ferreira – cintiabragheto@gmail.com

1. Irmandade da Santa Casa de Misericórdia de São Carlos/SP, Brazil

2. Psychology Department and Graduate Program in Psychology of the Universidade Federal do Triângulo Mineiro, Uberaba/MG, Brazil

3. Psychologist. Uberaba/MG, Brazil

INTRODUCTION

Hospital Psychology based on the principles and approaches strategies of Health Psychology, and considers individuals within the context of their health-disease-care relationship from biological, cognitive, emotional, affective, behavioral, social¹ and spiritual² perspectives. It is thus characterized as a field that both understands and treats the psychological aspects of illness, acknowledging that every disease has a subjective component³.

Hospital psychologists work in the prevention and rehabilitation of mental health. This role is crucial in facilitating communication between the team, family, and patient⁴, with the psychologist being responsible for listening to the suffering, helping patients to perceive their own subjective demands, offering support to cope with difficult situations surrounding the illness³, among other demands.

In 2020, with the declaration of the COVID-19 pandemic, hospital institutions around the world suffered major impacts and changes⁵. The pandemic negatively affected people's quality of life, health conditions, attitudes/behaviors, and the emotions and thoughts of children, adolescents, adults and the elderly⁶, increasing rates of hospitalizations.

As the consequences of the pandemic unfolded, hospital psychological care proved to be significant for hospitalized patients, their families, and the multidisciplinary team itself, which faced many challenges on the front lines. During this period, healthcare professionals working in hospitals were impacted by the need to restrict family visits, the fear of contracting and transmitting COVID-19, changes in work schedules, and increased workloads, increased use of safety equipment, and the need to deal with the uncertainties surrounding the pandemic and the grieving process^{7,8}.

Given the challenges posed by COVID-19 on frontline professionals, especially those imposed on hospital psychologists, the arts were a powerful resource to help them perceive and elaborate on their own emerging difficulties⁹. The arts helped in the process of expressing personal discourses, paving the way for different narratives and, therefore, were significant and useful in the process of understanding people's stories¹⁰.

Despite the importance and availability of different artistic resources that can be used to mediate dialogues in the health field, publications focusing on this dynamic are still scarce. Thus, in order to map the field of studies on the use of arts as a resource for expressing the experiences of hospital psychologists, we searched for references in articles published in the VHL, Redalyc, Scielo and PUBMED portals, between 2019 and 2023, using the descriptors "*psicologia*" (psychology), "*hospitais*" (hospitals), "COVID-19" and "*artes*" (arts). This search

resulted in a total of 107 articles, of which only five mentioned the arts^{9,11-14}. From this review, it was observed that none of the 107 articles found worked directly with the population of hospital psychologists in the pandemic context.

Given this gap, this research is justified on the originality of the proposed theme, in addition to the relevance mediated by the arts, with hospital psychologists during the pandemic. In this sense, this study aims to describe the perceptions of hospital psychologists regarding the practices performed during the pandemic.

METHODS

This is a qualitative-descriptive study, based on social constructionism, in the arts-based research approach and in accordance to the Consolidated Criteria for Reporting Qualitative Research (COREQ). The choice of social constructionism was made because it invites the realization of scientific investigations that externalize the processes through which subjects describe and narrate the world in which they live¹⁵.

From a constructionist perspective, language not only reflects the specific realities of each group, but also shapes them.¹⁶ It also allows for the study of how meanings are produced by individuals in interaction with their historical, social, and cultural contexts. In this perspective, research is a relational process that allows for dialogic interactions between researcher and participant, providing the researcher with a path with possibilities for the construction and transformation of meanings¹⁶.

Arts-based research, a perspective that considers the arts as facilitators and enhancers of expression and dialogue, is based on the premise that the arts offer ways of understanding the world involving perceptions, sensory, intellectual, affective and emotional responses¹⁰. This approach allows research to be constructed in a more creative way, making way for the establishment of more horizontal conversations that do not infer meanings to people's narratives. This perspective is relevant in healthcare, as it aligns with the values of the biopsychosocial model, which emphasizes comprehensive care and facilitates reflection. It is powerful, as it engages with the pain, suffering and achievements of patients, family members and health professionals in this context¹⁷.

