

Reflecting grief during a pandemic: online UK newspapers' reportage and researchers' experiences

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Introduction

In Spring 2020, the World Health Organisation declared the novel coronavirus (COVID-19) a pandemic (World Health Organisation, 2020). In the weeks immediately before and after this announcement, the British news media was heavily focused on the disease and the potential implications for UK residents and citizens. Whilst UK newspapers' early reporting focused on the impact of COVID-19 in other countries (e.g. the rising cases and deaths in China and Italy), there was soon increased attention on the UK, highlighting deaths linked to the virus. Dying from COVID-19 has been described as a difficult death (Breitbart, 2020), and those bereaved during the pandemic may experience specific challenges including access restrictions (Selman, Farnell, et al., 2021) that means death from COVID-19 may be particularly painful for those bereaved.

As researchers interested in death, dying and grief with an awareness of how social discourses can impact these experiences, we set out to explore how the media was talking about these issues early on in the pandemic (Sowden, Borgstrom et al., 2021; Selman, Sowden et al., 2021). We approached this research with an awareness that death sells newspapers (Walter, 2017) and media tropes and techniques influence the public: they create a lens which shapes experiences and attitudes, and highlight socio-cultural fears and anxieties. With projections of high deathrates in the UK due to initial limited political intervention to minimise the outbreak, the increased national mortality rate meant there would be an increase in bereaved people, and due to the nature of the disease, many of these deaths could be considered sudden. At the start of the pandemic, there was also uncertainty about how bereaved people would be impacted both by the nature of the deaths as well as the multiple social restrictions that were being implemented, although it was hypothesised based on prior research that it would negatively impact people (Selman et al., 2020; Gesi et al., 2020). Early reports suggested that death, dying and grief during the pandemic significantly challenged people's expectations about how someone should die and what bereavement should be like.

We therefore focused our attention on how grief was reported following a bereavement due to COVID-19 and sought to reflect on how this reporting could impact both people who were bereaved and the general public reading such reports. To investigate media discourse about grief following the bereavement from a COVID-19-related death, we conducted a qualitative document analysis of text from online media reports. We decided to focus on online news media for several reasons. UK online newspaper readership increased by 6.6 million in the first quarter of 2020 as a result of the COVID-19 pandemic (Mayhew, 2020). Online newspaper articles are a readily publicly available source of discursive data which, unlike first-person primary qualitative data, was easier to collect during the initial phases of the pandemic. Such news reports also represent a socially influential form of discourse – they are widely discussed in person, on social media, and on broadcast media and have cultural influence beyond their own medium.

In this chapter, we briefly explain the project's methodology for how we conducted a document analysis of UK newspaper reporting. The latter part of the chapter focuses on reflection about what it was like to be analysing data of this kind during an ongoing pandemic. This is particularly pertinent as the effects of the pandemic and rising deathrates increased over the time of the study, as well as the personal, emotional and physical burdens of living and working during a pandemic. There is an increasing recognition in death studies that researcher wellbeing matters (Woodthorpe, 2011; Visser, 2016; Borgstrom and Ellis, 2021; Jones and Murphy, 2021; Six, 2020), and the reflections in this chapter add to this growing body of literature.

Epistemological and theoretical underpinnings of our research

Our approach was informed by critical discourse analysis (Wodak & Meyer, 2015). Our initial aim was to understand how newspaper discourse implicitly and explicitly described experiences of people bereaved by COVID-19. We also sought to identify how media reports accounted for or reflected on the implications of such bereavement. Critical discourse analysis is concerned with identifying and examining the ideologies embedded in discourse and their social and material consequences (Johnson & McLean, 2020). Consequently, we acknowledge that newspaper discourses are not neutral — they have power to impact how bereavement is experienced, influence societal discussions about what is considered 'normal' for bereavement, and can impact professional practices and policies. Epistemologically, we understand that what is considered 'normal', 'expected', or 'difficult' in relation to death, bereavement and grief are social constructs, informed by and replicated in societal discourses; these can vary cross-culturally (McCarthy et al., 2019; Reimers, 2003; Walter, 2006).

