

DAILY LIFE OF FAMILIES AND COVID-19: IN THE LIGHT OF THE COMPREHENSIVE SOCIOLOGY OF MICHEL MAFFESOLI

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ABSTRACT

Objective: to understand the changes that occurred in family daily life faced with illness and/or death of a family member by Covid-19.

Method: exploratory, analytical, qualitative study, rooted in The Comprehensive Sociology and Daily Life of Michel Maffesoli. Data were collected between September and October 2021 in the municipalities of Maringá, Colorado, Mandaguaçu and Floriano district. Participants were 19 families with at least one family member who became ill and/or died by Covid-19. The sampling was by the non-probabilistic Snowball technique. The in-depth technique was used to explore the daily lives of families. The content of the speeches was organized through thematic analysis. The interpretative synthesis was constructed and discussed from the theoretical framework.

Results: a category called “Familial daily life after illness and/or loss by Covid-19”, emerged from the convergence between the reference which was divided into two subcategories: “Changes in daily life and family functioning” and “Changes after the loss of a loved one”. Thus, in the analysis, it was found that the changes in family daily life were permeated by obstacles that were caused by financial and physical limitations or the absence of the element (key person) that once gave solidity to the family unit.

Conclusion: the daily life of families was profoundly modified, changes negatively affected socio-family relationships, from the most banal aspects of daily life to the more complex ones. This study contributes to the nursing practice and its understanding of an effective practice and supports the development of programs for the surviving families of Covid-19.

DESCRIPTORS: Covid-19. Family relationships. Family. Everyday activities. Sociology. Life-changing events.

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QUOTIDIANO FAMILIAL DIANTE DO ADOECIMENTO POR COVID-19: À LUZ DA SOCIOLOGIA COMPREENSIVA DE MICHEL MAFFESOLI

RESUMO

Objetivo: apreender as mudanças ocorridas no cotidiano familiar diante do adoecimento e/ou morte de um membro familiar por Covid-19.

Método: estudo exploratório, analítico, qualitativo, ancorado na Sociologia Compreensiva e do Quotidiano de Michel Maffesoli. A coleta de dados ocorreu entre setembro e outubro de 2021, nos municípios de Maringá, Colorado, Mandaguaçu e no Distrito de Floriano. Participaram 19 famílias que tiveram ao menos um familiar que adoeceu e/ou faleceu por Covid-19. A amostragem foi por meio da técnica não probabilística *Snowball*. Utilizou-se a técnica em profundidade para explorar o cotidiano das famílias. Organizou-se o conteúdo das falas por meio da análise temática. As sínteses interpretativas foram construídas e discutidas a partir do referencial teórico.

Resultados: da convergência entre o referencial e os depoimentos emergiu uma categoria denominada “Quotidiano familiar após o adoecimento e/ou perda por Covid-19,” dividida em duas subcategorias: “Mudanças no cotidiano e funcionamento familiar” e “Mudanças após a perda de um ente querido”. Assim, na análise, constatou-se que as mudanças no cotidiano familiar foram permeadas por obstáculos que se configuraram por limitações financeiras, físicas ou a ausência do elemento (pessoa-chave) que, outrora, conferia solidez à unidade familiar.

Conclusão: o cotidiano familiar foi profundamente modificado, as transformações incidiram negativamente sobre as relações sociofamiliares, desde os aspectos mais banais do cotidiano até os mais complexos. Este estudo contribui para o saber-fazer do enfermeiro na compreensão de uma prática efetiva, apoiando o desenvolvimento de programas de apoio às famílias sobreviventes da Covid-19.

DESCRITORES: Covid-19. Relações familiares. Família. Atividades cotidianas. Sociologia. Acontecimentos que mudam a vida.

COTIDIANO FAMILIAR ANTE LA ENFERMEDAD POR COVID-19: A LA LUZ DE LA SOCIOLOGÍA INTEGRAL DE MICHEL MAFFESOLI

RESUMEN

Objetivo: comprender los cambios ocurridos en el cotidiano familiar frente a la enfermedad y/o muerte de un familiar por Covid-19.

Método: estudio exploratorio, analítico, cualitativo, arraigado en La Sociología Integral y la Vida Cotidiana de Michel Maffesoli. Los datos fueron recolectados entre septiembre y octubre de 2021 en los municipios de Maringá, Colorado, Mandaguaçu y distrito de Floriano. Los participantes fueron 19 familias con al menos un familiar que enfermó y/o murió por Covid-19. El muestreo fue por la técnica no probabilística de bola de nieve. Se utilizó la técnica de profundidad para explorar la vida cotidiana de las familias. El contenido de los discursos se organizó a través del análisis temático. La síntesis interpretativa fue construida y discutida a partir del marco teórico.