The study was conducted remotely, in accordance with health recommendations during the COVID-19 pandemic. It took place at a university hospital governed entirely by the Unified Health System (*Sistema Único de Saúde - SUS*). Data collection took place between April and December of 2021.

After the study was approved by a Research Ethics Committee (approval number

4,667,698, CAAE: 44738721.9.0000.5154), a face-to-face meeting was held with the institution's Psychology Center to invite the psychologists who worked at the hospital to collaborate with the study, by providing clarifications on how participation in the research would take place, its objective, methods and risks involved, confidentiality regarding identity, and the possibility of withdrawing from participation at any time. All professionals in the service were invited.

The psychologists who agreed to participate in the study had provided at least one psychological consultation during the pandemic/data collection period. This criterion was adopted in an attempt to ensure conversations with a population that performed their professional practice during the pandemic, with no predictions on the arrival of the first vaccine against COVID-19 in Brazil.

Data were collected through interviews, through the presentation of three paintings by Mexican artist Frida Kahlo (Figures 1, 2, and 3). One of the researchers conducted the interview and the second acted as observer.

Figure 1. "The Broken Column" (1944).



Source: <https://www.museofridakahlo.org.mx/virtual/>¹⁹

Figure 2. "The Two Fridas" (1939)



Source: <https://www.museofridakahlo.org.mx/virtual/>¹⁹

Figure 3. “Tree of Hope, Remain Strong” (1946).



Source: <https://www.museofridakahlo.org.mx/virtual/>¹⁹

The interview script included questions about sociodemographic data and key topics designed to explore how professionals experienced, felt, and organized their practices following the onset of the COVID-19 pandemic (work in press). Frida Kahlo's paintings were then presented as a means to facilitate dialogue between the researcher and participants¹⁰, and were not used to conduct any type of psychological evaluation of the participants. The *corpus* analyzed consisted of the conversations related to the aforementioned paintings.

The first painting was chosen because it depicts illness, the painful treatment process, and the care provided by the hospital environment, which is the daily work setting of the interviewees. The second painting was chosen because it depicts Frida's self-representation and social and cultural connections, encouraging participants to reflect on their own social and family relationships within their experienced context. The third painting was selected because it represents a person's vulnerable position, emphasizing the need for care and hope for recovery²⁰.

The works were chosen because their content closely aligned with the participants' experiences and perceptions. Frida Kahlo's works are powerful because they depict disappointments, setbacks, and resilience, symbolizing the experiences of patients, families, and healthcare professionals in the hospital setting¹⁷. This approach is grounded in the idea that Arts-Based Research selects art forms that resonate with the interviewees' context, reflecting both positive and negative aspects of their experiences¹⁰.

The interviews were semi-structured, recorded and conducted with each participant via the Google Meet platform, lasting an average of 50 minutes, with no other people present at the

time of data collection, transcribed and with 16 questions. The semi-structured interview ensures a certain flexibility, allowing the interviewee to freely share experiences that they consider important¹⁸.

After data collection, the material was extensively reviewed^{16,18}, which allowed for the identification of themes that gave voice to the diversity and complexity of participants' realities^{15,18}. When analyzed based on social constructionism, the aim was to give visibility to the multidimensionalities of people in a reflective manner¹⁸. To discuss the themes, studies carried out with health professionals who worked during the pandemic in the hospital context were used.

After acceptance, each professional signed the Free and Informed Consent Form (FICF) and received a copy via email. This document was made available and digitally signed through Google Forms, before each interview. It's important to note that free and informed consent also represents a partnership and provides an opportunity to discuss the objectives, procedures, and assumptions guiding the research¹⁸. The interviewees were given flower aliases: Begonia, Camellia, Dahlia, Lotus, Daisy, Orchid, Rose, Tulip and Violet, in order to keep their anonymity.