During our analysis, we found it useful to not only consider the social constructions around death (such as the notion of 'good death') but also draw on Terror Management Theory (Selman, Sowden, et al., 2021). The latter provided a useful lens to help us make sense of how journalists and editors (as media creators) talked about death, bereavement and grief. Terror Management Theory describes the psychological conflict between the human need for self-preservation and the realisation that death is inevitable and largely unpredictable (Greenberg et al., 1986). According to this theory, terror is managed by taking increased comfort in one's existing cultural worldview (such as religious or nationalistic identities), minimising uncertainty by "weaving the individual more securely into a meaningful cultural fabric" (Arndt et al., 2002:307) and providing a sense of 'symbolic immortality' through which one lives on after death (Menzies & Menzies, 2020). Terror Management Theory has been applied across disciplines and found to be applicable in different religious and cultural groups (Heine et al., 2002; Pirutinsky, 2009). This is particularly applicable when thinking about how deaths or the dead may be viewed as difficult.

Conducting the research: data analysis during a pandemic

We ranked the online UK newspapers and their Sunday counterparts according to readership numbers (Ofcom, 2019), selecting the top seven for inclusion (Sowden, Borgstrom et al. 2021) to capture a range of political perspectives, readership demographics, and newspaper types.

We specifically focused on newspaper outlets, rather than broadcasting platforms such as the British Broadcasting Corporation (BBC), to enable us to meaningfully compare the articles. Firstly, we acknowledge that the type of media – how it is created and packaged – impacts the messaging (McLuhan, 1964). Online newspapers therefore arguably provide a specific and different role from wider broadcasting platforms in terms of how they provide and disseminate news. We wanted to be able to focus our comparison of news items to those were similar in medium (i.e. compare like for like).

We conducted the first searches on 18/03/2020, before the first lockdown was announced in the UK but when initial restrictions had already been introduced in clinical settings. As the pandemic progressed, we decided to structure our data collection to cover full weeks and to cover a time period that reflected significant changes and events. This resulted in a four-week time period for searches (18/03/2020 to 14/04/2020) —selected to represent a time when deaths were becoming widely reported. Due to the high numbers of articles (over 100

articles across the four-week period), rather than analysing all items across all four weeks, we adopted a pragmatic approach and picked two time periods to analyse and compare within our data set. We selected the first and last week of this month-long period for analysis, which encompassed key points in the UK COVID-19 timeline and would enable us to explore changes in media discourse over time. The first week (Week A: 18/03/2020-24/03/2020) covered the UK's transition into the first lockdown; the fourth week (Week B: 08/04/2020-14/04/2020) occurred at the first peak of the pandemic. Searches resulted in 55 articles for inclusion in the analysis: 19 from Week A and 36 from Week B.

This time period included a period before the UK government announced its first 'lockdown' (lockdown was announced on 23rd March 2020), the beginning of that lockdown, and time leading up to the lockdown extension (lockdown was extended on 16th April 2020). In the UK, lockdown during Spring 2020 referred to a national set of measures designed to reduce the spread of the virus by restricting people's movements. The Church of England also issued their funeral guidance on 18th March 2020, restricting attendance numbers at funerals. That was later updated by Public Health England on March 31st 2020 and extended the guidance to apply to all faiths. Our search range unknowingly included the peak number of daily deaths in the first wave of COVID-19 in the UK, by which time over 1000 people were recorded as having died on a single day. By the end of our data search period, over 17,252 people were recorded as having died of COVID-19. Many of the newspapers kept running logs of the total number of deaths and referred to this regularly. By focusing on this period, we therefore were able to capture and reflect on a rapidly changing societal landscape and how the media were publicly making sense of both the rising cases and death rates due to COVID-19 as well as the restrictions put in place to minimize this trend.

All articles were imported into Nvivo12 for data management and analysis. Even though qualitative document analysis is an established research method in explorations of media representation, there is no single accepted methodological approach (Altheide et al., 2008; Elo & Kyngäs, 2008). We drew on Altheide's emergent/ethnographic analysis methods: deep immersion in the data and asking questions about the organisation, production and consequences of the content (Altheide, 2000). We examined how behaviour and events were placed in context and identified themes, 'frames' and discourse (Altheide, 2000). In our study, the act of interest is bereavement and grief due to COVID-19 and as such our analysis sought to identify the main frames and themes in how this phenomenon was presented in mainstream UK newspapers.

Initially, each author independently read and extrapolated themes from three varied and qualitatively rich articles. Our first stage was a conventional content analysis (Hsieh and Shannon, 2005), which was useful given our interdisciplinary backgrounds and different approaches to qualitative coding. The overall coding strategies and resultant themes are reported elsewhere (Sowden, Borgstrom, et al., 2021; Selman, Sowden, et al., 2021). Our team meetings enabled us to discuss how the data related to existing theoretical and empirical critical understandings of media representations of death and bereavement and the normative narratives within the data. Our meetings therefore involved established processes for categorising the texts and evolving sense-making and cross-disciplinary knowledge sharing.

