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**Background:** COVID-19 is an unparalleled modern pandemic which has resulted in over 41,000 deaths in the UK (GOV.UK, 2020), leaving behind many more bereaved.

Deaths from COVID-19 have unique challenges for clinicians and bereaved families, which may mean families are unable to ‘say goodbye’ to a dying or dead loved one in culturally expected ways.

The media play an important role in creating a sense-making narrative, reflecting and enforcing cultural ideas about death, grief and bereavement (Kott and Limaye, 2016). There has been increased coverage of grief and bereavement from COVID-19, and almost unavoidable reporting since the first deaths in the UK. Uncertainty and widespread reporting of death may cause confusion and fear.

**Objective:** To explore media representations of the end of life, grief and bereavement during COVID-19, and discuss implications and recommendations for palliative and end of life care and bereavement support during the pandemic.

**Methods:** Longitudinal document analysis of UK online newspaper articles about grief and bereavement from death of COVID-19.

Top 7 most read online newspapers (The Guardian, The Daily Mail, The Telegraph, The Mirror, The Sun, The Times and The Metro) were searched over two, week long periods representing the beginning of the UK lockdown, and 3 weeks after: Week A: 18/03/2020, Week B: 08/04/2020.

Relevant articles were analysed using content analysis informed by emergent/ethnographic document analysis (Altheide, 2000). Newspaper writing techniques were described using a Terror Management Theory lens.

Terror Management Theory (Greenberg et al., 1986) suggests a fundamental psychological conflict results from the need to self-preserve when realising that our own death is inevitable and largely unpredictable. However, how the media portrays deaths from COVID-19 and what effects have not yet been examined.

**Results:** 55 articles were analysed:

<table>
<thead>
<tr>
<th>Total by publication</th>
<th>The Guardian</th>
<th>The Daily Mail</th>
<th>The Telegraph</th>
<th>The Mirror</th>
<th>The Sun</th>
<th>The Times</th>
<th>The Metro</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Week A (18/03/2020)</td>
<td>3</td>
<td>8</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>19</td>
</tr>
<tr>
<td>Week B (08/04/2020)</td>
<td>1</td>
<td>20</td>
<td>2</td>
<td>2</td>
<td>5</td>
<td>3</td>
<td>3</td>
<td>36</td>
</tr>
<tr>
<td>Total</td>
<td>4</td>
<td>28</td>
<td>3</td>
<td>4</td>
<td>6</td>
<td>5</td>
<td>5</td>
<td>55</td>
</tr>
</tbody>
</table>

**Discussion:** Newspapers tell us COVID-19 disrupts culturally held views of ‘good deaths.’ Deaths from COVID-19 are unexpected and ‘bad deaths’, and the resulting grief from not saying goodbye causes ‘bad grief.’ However, Burrell and Selman (2020) found that the value of a funeral depended on it being personally meaningful and supportive; with the right support, this could still be possible in times of funeral restrictions.

Newspapers focused on negatives and uncertainty: ‘bad deaths’ and ‘bad grief,’ deaths that were particularly tragic, fears of death, and the inability to prepare for death in the usual ways. Although fear and sensationalism may sell newspapers, continued sensationalism may also desensitise readers (Hendriks Vettehen and Kleemans, 2018) and reduce engagement in public health issues.

**Recommendations:**

1. The media could rebalance the narrative on ‘bad’ deaths, with stories of ‘good’ deaths, and the possibility of more positive experiences despite the restrictions.

2. The media could have a role in informing the public about how they can say goodbye more positively and meaningfully.

3. The media could provide information signposting bereaved readers to support and advise readers how to support bereaved friends and family.

**References:**


KOTT, A. & LIMAYE, R. J. 2016. Delivering risk information in a dynamic information environment: Framing and authoritative voice in Centers for Disease Control (CDC) and prime-time broadcast news media communications during the 2014 Ebola outbreak. Social Science and Medicine, 169, 42-49.