Resultados: de la convergencia entre el referente que se dividió en dos subcategorías: “Cambios en el cotidiano y funcionamiento familiar” y “Cambios después de la pérdida de un ser querido”. Así, en el análisis se constató que los cambios en el cotidiano familiar estuvieron permeados por obstáculos que se configuraron por limitaciones financieras, físicas o por la ausencia del elemento (persona clave) que alguna vez dio solidez a la unidad familiar.

Conclusión: la vida cotidiana familiar se modificó profundamente, las transformaciones afectaron negativamente las relaciones sociofamiliares, desde los aspectos más banales de la vida cotidiana hasta los más complejos. Este estudio contribuye al saber hacer de los enfermeros en la comprensión de una práctica eficaz, apoyando el desarrollo de programas de apoyo a las familias sobrevivientes de la Covid-19.

DESCRITORES: Covid-19. Relaciones familiares. Familia. Actividades diarias. Sociología. Eventos que cambian la vida.

INTRODUCTION

The Covid-19 pandemic severely tested the economic and public health systems on a global scale¹. The emergency caused by Covid-19 affected everyone, but not in the same way. Families whose members became ill due to Covid-19 and needed to be hospitalized or died present potentially higher risks of experiencing dysfunctions in their organization and/or structure, which may compromise coping with the health-disease process².

The families of patients who were hospitalized due to Covid-19 were exposed to multiple sources of suffering that can transform their daily lives. In addition to all the adversities they shared with the population, in relation to the pandemic, the families faced the rupture of affective bonds due to the death of a family member, in an unexpected, abrupt and undesirable situation³.

International studies⁴⁻⁶ have shown that family members of people with Covid-19, especially those who have lost loved ones, experienced intense emotional distress and are among the most vulnerable social groups in the current pandemic scenario⁴⁻⁶.

It should be noted that the family is configured as the place where the stories of each person originates. Family arrangements represent society and, at the same time, operate in its constitution. Social, political and cultural changes help to elucidate the molds applied in the understanding of the family, in which reciprocity intervenes in the interrelationship and dependence between its members⁷, it appears that such experiences, through the contexts imposed by the pandemic, have the potential to have an impact on family dynamics, health and daily life.

The family's daily life can be considered the place of life, where ways of thinking and acting are present (individually and collectively), where bonds, customs, beliefs, culture, values, meanings and symbols that establish the act of living in a group and as a family, essential for all being together⁸⁻⁹. From this perspective, it is necessary to give voice to families so that they may understand how their daily lives were disturbed by the illness and/or death by Covid-19. Understanding the challenges faced by families is essential to providing them with holistic care that values the sensitive (affection, touch, feelings and emotions) that are trivial for social connections, supporting them in their reorganization and recovery of the family unit.

Therefore, it is necessary to use a dense theoretical framework that allows the understanding of the complexity, subjectivity and volubility of human relations, especially in a critical period such as the Covid-19 pandemic, whose biomedical paradigm has proved obsolete and ineffective, because the human being cannot be translated by mere technical components. From the Maffesolinian assumptions, it is understood that understanding the subjectivity that passes through daily life in its constant movement, especially in a complex context (illness and/or death by Covid-19), implies using sensitivity to achieve what is covered between the lines⁹.

From this perspective, most national studies in the field of Covid-19 were conducted with health professionals. In national and international literature, little was explored in the daily lives of families who faced the illness and/or death by Covid-19 of a family member. Therefore, the need for qualitative research in the country, aimed at understanding the transformations within the family caused by a health and societal crisis is evident. Thus, in this problem, from the perspective of everyday life, it is intended to drive health professionals towards greater proximity to the world of the uniqueness and details of the daily lives of families¹⁰. In view of the above, the question is: what changes have occurred in the family's daily life in the face of the illness and/or death of a family member by Covid-19? In addition to this questioning, this study aimed to apprehend the changes that occurred in the family's daily life in the face of the illness and/or death of a family member by Covid-19.

METHOD

In this exploratory, analytical, qualitative study, anchored in the Comprehensive and Everyday Sociology assumed by Michel Maffesoli⁹, thematic analysis was used as a methodological framework¹¹, in line with the recommendations of the Consolidated Criteria for Reporting Qualitative Research (COREQ) validated for Brazil.