RESULTS

The interviewees were all female, with an average age of 42 years and an average time since graduation of 18 years. Regarding marital status, four were single, four were married and one was divorced. Each interviewee worked in one or more reference sectors of the hospital, namely: Surgical Clinic Ward and Outpatient Clinic of the Rehabilitation Center (Begonia); Orthopedics and Urology Outpatient Clinic (Camellia); Adult Coronary Intensive Care Unit (ICU) and COVID-19 ICU (Dahlia); Oncology/Palliative Care (Lotus); Neuroclinic and Neurosurgery (Daisy); Obstetrics and Gynecology Outpatient Clinic (Orchid); Neonatal and Pediatric ICU (Rose); Emergency Room, ICU (Tulip) and Infectology (Violet).

The themes constructed to give visibility to the meanings of the interviewees' speeches were entitled: *Internal dialogues* and *Professional and family dialogues*.

Chart 1. Sociodemographic data of interviewees. Uberaba/MG, Brazil, 2021.

Interviewee	Sex	Age	Time since graduation (years)	Marital status	Hospital sector
Begonia	Female	38	15	Single	Surgical Clinic Ward and Outpatient Clinic of the Rehabilitation Center
Camellia	Female	62	38	Divorced	Orthopedics and Urology Outpatient Clinic
Dahlia	Female	32	10	Married	Adult Coronary Intensive Care Unit (ICU) and COVID-19 ICU
Lotus	Female	48	21	Married	Oncology/Palliative Care
Daisy	Female	44	14	Single	Neuroclinic and Neurosurgery
Orchid	Female	44	21	Married	Obstetrics and Gynecology Outpatient Clinic
Rose	Female	33	13	Single	Neonatal and Pediatric ICU

Tulip	Female	37	14	Single	Emergency Room, ICU
Violet	Female			Married	Infectology

Internal dialogues

Internal dialogue was related to moments when the interviewees talked to themselves and externalized their content. These conversations revealed feelings and perceptions associated with the arrival of the pandemic and the work environment, such as insecurity, fears and uncertainties. In relation to Figure 1:

When I see this image, it impacts me personally, with fear and insecurity, and that we need to move forward. (Lotus)
It reminds me of being immobilized, of being powerless and with many wounds. The issue of the pandemic reminds me a lot of powerlessness, of the fragments that we have been marked by during this process. (Orchid)

However, despite the suffering and immobilization, reflections on self-care and personal transformations were also reported:

I thought a lot about self-care, you know? About looking at myself and what I'm doing to take care of myself. (Daisy)
[...] As I started to rebuild myself, reformulate, and reframe my own ideas and values in my life and daily routine, I experienced personal growth. I did some very intense internal work, including in my own analysis space. It helped me a lot in my performance. (Begonia)

The transformations are clear, I've studied mourning and death my whole life and now I've had other reflections [...]. And personally, this need to have a better quality of life for myself has come. It's glaring now. (Tulip)

Figure 3 aroused narratives that point to the ambiguity of the painting, linked to self-perceptions of negative and positive feelings. Perspectives of overcoming, life and death were reported:

I think it's duality, Frida puts a lot of emphasis on these images, the possible dualities, right? Just like there's night, day, bed, life. I think this pandemic has brought us emotional instability, insecurity and in the next moment, to work through it emotionally, to be whole, capable of being with others, in a more productive and healthy way. (Lotus)
[...] if on one side there's her, warning of the impotence of pain, fragility, suffering, almost death [...] I think she overcomes them, that she overcomes these difficulties and reemerges, sometimes the strength lies in the aspects that are not the ones we see, right, but rather, the most hidden aspects, in the possibility of redefining and overcoming. (Dahlia)