We adopted a reflexive approach to our analysis and teamworking throughout. We had regular video-meetings to discuss our thoughts on the project, analysis, and ongoing events and how we were making sense of the data. Unlike others who may undertake historical newspaper discourse analysis, or analyse documents from another country, our analysis

was contemporary and was influenced in real time by events around us. These regular team meetings helped generate a collective understanding of the data, and enabled individual and group reflection upon it. Additionally, the meetings helped record how the ever-changing events were influencing the analysis process. For example, during the 'lockdown' in the UK, people were instructed to stay at home, with only essential trips and one daily session of outdoor exercise, and hospitals and care homes severely restricted visitors. The guidelines around what kinds of social activities were permissible regularly changed. Keeping track of these events ensured we understood the data in the context during which it was produced. We noted in our meetings that experiencing events later in the pandemic as 'common' or 'common knowledge' could impact how we analysed articles that were written before such events occurred or discourses were widely **recognized**.

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Our methods meant that not only were we exposed to the 'pandemic knowledge' through our day-to-day lives, but that through our project we were confronted with this quick rise of deathrates, the reports of mounting and complicated grief, and considerations of the impacts of all of this on a regular and in-depth basis. Therefore, the meetings were also crucial for facilitating team connectedness and wellbeing. As a team, we ensured that we recognized the emotional impact that researching death can generate (Borgstrom and Ellis, 2021), as well as the change to our working and personal lives due to the lockdown. Providing support to each other when researching this topic, which at times can be emotive and sensitive, was particularly important. It was also useful in that it enabled us to have regular contact with each other at a time when other aspects of our lives were greatly impacted by the pandemic.

The reflexive team approach was beneficial for this project on several fronts (see Evans et al., 2017 for an example of how to conduct reflective team analysis). From an analysis point of view, we were able to bring together our interdisciplinary backgrounds and accommodate and integrate these by considering each other's interpretations and how these influenced what data we coded and how we coded them. Reflexive team meetings gave space to our evolving individual and collective sense-making of the pandemic and were a way of supporting ourselves and the team throughout this difficult period.

Overview of findings from our research

Overall, we found that grief as a result from a death due to COVID-19 was commonly reported and that the nature of the reporting changed over the time sampled. We identified two main ways in which the media discussed bereavement and death in the early weeks of the pandemic in the UK. One focused on making sense of the new ways in which people were dying and mourning. The other recognized the disruptions people faced in 'saying goodbye' because of the pandemic mitigation measures.

We identified three narratives around COVID-19 death and bereavement: fear of an uncontrollable, unknown new virus and its uncertain consequences; managing uncertainty and fear through prediction and calls to action; and mourning and loss. Each narrative was signified through specific language, metaphor and associated emotion(s) and this analysis was informed by our use of Terror Management Theory. The three narratives often intersected within articles. An in-depth account of these themes can be found in Sowden, Borgstrom et al. (2021).

Media representations of COVID-related bereavement focused on profound disruption to the act of 'saying goodbye' before and after death; acts portrayed as important closure rituals intrinsic to the processes of dying and grieving. Disruptions were reported at three main stages: prior to but close to death (e.g. when a person was being treated in an Intensive Care Unit), at or shortly after the moment of death (e.g. being present at the deathbed) and

after the death (e.g. arranging and attending a funeral). Newspapers used the term 'final goodbye' to describe closure or comforting contact occurring at any of these stages. Examples of these can be found in our article Selman, Sowden, et al., (2021) along with recommendations for healthcare professionals working in these contexts.

Overall, these ways of discussing death, bereavement, and grief during the first few months of the pandemic demonstrate how within media these deaths and the contexts in which they occurred were positioned as inherently problematic. The articles focused on societal uncertainty, quoted individuals' social media posts to emphasise personal distress, and shared frustrations about interrupted 'final goodbyes'. By using the voices of those who were bereaved, newspaper articles frequently included calls to action encouraging readers to adhere to public health measures whilst also publishing articles which stressed how such measures were leaving people feeling as if they could not grieve properly. Collectively then, the articles contained fear about the deadly virus and lamentations about the pandemic responses that were aimed at protecting people, a contradiction not recognized within the print media at the time – a double-bind that people could not readily escape.