The study participants were 19 families (34 people in total) who had at least one family member diagnosed and/or who had died as a result of Covid-19. The eligibility criteria were: key family member being 18 years of age or older; living with the family; having been diagnosed with Covid-19 from March 2020 to October 2021, with symptoms of moderate to severe (understanding that the implications on the person's life are more intense); have updated telephone contact and reside in Maringá, PR, or in the metropolitan region during the research period. The exclusion criteria were not being contacted via telephone after three attempts on alternate days.

Data were collected from September to October 2021 in the district of Floriano and in the municipalities of Maringá, Mandaguaçu and Colorado. The sampling was performed using the non-probabilistic Snowball technique, which uses reference chains¹². The snowball technique proved useful in the search for families who experienced Covid-19.

For the beginning of data collection, as recommended by the Snowball technique, key informants, named after seeds, were sought in order to locate families with the necessary profile for the research. In this way, the key informants (seeds) helped the researcher to initiate contact and to explore the group to be studied. After, the people suggested by the seeds were asked to indicate new contacts, from their own social network, and so on, giving rise to the sample of this study. All families were previously contacted by phone (calls and/or text messages delivered by WhatsApp) in order to introduce the researcher and the research objectives. A place and time for data collection was scheduled for the people who agreed to participate according to their availability.

The interviews took place in the participants' homes, only once with each family group, and were conducted by the main researcher: nurse, with a doctorate in progress and experience in qualitative family research. The interviews were conducted, on average, with two family members, and only seven individuals were alone with the researcher during this process. According to the recommendations of the literature, the sampling continued until saturation was reached, at which time there were no new names offered and/or the names found did not provide new information¹². Of the 25 families addressed, 19 of them included the final sample, the description of the entry process into the study is shown in Figure 1.

The in-depth technique was used to explore the daily lives of families who experienced illness and/or death as a result of Covid-19 of one of their members. The speeches began with the following triggering question: Tell me how it was and how is your daily life and that of your family after the illness and/or death of a family member by Covid-19. Other supporting questions were used in order to achieve the objective. A semi-structured questionnaire (prepared by the authors) was also applied to collect sociodemographic data and health information about the process of becoming ill with Covid-19.

Due to the sanitary recommendations, the interviews took place in an open environment, with distance between the participants and the main researcher, and all used masks. The content of the interviews was available to the participants, but no one requested it. The duration ranged from 74 to 102 minutes, with a mean of 93 minutes.

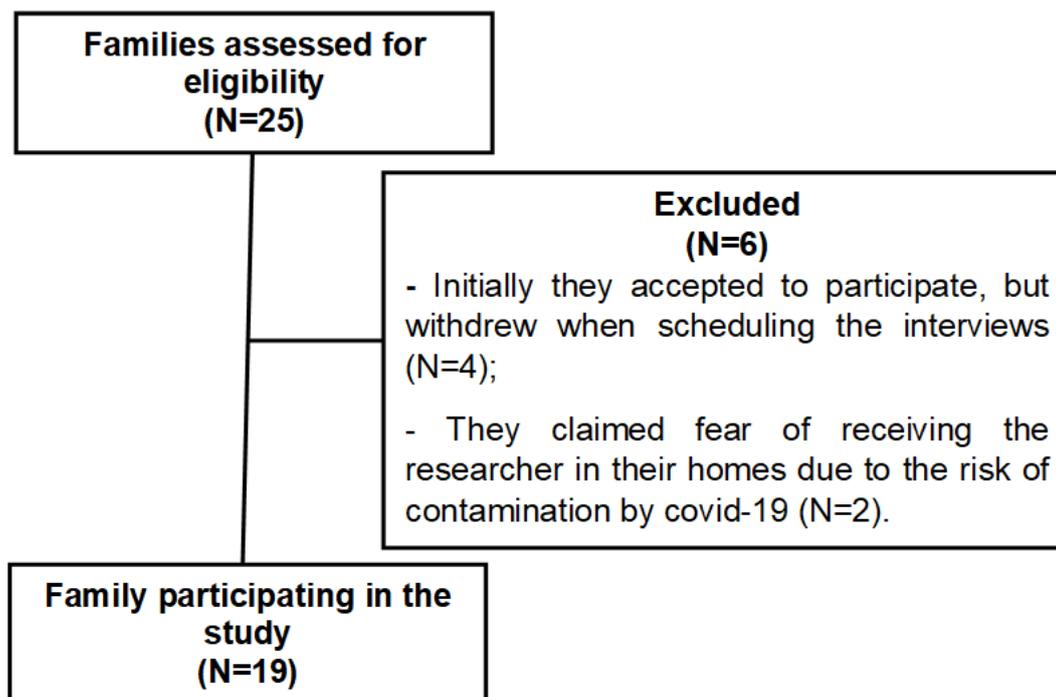


Figure 1 – Input flowchart of the families participating in the study. Maringá, PR, Brazil, 2022.