Professional and family dialogues

The professional dialogues included the participants' reflections on the work relationships experienced during the pandemic, which also led them to reflect on their family relationships. Initially, it was necessary to meet the demands of the hospital team so that the professionals could continue to offer care:

We created groups with professionals, an emotional support group for the repercussions of COVID at work. (Camellia)

[...] based on the pandemic, we also had to look at the professionals working there, the professionals who were most affected, so we had groups, and outside of the groups, there were some support groups, where team members sought out private support. (Lotus)

Subsequently, psychologists needed to adapt to the various changes in the way they work with patients and their families, mainly due to restrictions on family visits and contact with the patient:

[...] our focus of work, our goal was the patient and at that moment we changed the focus to the professionals [...]. So, there were restrictions on visits for monitoring purposes as well, for family members, we had to work on this with the patients and their families. (Begonia)

[...] we didn't have that before, we didn't do that much when we did virtual visits. We didn't call patients' relatives as much, but today we do it more, remotely, talking and explaining to them about the health condition, both for the patients and their relatives. (Camellia)

[...] much of the work that psychologists do with family members was lost [...] there was an impact on the quality of the patient's end of life, on the quality of care for the patient undergoing treatment. (Lotus)

Followed by adaptations to health protocols and the use of personal protective equipment (PPE), as a form of self-protection and care against contamination and transmission of COVID-19:

[...] change our routine, to protect ourselves and the patients. Initially, we were advised to move about as little as possible [...] we received training on care within a hospital. The social distancing measure is very difficult, because we provide care at the bedside. (Orchid)

[...] I think the adaptation was much more about arriving at something that we sought not only here, but also from external recommendations. We adapted amid the shortage of PPE. (Rose)

[...] I was already used to working in infectious diseases, so this wasn't anything different, right, but having to wear face masks 24 hours a day, all the time in the hospital, I think it's challenging. (Violet)

Specifically, Figures 1 and 3 enabled the expansion of dialogues related to the challenges of patients, the professional field and families. About Figure 1:

Look, it catches my attention how exposed the person seems and how stiff they feel. [...] It makes me think of the patients we supervise, we hear a lot about the feeling of being a caged bird, no one is holding them back, but that's the feeling, it's as if they had no choice. (Begonia)

[...] I think at first it's an image of pain, but also of struggle, of resistance. Both ours, in the professional field, of being able to be here, structured, and also of the patients' families. (Rose)

Figure 3 also raised the challenge of looking at patients in the context of death, at the beginning of the pandemic:

[...] when I see a stretcher, like this, with a body, I always remember the patients passing by when they die. It's evocative of the very early stage of the pandemic, when I see this stretcher, I remember that it was a very difficult experience. (Tulip)

In contrast, Figure 2 helped to construct positive meanings linked to work relationships, even in the midst of pain:

[...] the two people, in communication, in a condition of affection, of partnership, for real support, where there are moments of pain, [...] I think that this is the backdrop that the pandemic has brought to us, that there is life, despite the pain, despite the losses. And that our role as psychologists is this, to be together. (Lotus)

This image reminds me of us, psychologists in the service, for each other, you know? (Daisy)

[...] this image reminded me of our emotional connections, of the possibility of us having this place here, about our team, to talk about our difficulties, about our journey against the grain, it makes a lot of difference to me. (Rose)

It also evokes the team's close relationship:

[...] After a major mobilization, I think this created a very strong bond in our work group, I think we got much closer, the teams [...]. (Lotus)

[...] I think the group work strengthened some professional and personal relationships, you know? By going through this together at work, having someone to talk to, and at home, being able to talk and hug my husband [...]. (Dahlia)

[...] just as Frida tries to reinvent herself through art, I think we are trying to reinvent ourselves, together with our work colleagues. (Lotus)

Figure 2, in addition to being relevant to awakening the sharing of professional affections, was also fundamental for Tulip to reflect on her relationship with her family:

In this context, I think a lot about being next to those I want [...] I'm coming from a time of wanting to be with my family more. I think the pandemic represents this transition, of leaving individuality behind and worrying more about family, about social issues. Of being side by side, sharing bad things and good things. (Tulip)

DISCUSSION

With the novel coronavirus, the pandemic scenario has brought about unknown and frightening prospects. Globally, there were concerns about the impact of COVID-19 on the hospital system.⁶ Uncertainties and fears have accompanied health professionals since the beginning of the pandemic⁷. Interviewees emphasized in their statements feelings of insecurity and fear. This is related to the anguish felt by the psychology team, who felt an emotional avalanche resulting from the pandemic⁷.