Reflecting on doing analysis whilst living through the same pandemic

We facilitated our data analysis by working collaboratively yet remotely and adopting a reflexive team approach. In this section, we discuss what it was like analysing articles about death and bereavement whilst living in the place and through the period that was being described in these news reports. We start with team reflections followed by personal accounts. We have written these in ways which reveal both our personal and professional reflections, and in a manner that shifts between voices and writing styles. As we undertook the project, the topic grew in importance, and we noticed ever shifting interpretations (both in the media and by ourselves) about what COVID-19 and death during the pandemic meant. Team meetings often focused on 're-reading' of articles and sharing our interpretations over time. One memory of note is how, several months into the project, the team were discussing current news about high COVID-19 death rates amongst Black and Asian people in the UK and the relative lack of attention to such issues early on in the pandemic. Ryann recalls reflecting on how Black and Asian people seemed to be dying at an increased rate compared to white people, and how this did not appear to be widely reported in the newspapers until the deaths of the first NHS workers (who were disproportionately Black and Asian). Paying close attention to what was known at the time of publication using our key-date timeline was vital for us. We had to be mindful that we were not being overly critical of past newspaper articles when analysing them through a contemporary lens, even if the time difference between these two points was only a few months.

In meetings we also discussed an increasing sense of individual and collective (even societal) grief during our analysis. Not only did we experience that doing this research at this time could be emotionally upsetting for us, we were also aware that our personal experiences of the pandemic were impacted by the very things we were analysing and experiencing with others in society – a sense of uncertainty and 'limbo', an increase in death and bereavement, and restrictions impacting our access to social support. Whilst at times our recognition of this encouraged us to work on our research, at other times we openly acknowledged needing the time and space to feel our emotions, be aware of the risks of burnout (not just from work but also from living in a pandemic and our caring responsibilities), and work as a team to share the responsibility of producing timely publications. Being honest with each other about our emotions and weekly capacity helped us to 'share the load' during the project.

Erica's experiences

My background is in conducting ethnographic research in palliative and end-of-life care, having previously written about good death and the organisation of services, individual choice and social relationships, and social death. The lockdowns early on in the pandemic necessitated that my typical research activities – such as spending time in hospitals and hospices – had to cease, and yet left me with questions about how the very topics I typically studied were now playing out behind closed doors. I was acutely aware that the layers of physical protection and lack of visiting in care homes and hospitals could shift how people were experiencing, and delivering, end-of-life care; making it much more difficult to realise the ideals of palliative care. Emails and Zoom calls with clinical collaborators told me that they were having to shift to more symptom management and education, with patient and family contact (both physical and verbal communication) being more 'removed' (Driessen, Borgstrom and Cohn, 2021). Our calls and my responses required holding space for their concerns, reflecting back to them academic insights from previous projects about how people make sense of dying and death. Even though I had researched end-of-life care for a decade by this point, during these moments the magnitude of death – how to understand it and the anticipation of more deaths on the horizon – was difficult for me to mentally shift, leading to occasional late-night writings (Borgstrom, 2020; Kirby, Borgstrom and MacArtney, 2020) and tired home-schooling with toddler entertaining.

I also found it suddenly incredibly difficult to care for my neighbour, whom I had regularly visited. Knowing she had several conditions that put her in the 'vulnerable category', which was frequently mentioned in the news articles, we had several discussions about what it would mean if myself or her family accidentally infected her. The early reports of how people died from COVID-19 was a form of dying she was willing to risk, but not one those around her could fathom – the potential guilt like a heavy fog preventing us from seeing her. The 'calls to protect others' that were present in our data, and discursively used to shape the narratives in the media, reminded me of these difficult relational decisions. Now, over two years later, there is guilt for not seeing her as much during the lockdowns as she wanted. She died in 2020 in hospital from an acute infection related to her other conditions. Funeral restrictions and her family's religious practices meant that I (nor my children who viewed her as an additional grandmother) were not able to attend any service to mark her death. Responses to the pandemic shifted what people felt was possible – not just in what was reported in the news, but in how we spoke and negotiated access and daily living amongst the threat of death – and ultimately, quality of living towards death for people like my neighbour. My eldest daughter and I made plum jam in 2021 to honour our neighbour, trying to replicate her recipe. Moments like those often brought me back to this research. The voices of the bereaved people quoted in newspapers struggling to articulate a sense of loss previously unknown to them, and our group discussions about reimagining what grief and bereavement can look like now.

Ryann's experience

I was new to researching end-of-life care and bereavement. My interest started with a recently launched project looking at how patients with advanced renal disease communicate with their clinicians to make decisions about their treatment options. This project was put on hiatus when COVID-19 reached the UK. As a speech and language therapist, I am particularly interested in communication, and wanted to understand ways in which health messaging could be clearer during the pandemic.