The interviews were recorded on digital media, transcribed in full, and colloquial language was corrected, without changing their content, in order to give fluidity to reading. The content of the speeches was organized by thematic analysis¹¹. To this end, an analysis session was held to identify similarities and differences in the narratives of the interviews and to order the data into loose themes. The resulting encoding structure was refined by the first author and applied to the rest of the dataset. The first author coded all the interviews and conducted an additional interpretative work to write the findings, verifying the meaning with the last author as needed. The analysis was performed manually without the use of software. The accuracy of the study was ensured by the following evaluation criteria: credibility, transferability, reliability and compliance¹³.

The interpretative synthesis was constructed and discussed from the theoretical framework adopted. In the Maffesolinian conception, in relation to everyday life, one can understand the ancestral wisdom that permeates individuals, which governs social relations and focuses on the health-disease process, in addition to facing events that change people's lives, such as illness and/or death by Covid-19. From comprehensive sociology, totalitarian and dogmatic concepts are overcome, which minimizes the complexity of everyday life⁹. This reference allows the researcher to mold himself to the data found. When entering the universe of the family affected by the disease, one can observe the lived from the perspective of those who experience it first-hand. Therefore, it is possible to understand how the family relationship was established during daily life, how the choices and behaviors of its members were constructed, in the domestic interior¹⁴, and how they adapted to the consequences of the current health crisis caused by Covid-19.

From the convergence between the content of the interviews and the theoretical framework emerged the category "Daily life of families after illness and/or loss due to Covid-19", divided into two subcategories: "Changes in daily life and family functioning" and "Changes after the loss of a loved one". To maintain participant anonymity, their identities were coded according to their order: entry into the study, speech during the interview, degree of kinship/person diagnosed with Covid-19 and age (Ex: Family 01: F2 - wife, 40 years).

This study was approved by the Ethics Committee on Research with Human Beings and is also in accordance with Resolutions N.º. 466/2012 and N.º. 510/2016 of the National Health Council. All participants received and signed two exact copies of the Free and Informed Consent Form.

RESULTS

A total of 19 families participated in this study, totaling 34 people. It was found that, in all families, there were hospitalizations of their relatives due to Covid-19, nine required intensive care unit (ICU) beds, and four families suffered the loss of family members as a result of the disease (Figure 2).