In addition to dealing with people impacted by the pandemic psychology had to face its own professional challenges, given that there is a shortage of effective protocols and/or guidelines for psychological first aid in emergencies and disasters, as well as for the remote format of these services. These factors quickly led to uncertainty about mental health practices

for endemic diseases and pandemics²¹. The psychology team must invest in self-care and in ways to deal with their anxieties and anguish⁷.

Hospitals must provide specific care for psychologists, including emotional support, recognition of work-related exhaustion (especially during the pandemic), and conditions that promote well-being. They should also ensure proper training and guidance to help psychologists deliver quality service and respond to the needs of patients, families, and staff.^{9,22}

During the pandemic, health professionals faced stressors such as: the uncertainty of isolation and social distancing, the lack of PPE in institutions, the fear of contracting and transmitting the virus, work pressure, and the dissemination of scarce and dubious information by government leaders. These factors also impacted health management and guidance and contributed to work overload²³.

At the beginning of the pandemic, hospital psychology focused on developing strategies to promote mental health and prevent stress among all hospital staff.⁶ It was essential to enhance synergy between members of mental health teams so that they could develop strategies to address the intense suffering of other hospital professionals^{6,9}.

These strategies, as pointed out by other studies^{7,9}, needed to be carefully designed so that they could reach a significant number of professionals, but also avoid crowding and the spread of COVID-19. Therefore, it was pertinent to map the demand for mental health among sectors, especially to structure and implement strategies and action plans aligned with the real-world context²⁴.

On the other hand, psychological interventions aimed at patients and their families needed to be adapted to the pandemic context. Technological devices were crucial to the effectiveness of care. With contact restrictions, in-person visits to patients were initially suspended. Thus, psychological care was provided via video or voice calls. Hospital psychologists provided opportunities for these families to join video calls with patients or to send voice messages, which were later played back to patients. Communication with the family about the patient's condition and resistance to restricting visits was also worked on^{8,9}.

The suspension of in-person visits by family members was a negative factor for patients' mental health, generating an increase in feelings of loneliness and grief due to physical distancing⁸. Thus, hospital psychologists played a key role in addressing the emotional impacts of the new situation and facilitating interactions between patients and their families.. Without emotional support, patients could suffer intense emotional and behavioral reactions, becoming vulnerable to physical illness and/or mental disorders. In this sense, mental health strategies

benefited both physical health and hospital organization, since emotional and psychiatric reactions also have an impact on economic resources²¹.

Physical distancing and isolation were challenging for patients and professionals. Culturally, physical presence and closeness are significant; they permeate affectionate touch and farewell rituals, which could not be performed inside the hospital during this period⁹. In this context, it was necessary to adapt operational and ethical resources to ensure quality care. In the interviews, it was observed that training for proper donning and doffing and use of PPE in the hospital was essential to avoid the risk of the disease and to organize a responsible routine in the exercise of work^{7,9}.

From a social constructionist perspective, everyday challenges can shape new forms of relationships. These relationships can be strengthened by the engagement and quality of joint activities¹⁸. According to reports, the pandemic has strengthened family relationships, enabling family members to come together and for the family to understand, support, and admire the work of healthcare professionals²⁵. Team interaction has also fostered dialogue, strengthening, and consolidating bonds, also made possible by commitment to work.