I moved in with my grandmother in a caring role for the first lockdown. We had discussions as a family about how she would find it difficult to manage on her own. We had been very recently bereaved as a family, with her brother dying unexpectedly a few weeks before the first lockdown. I had been looking for supportive care options for him to be discharged from hospital when he died from pneumonia, so it was a very raw time for us. Despite our pain at losing a family member, I think we all found some comfort in the fact he would have found the pandemic very difficult and isolating, and that we had been able to say our goodbyes in person without time limits and PPE (personal protective equipment). I was also very aware that these small comforts were often not available to those who died or lost loved ones during the pandemic.

I was working from home, and grateful that this situation helped me care for my grandmother, who was struggling with both her physical and mental health. However, I felt guilt that others were facing an increased risk of becoming infected and/or dying from COVID-19. This guilt increased when speaking to family abroad who were unable to work from home. I lost several extended family members, and it was difficult hearing their loved ones' pain. I worried for family members who I knew could be at an increased risk through demographic factors: for my mum, and her side of the family, who are Black; and those who had existing health conditions. I remember wishing for more nuanced news communication, which I felt could have helped people better minimise risk, and increased focus on support for people who were bereaved. I sometimes found reading the articles sad, something managed by taking breaks and talking to the research team as part of our meetings. It surprised me that this type of data collection/analysis could be so upsetting despite its level of abstraction from those directly affected by the pandemic. However, overall, I found it a helpful process, and understanding some of the processes behind the media's approach to death helped mitigate some of the negativity.

Lucy's experience

I've been conducting research in palliative and end-of-life care since 2005, often with a focus on understanding and improving people's experiences of end-of-life care and advanced illness and supporting family caregivers before and after a death.

The pandemic came at a significant time for me personally: two years previously our second daughter was stillborn, a subject I have written about since (Selman, 2018; Selman, no date). While I have been bereaved previously, it was this sudden and traumatic loss which brought home to me how much our society struggles with grief, and what an isolating experience it can be. Even in palliative care and associated research, grief and bereavement are often deprioritized or ignored. I became pregnant again quickly, and our third daughter was born in March 2019. While on maternity leave, I channeled my grief into working with collaborators to develop a public engagement festival called *Good Grief*, which aimed to provide opportunities to learn about and share experiences of grief and won funding for the festival from the Wellcome Trust. I returned to work after maternity leave in November 2019 ready to deliver the festival alongside my other projects, a few months before the arrival of the pandemic in the UK.

Like many healthcare academics who are not clinicians, as the first weeks of the pandemic progressed, I felt increasingly helpless, wanting to help but unsure how. Perhaps given my own recent experiences, I immediately thought of all those bereaved during the pandemic and, with other work on pause, began to focus on this topic (Selman, 2020; Selman et al., 2020). Clinicians and journalists began to contact me as the scale of loss and disruption to social networks became clearer, and the need to consider bereavement more pressing. I reached out to Ryann and Erica with the idea for this project, keen to document and

understand the implications of media representations of COVID-19 deaths and bereavement at this unprecedented time.

As a team, we were acutely aware that there was a fear of impending catastrophe in clinical and social care settings – and as the pandemic continued, a growing recognition of how ageism and other biases were impacting who, how and when people died. Some of the horrors and injustices (e.g. affecting people living with learning disabilities, and living or working in care homes) only became truly apparent later in the pandemic. However, as researchers in this field, I felt we were observing these inequalities unfolding in real-time, and that we had a role to play both in bearing witness and giving voice to these events. Given our research experiences and expertise, we felt a degree of responsibility: what could we do to best help? This was something that we reflected on individually and together; our responses varying as we witnessed what was happening and balanced our work alongside the other challenges of living during a pandemic. These challenges included caring, working and homeschooling responsibilities, our own fears for family members, or of COVID-19 itself, and living with profound uncertainty.

Conclusion

The COVID-19 pandemic brought with it new challenges for societies and individuals in 2020 and beyond. Early in the pandemic, British newspapers frequently reported upon deaths linked to the virus and how public health measures were impacting the ways in which the end of life and bereavement were experienced. We undertook discourse analysis of this early reporting to understand how bereavement and grief were being portrayed, reflecting on how this may further impact people's experiences of death and grief during the pandemic. In this chapter we discussed our process of data collection and analysis, focusing on our team and individual reflections of the process. In particular, highlighting how researching these topics whilst also living through the unfolding pandemic impacted our own experiences of life, death, and work, and the importance of ongoing team dialogue to reflexively identify how this influenced our analysis.

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