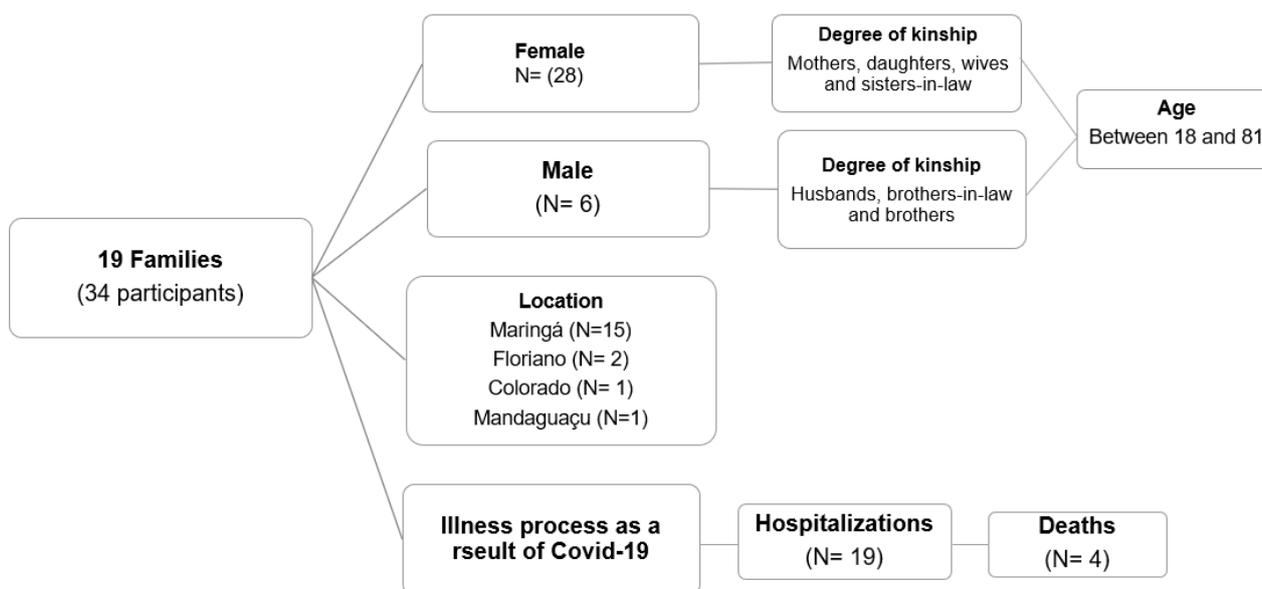


Figure 2 – Sociodemographic organization chart. Maringá, PR, Brazil, 2022.

Daily life of families after illness and/or loss of one of its family members due to Covid-19

The results showed a variety of natural, economic, psychological, societal and public health crises that affected families, resulting in suffering to their members during the Covid-19 pandemic. Families reported changes in their daily lives after the illness of a member (or even of all) of the family system. Thus, we chose to accommodate the results in two subcategories, described below, portraying the changes in daily life through the uncertainties arising from illness and those that suffered the loss of a loved one.

Changes in everyday life and family functioning

This subcategory addresses the significant changes that have had an impact on all dimensions of daily life after the illness and/or hospitalization of a family member due to Covid-19. The changes occurred in broad aspects, from the banalities of daily life (interfering in domestic tasks) to the most essential aspects (care for others and self-care).

[...] *I was leaving work and coming home, only then I was more outgoing and now after I got it [Covid-19] I don't go out anymore. I guess that's why I get a little weak and it makes me tired. Now I do a few things and I get tired, I lay on the couch and stay quiet* (Family 02: F2 - Brother-in-law, 55 years).

[...] Covid-19 changed my life, changed in 180 degrees. All of a sudden. I walked, I did everything, I took care of my kids, my house, my company, everything. Husband, eldest son, younger, did everything, and overnight [...] And I got it and it messed everything up, all at the same time [...] (Family 03: F1 - Daughter, 42 years old).

[...] she [daughter] bathed me. She warmed up food. My husband cooked the food at night and then the next day she'd heat it up. That's how it was until I could take a bath on my own. I told her: put the chair here [in the box] so I bathed in the chair. I'd get up, she'd rub me because I couldn't [...] (Family 04: F1 - Mother, 41 years old).

The performance in the family environment changed, and there was also a negative repercussion on the financial situation of this group, especially in autonomous individuals, who saw their family businesses (source of income of the group) disappear, not only by the isolation measures imposed by state or municipal decrees, but due to the illness of the individual. This scenario created an environment of uncertainty.

[...] I had a bar and it closed with the beginning of the pandemic and with the municipal decrees. During this period, I was doing nothing. I worked about 32 days for the city, delivering charity food baskets as a volunteer. When we caught it, she [wife] picked it up at the beginning of the pandemic, we stopped everything. I was hospitalized for three days and they took me to the ICU, they intubated me, I spent 62 days in the hospital. After that, it was hard, coming home. I had no way back, I had to live with my mother for a month because I was not walking and there is no elevator here [resides in building] (Family 08: F1 - Husband, 60 years). Our life was upside down, because we had the bar and we needed to close it. I didn't know when he [husband] would leave the hospital, we had no idea of what the next day would bring, expenses kept coming and that's when we decided to close the bar after 10 years of business (Family 08: F2 - Wife, 58 years).

It was also noted that, for the most impoverished families, the restrictive measures were not feasible, due to the small configuration of their homes, exposing them to the risk of being contaminated with the virus.

[...] when we found out that he [husband] was sick, we tried to separate things, but there's no way. We only have one bathroom and everyone uses it together; if you have a house with another bathroom, it is easier isolate, but not here, I was worried, but we tried to act normal. He did, he would come here in a mask; sometimes I would say to him: go outside, rip off the mask and stay there for a while (Family 04: F1 - Wife, 41 years old).

As a survival mechanism, women accepted the tragic fate (illness and the implications of Covid-19 in their daily lives) to adapt and conserve family unity, and often overloading themselves by accumulating responsibilities with the home, caring for the other and still dealing with the illness that hurt their body.