In a dynamic and relational process, dialogue is a process of engaging with oneself and others, which leads the person to manage meanings and understandings that enable the expansion and elaboration of thoughts, feelings, emotions, expressions and actions²⁶. Thus, Arts-based health research creates opportunities for dialogue and stories to be shared and given meaning. Artistic nuances invite the person to experience previously inaccessible or not perceived feelings²⁶. In addition to the multiplicity of senses, art can provide spaces for the enhancement of creativity, especially when the arts are coherent with the context of the research^{10,17}.

The selected paintings by Frida Kahlo allowed for an expansion of senses and feelings. Figure 1 triggered feelings such as fear, insecurity and helplessness, while also allowing for a reflection on self-care. Therefore, research based on the arts, in addition to being an innovative approach, invites health professionals to embrace their vulnerabilities while reflecting on possibilities for constructing new meanings. Reflection based on art promotes an awareness that links the professional to self-knowledge and thus self-protection²⁷.

The arts can help identify vulnerabilities and strengths, especially in health professionals who deal with illness and health challenges daily.²⁷ Figure 3, in its two contexts of Frida Kahlo's self-representation of health and illness, reminded the participants of their own dualities, marked by shades of negative and positive feelings, as soon as they were connected

by painting. This indicates how art can outline the relational aspects of the subject with himself, including his ambiguities²⁷.

Arts-based resources can be engaging, in addition to helping individuals perceive social and environmental factors, which can be beneficial for creating collective experiences amid uncertainties²⁸. The research showed that Figure 2 was particularly effective in fostering dialogue between professionals and families. From the presentation of this screen, the participants used the word “affection” repeatedly, demonstrating the potential of the arts as a resource for evoking feelings of social and personal belonging²⁸.

CONCLUSION

During the COVID-19 pandemic, the experiences and practices of hospital psychologists, mediated through art, facilitated the creation of dialogues. Internal dialogues were marked by participants reflecting on their personal challenges and transformations. In the face of fear and uncertainty during the pandemic, psychologists emphasized the importance of self-care and emotional coping strategies in its early stages.

Professional and family dialogues highlighted the need to adapt to new ways of working with patients and families, as well as the importance of emotional support for frontline workers. These dialogues reflected both negative and positive impacts. At the same time, there was a greater strengthening of family ties and closer professional relationships.

Art, particularly the images used in the study, served as a powerful tool for hospital psychologists to share their pandemic stories. Art also helped them make sense of and find meaning in their experiences. The chosen artist, in particular, bridged the gap between the stories shared and the emotions and relationships involved. Thus, the arts can be an effective strategy for reflecting on the challenges experienced by health professionals in their work contexts, as well as for making their care needs visible to institutions.

A limitation of the study is that it was conducted with professionals from a hospital that, at the time of data collection, was not a reference center for COVID-19 treatment and employed only one professional category.

This research contributes to studies on the use of the arts as a resource for generating meanings and changing those who engage. Additionally, greater investment in the arts is recommended as a valuable research tool to promote reflection and dialogue on the mental health of healthcare professionals..