[...] I got sick, my husband and my son too, they needed to rest and so did I because the disease was the same, but I couldn't because my daughter couldn't come in to do the job, they [husband and son] don't, I had to do it, I did what I could. I didn't get better either. I stayed in the fight and I'm in the fight. The man can still [afford to stop], because in his case, if he is not feeling good, he can lie down and be quiet, if he doesn't want to cook, he won't, but I'm a woman, I can't. It's hard, so even if you're not well, if your breath doesn't come, you sit, breathe, calm down a little bit, get up and do the things (Family 02: F1 – Sister-in-law, 52 years old).

Faced with illness and insecurity about the future (threatened by the anguish of death), there was a change of paradigms, returning to premodern values, such as *the community ideal* (sociality) and presenteeism, which began to have central value in the daily life of these families, identified in the statements through the weight attributed to the present in relation to the future.

[...] *after we got Covid-19, the value we give to life is different, today you're here, tomorrow you're not here anymore, you completely change your mind, your way of thinking, that thing you wanted, you change everything, vanity ends. Everyone has dreams, wants to do this and that, after you go through a disease like this, after you see so many people dying, so much suffering, you end up seeing that the important thing is that you're okay. You have to fight, you cannot stop, because you have to survive* (Family 09: F1 – Daughter, 60 years).

[...] *you get scared, you think everybody's going to die. That was the impression we had. My daughter even says that at night she cried thinking that everyone would die and that she would have no one to take care of my granddaughter. I just thought that my life would never be the same* (Family 13: F1 – wife, 42 years old).

We were very worried, it was a lot of worry. I'm a mother and I think of my daughter, with the possibility of new pandemics in the future, this worries us a lot, makes us value today much more, because we do not know what tomorrow will be like (Family 10: F1 – wife, 35 years).

Changes after the loss of a loved one

In this second subcategory, we discuss the abrupt changes in the organization and family structure through the death of a loved one. The loss of one of the family pillars of support meant the deprivation of social relations, affection and complicity, which used to configure them as a family unit. The unexpected disruption aroused the awareness to the tragedy of life in a traumatic way, whose implications for physical, mental and social health were highlighted by the participants.

[...] *it got more complicated because I was dependent on him [husband who passed away due to Covid-19] for everything, I never did the groceries. I was overdependent on him, for me it completely changed. I lost an aunt, a cousin and my husband, all to Covid-19. This week I went to see a psychologist and I'm looking for a psychiatrist, I'm using medication to help me sleep, I'm very stressed, very anxious, eating too much* (Family 17: F1 - Wife, 42 years).

[...] *I've been depressed for almost 20 years, always taking medication and going through the psychologist. I started taking care of my parents and the depression got worse. I lost them both at the same time [crying]. My father at 86 and my mother at 84, he had a heart attack and she had Covid-19. It was all over at once [crying]. There are days when I am very sad I have no desire to do anything [Participant also lost a sister-in-law and mother-in-law to Covid-19]* (Family 16: F1 – Daughter, 55 years).

[...] *my husband suffered a lot with the psychological part, he has a lot of anxiety, last year during the pandemic he had some panic attacks, the week he caught Covid-19 was terrible, even though he had no serious symptoms, the psychological part was well shaken, because in the same week [that the couple got sick] we had some losses of family members* (Family 10: F1 - Wife, 35 years old)

There was also greater difficulty on the part of children to face grief, making them reactive to their suffering, outsourced through crying, sadness, anger, indignation and aggressive behaviors, which culminated in the (unconscious) desire for self-extermination.

[...] *my daughter [six years] is suffering a lot, she wakes up at dawn and cries, she wants her father [passed away by Covid-19]. And you can tell she's overeating, that she's very anxious. Some days she screams "My God takes this pain from my chest, that I can't stand being without my father anymore." She was very attached to him. These days she knocked on the doors, screamed, slammed the windows* (Family 17: F1 – Wife, 42 years old). [...] *she said she wanted to get Covid-19 so she could go see her father. It is very difficult to deal with her grief* (Family 17: F2 - Sister-in-Law, 38 years old).

DISCUSSION

It is well known that current experiences have led to uncertainties about the future. In the reality of Covid-19, to survive it is necessary to have wit to adapt and overcome obstacles. As observed in the reports, the changes to the daily life of families, permeated by obstacles, were associated with financial and physical limitations or by the absence of the element (key family member) that once gave solidity to the family unit. Similar results were found in the international literature, whose authors reported that the participants who became ill as a result of Covid-19 had their lives transformed by fear and uncertainty, and even after weeks of the acute phase of the disease, had nightmares about what they experienced, generating psychological stress and concerns that affected their daily lives¹⁵⁻¹⁶.

Regarding the economic issue that represented a problem in the lives of many, given the consequences of the pandemic (direct – illness and/or death, or indirect – restrictions and isolation), the families needed to interrupt their work activities, without any time for any planning. In this sense, the negative financial repercussions on family daily life allowed the recognition of the tragic feeling of life, admitting an existential fragility that threatens being in the world and the maintenance of the collective (family)⁸. As can be seen in the reports, there was financial commitment and difficulty in keeping the family unit safe, due to the scarcity of resources.

A study conducted in the city of Pittsburgh (USA) corroborates the findings of the present study. The authors revealed that 8% of the participants lost their jobs due to the pandemic and/or had to leave their work activities to care for a family member who fell ill. It was observed that the economic impact was negatively reflected in the mental health of individuals, resulting in the exacerbation of symptoms of anxiety, depression, fatigue and sleep disorders, in addition to a lower capacity to participate in social activities¹⁷. Thus, experiencing the events of the pandemic has been particularly devastating for the most vulnerable populations, and there is evidence that existing health disparities have been aggravated¹⁸.

It was also noted that the repercussions of everyday life transfigured by an emerging and unpredictable disease were more acute in women, who experienced overload; and regarding the children, who have experienced challenging behavior changes and the extent of their damage is not yet known. Similar results were found in research conducted in the United Kingdom, whose participants expressed the challenge of managing multiple responsibilities during the pandemic. This situation caused frustration at the understanding of an imbalance between gender roles, triggering conflicts between couples, especially those who had small children¹⁹.

In this context, in order to survive the tragedy of daily life caused by Covid-19, permeated by fear, anguish, pain and death, women needed an escape valve to resist and counteract the situation they faced, without, however, causing direct confrontation with the actors involved. Through theatricality (wearing masks – pretending to be well), cunningness and *silence*, ensuring, in the long run, the continuity of the social bond that unites the family, even in a critical context²⁰. In this logic, the woman sees herself in an unequal balance, because the more she uses these social resources, especially *theatricality* (being bothered by taking all the responsibilities of daily life complicated by Covid-19, overloading, she remains firm and cares for the group), but she strengthens the community bond that connects the relatives²¹⁻²².

In turn, the children faced greater difficulty in dealing with their feelings, emotions and frustrations in the face of the illness and/or death of a parent (or both), because they did not possess such social skills, characterized by Maffesoli as belonging to the realm of appearances. It is known that such abilities - theatricality, cunningness and duality - are indispensable to resist adversities, but most of them develop through the imitation of the behavior of the members of the family group and, due to their immaturity and/or early break from the parental bond by death, they could not develop them⁹, exposing the consequences, such as prolonged mourning.

Prolonged grief affects the individual's functioning in such a way that it prevents him from returning to his pre-loss normal state, whose symptoms - intense emotional pain, including sadness, guilt, anger, denial, difficulty accepting death, feeling that if a part of itself has been lost - can last for more than six months²³. In a literature review, the authors identified that children and adolescents who lost their parents or caregivers to Covid-19 had a higher risk of having anxiety and depression disorders, behavioral problems, health risk behaviors, including substance abuse and self-mutilation practices as a reaction to grief²⁴, as can be seen in the report of the participants of this study.

A study developed in the United Kingdom²⁵ identified that children were not prepared for the death of a major adult during the pandemic. This is because some families, in the impulse to protect their children from fear and sadness, did not talk about death with children. And only 10.2% (n=11) of the study participants reported that health professionals asked about the relationship of the deceased family member with their children²⁵. In this perspective, the importance of health professionals encouraging families to talk to children about the significant relationships of the individual in critical conditions is emphasized. Telling the child that someone close to them is dying will be beneficial for their psychological adaptation and to cope with feelings in the long term²⁵.

In this context, the importance of support interventions for children after the death of a parent or caregiver is highlighted, helping them to deal, in a healthy way, with grief and all difficult experiences and emotions. Interventions can be directed to the child, through support groups or playful activities, or in the form of family therapy (with individuals who survived)²⁴.