REFERENCES

1. Baptista MN, Dias RR, Baptista ASD. Psicologia hospitalar: teoria, aplicações e casos clínicos. Rio de Janeiro, RJ: Guanabara Koogan; 2022.
2. Conselho Federal de Psicologia. Referências técnicas para atuação de psicólogas(os) nos serviços hospitalares do SUS. Brasília, DF: Conselho Federal de Psicologia; 2019 [cited in 02 Feb 2024]. Available from: https://site.cfp.org.br/wp-content/uploads/2019/11/ServHosp_web1.pdf
3. Simonetti A. Manual de psicologia hospitalar: o mapa da doença. Minas Gerais, BH: Artesã; 2018. 200p.
4. Tosta LRO, Silva LM, Dias ASF. Florescer em solo árido: relato de experiência sobre prática psicológica em contexto hospitalar. Rev Fam, Ciclos Vida Saúde Contexto Soc. [Internet]. 2018 [cited in 10 Feb 2024]; 6(3):508-14. Available from: <https://seer.uftm.edu.br/revistaelectronica/index.php/refacs/article/view/2484/pdf>
5. Organização Pan-Americana da Saúde. Histórico da pandemia de COVID-19 [Internet]. Brasília, DF: Organização Pan-Americana da Saúde; 2021 [cited in 20 Jan 2024]. Available from: <https://www.paho.org/pt/covid19/historico-da-pandemia-covid-19>
6. Serafim RS, Bú ED, Lima-Nunes A. Manual de diretrizes para atenção psicológica nos hospitais em tempos de combate ao covid-19. Revista Saúde & Ciência Online [Internet]. 2020 [cited in 02 Feb 2024]; 9(1):1-44. Available from: <https://rsc.revistas.ufcg.edu.br/index.php/rsc/article/view/401/385>
7. Dias MS, Santos TC, Pereira FRC, Rodrigues DRS, Costa EADSG. Quando o “fique em casa” não era uma opção: os bastidores e os relatos das experiências dos profissionais de saúde no ‘front’ de combate à pandemia da COVID-19. aSEPHallus [Internet]. 2020 [cited in 02 Feb 2024]; 15(29):118-28. Available from: <https://pesquisa.bvsalud.org/portal/resource/pt/biblio-1147385>
8. Rodrigues JVS, Teixeira ACM, Lins ACAA. Intervenções em psicologia hospitalar durante a pandemia da COVID-19 no Brasil: uma revisão integrativa da literatura. Res Soc Dev. [Internet]. 2021 [cited in 05 Feb 2024]; 10(12):e332101220288. Available from: <https://rsdjournal.org/index.php/rsd/article/view/20288/18291>
9. Lima MJV, Gonçalves EFLM, Vasconcelos ABLP, Abreu ARS, Mendonça SM. A esperança venceu o medo: psicologia hospitalar na crise do Covid-19. Cad ESP [Internet]. 2020 [cited in 14 Mar 2024]; 14(1):100-8. Available from: <https://cadernos.esp.ce.gov.br/index.php/cadernos/article/view/337/220>

10. Leavy, P. Method meets art: arts-based research practices. New York: The Guilford Press; 2015.
11. Claro C, Lapa Esteves M. A música na lupa da psicologia face à pandemia: Covid-19. Revista INFAD de Psicología. International Journal of Developmental and Educational Psychology [Internet]. 2020 [cited in 14 Mar 2024]; 1(1):143-54. Available from: <https://www.redalyc.org/journal/3498/349863388014/349863388014.pdf>
12. Franco JHM, Evangelista CB, Rodrigues MSD, Cruz RAO, Franco ISMF, Freire ML. A musicoterapia em oncologia: percepções de crianças e adolescentes em cuidados paliativos. Esc Anna Nery Rev Enferm. [Internet]. 2021 [cited in 10 Jan 2024]; 25(5):1-8. Available from: <https://www.scielo.br/j/ean/a/ncjBwnSzR37HhpZd44K9byb/?format=pdf&lang=pt>
13. Gouget DT, Bastos JD. Almanaque das emoções para crianças e adolescentes, em época de pandemia. Saúde Debate [Internet]. 2022 [cited in 10 Jan 2024]; 46(5):310-24. Available from: <https://www.redalyc.org/articulo.oa?id=406374578026>
14. Leite TA, Lisboa W, Formiga GC. Sociodrama como estratégia de promoção de saúde em um hospital universitário. Rev Bras Psicodrama [Internet]. 2022 [cited in 20 Apr 2024]; 30:1-13. Available from: <https://www.revbraspsicodrama.org.br/rbp/article/view/535>
15. Spink MJ, Brigadão J, Nascimento V, Cordeiro M, organizadoras. A produção da informação na pesquisa social: compartilhando ferramentas. Rio de Janeiro: Centro Edelstein de Pesquisas Sociais; 2014.
16. Spink MJ. Linguagem e produção de sentidos no cotidiano. Rio de Janeiro: Centro Edelstein de Pesquisas Sociais; 2010.
17. Ferreira, CB. Construindo dados com as artes. In: Barroso SM, organizadora. Pesquisa em psicologia e humanidade: métodos e contextos contemporâneos. Petrópolis, RJ: Vozes; 2022. p. 171-83.
18. McNamee S. Relational research (trans)forming practices. In: Ochs M, Borcsa M, Schweitzer J, organizadores. Systemic research in individual, couple, and family therapy and counseling. Switzerland: Springer; 2020. p. 115-24.
19. Museo Frida Kahlo. Planea tu visita [Internet]. [local desconhecido]: Bank of America; [2023?] [cited in 24 Feb 2024]. Available from: <https://www.museofridakahlo.org.mx/virtual/>
20. Berté O. O movimento criativo e pedagógico de Frida Kahlo. Santa Maria, RS: UFSM; 2020.
21. Ornell F, Schuch JB, Sordi AO, Kessler FHP. Pandemia de medo e Covid-19: impacto na saúde mental e possíveis estratégias. Debates Psiquiatr. [Internet]. 2020 [cited in 30 Jan 2023]; 10(2):12-6. Available from: <https://revistardp.org.br/revista/article/view/35/23>