Faced with this tragic scenario, it is necessary that health professionals identify the negative thoughts experienced by the families of the victims and survivors of Covid-19, and take measures to protect them from misfortune and emotional shock to improve the psychological health of society. Understanding the influence of the pandemic on family functioning is therefore essential to plan effective support interventions and preventive measures, in addition to allocating resources to adequately assist them during and after the pandemic⁶.

Uncertainties and constant fear, emotions predominantly expressed by the participants, are characterized by small daily deaths that caused changes in the way of living and facing the tragedy of daily life. It is known that the finitude or only its glimpse threatens the conservation of the oldest and most important social institution, the family. The family is the private space where affective relationships are established, preferences, ideologies develop and protective niches are recreated that favor self-preservation^{7,22}. When this social structure is compromised, presenteeism is essential for the adjustment and harmony of family relationships.

In this perspective, paradoxically to *the* tragic daily life permeated by Covid-19, the discourses led to a transition of paradigms and premodern societal values, returning to presenteeism, by valuing the human relations that unfold in the here and now¹⁴. These values reflect the appreciation of human being together - which is welcoming to the demands of group²⁶ and through the collective confrontation of the tragic disease and the anguish of impending finitude, give rise to family union¹⁴. Thus, the changes in behavior, thoughts and paradigms consist of actions to face the physical, emotional and social impositions that emerge from Covid-19, manifesting the theatricality experienced, the longing for changes and the confrontation of the situation¹⁰.

In this way, everyday life is lived in the space-time-present. Maffesolian presenteeism is marked by the social communication of looks, gestures, touch and informal conversations, which, in this pandemic period, was not possible. It is in this time, lived in the world, marked by the encounter with the other, that everyday life can be understood⁹.

Finally, it is highlighted that daily family life, when transfigured by Covid-19 and all the consequences that encompassed it, had to deal with the continuities and discontinuities of life, moving from order to disorder (pre- and post-pandemic context), and then reconfigured itself in a new form,

who, instinctively, sought at all costs the human being-together. Thus, families reconfigure themselves in everyday actions, and what was banal and routine became difficult due to illness. From such a perspective, it is this form that allows being rather than (more) nothing. Paradoxically, the formist attitude respects the banality of existence, popular representations and tiny creations that punctuate everyday life. In all cases, the spontaneous wanting-to-live is considered to be a negligible quantity that, evoking imagery representations, reorders time and space, allowing the collective confrontation of the tragic of time-that-passes and the anguish of finitude⁸.

Thus, the aesthetics of everyday life, thus established, values “the way of feeling and experiencing in common”, a way of affirming existence in the here and now. It is the social existence effected by contact with the world, the tonic of the common feeling, and this reconnection that leads the individual to recognize himself in the other can express himself, simply, in touching the other⁸.

As for the limitations of the study, the fact that the informants were chosen using the Snowball technique is mentioned. The literature shows that, when choosing this method, the results are subject to bias, as the one chosen as the first subject will impact the decisions of the rest of the informants¹⁵. This subject was selected due to the difficulty of accessing the families in the midst of the pandemic, and the fear of receiving and/or attending the researcher began to restrict contact with the participants. When they were indicated/contacted by known people, there was a greater sense of security and, consequently, their opinion regarding participation in the research.

However, it is noteworthy that, despite these limitations, the study has relevance for the health area, as it uses a dense and robust theoretical framework, which allows health professionals to understand the lability and complexity of human relationships, especially under a critical context, such as the Covid-19 pandemic. Based on this understanding, care can be qualified by re-signifying it through a sensitive outlook, which involves affection, touch and affectivity in health care.

FINAL CONSIDERATIONS

From the results of this study, it is understood that family’s daily life was profoundly changed by the illness and/or death of a loved one by Covid-19. The transformations generally had a negative impact on daily life, from the most banal aspects - the routine of household chores - to the most complex, involving the financial situation, care and self-care of family members, physical and mental health and prolonged mourning, which impacted the relationship and interaction between family members. It was understood that the most intense repercussions occurred in women and children. Paradoxically to the tragic every day, there was a collective desire to resume human relationships, valuing being together here and now.

Furthermore, the study can contribute to the knowledge and actions of the health team, especially nurses, in understanding an effective practice in nursing, supporting the development of support programs for families surviving Covid-19, instituting safe environments that allow active and qualified listening, associated with the provision of clear information about the evolution of the pandemic and that teaches families to recognize their strength in order to deal with situations of stress, conflicts and grief, mitigating negative repercussions, favoring their reorganization and the well-being of the group.

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NOTES

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