22. Lemos GX, Wiese ÍRB. Saúde mental e atuação de psicólogos hospitalares brasileiros na pandemia da Covid-19. *Psicol Ciênc Prof.* [Internet]. 2023 [cited in 20 Mar 2024]; 43:e250675. Available from:
<https://www.scielo.br/j/pcp/a/W33TFQCZYNVrRfdjkLv9Zb/?format=pdf&lang=pt>
23. Vieira J, Anido I, Calife K. Mulheres profissionais da saúde e as repercussões da pandemia da Covid-19: é mais difícil para elas? *Saúde Debate* [Internet]. 2022 [cited in 17 Jan 2024]; 46(132):47-62. Available from:
<https://www.scielo.br/j/sdeb/a/3trZqtP9WXKBcJ5WYzPzbKJ/?format=pdf&lang=pt>
24. Nunes DA, Franco CCJA. Atuação do psicólogo no ambiente hospitalar em tempos de pandemia: acolhimentos aos profissionais e colaboradores da saúde – Relato de experiência. *Health Resid J.* [Internet]. 2021 [cited in 10 Feb 2024]; 2(12):210-9. Available from:
<https://hrj.emnuvens.com.br/hrj/article/view/210/158>
25. Barreto MS, Hipolito ABL, Hipolito MAL, Lise F, Radovanovic CAT, Marcon SS. Pandemia da COVID-19: repercussões no cotidiano da família de profissionais de saúde atuantes em unidades emergenciais. *Esc Anna Nery Rev Enferm.* [Internet]. 2021 [cited in 02 Apr 2024]; 25(N Esp):e20210064. Available from:
<https://www.scielo.br/j/ean/a/QT7Phv3DspPtYDMJTC3h8xS/?format=pdf&lang=pt>
26. Anderson H, Gehart DR. Collaborative therapy: relationships and conversations that make a difference. New York: Routledge e Taylor & Francis Group LLC; 2007.
27. Larimore B, Gilbert M, Lydiatt WM. What pandemic portraits illuminate about balancing vulnerability and inurement. *AMA J Ethics* [Internet]. 2022 [cited in 27 Mar 2024]; 24(7): E667-75. Available from: <https://journalofethics.ama-assn.org/sites/joedb/files/2022-06/artm3-peer-2207.pdf>
28. Abdullahi I, Chana NK, Zenone M, Ardiles P. Art during tough times: reflections from an art-based health promotion initiative during the COVID-19 pandemic. *Glob Health Promot.* [Internet]. 2021 [cited in 20 Apr 2024]; 28(2):78-82. Available from:
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