

Communication, Grief and Life Style Under Covid-19 within the Iranian Context

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Abstract

Given the outbreak of the coronavirus (COVID-19) disease and its global impact on all dimensions of life, the present paper investigates two important dimensions, namely “lifestyle” and “culture”, in order to explore discourses of grief. The importance of empathy, and the different roles and applications of cyberspace, social media, and social networks during the quarantine period, specifically within the Iranian context, will be discussed. COVID-19 has challenged the appropriateness and application of existing theories within the humanities and social sciences. One important theory is Abraham Maslow’s Hierarchy of Needs (1943), specifically, the highest needs of self-actualization (Lester, 2013). Self-actualization is materialized when meeting psychological, safety and security, social, and self-esteem needs. COVID-19 has interrupted these hierarchy of needs, leaving people worldwide struggling for their survival, and recovering from a sense of safety and security. In addition, the COVID-19 pandemic has subjected people’s lifestyle and culture to change; from methods of coping with grief and loss, alongside other consumerist choices, preferences, and behaviors. Developments in computer and information technologies over the last few decades have shed light to the role of social media and social networks as an alternative for interpersonal relationships. During COVID-19, this role continues to evolve as an important substitute for maintaining social connections.

Keywords: COVID-19; Lifestyle; Culture; Grief; Empathy, Social Media, Social Networks

Submitted: July 30, 2020

Revised: November 25, 2020

Accepted: December 8, 2020

Introduction

Coronaviruses, a subset of Coronaviridae, are part of a large family of viruses ranging from common colds to more severe diseases such as SARS, MERS (Middle East Respiratory Syndrome) and COVID-19. Coronaviruses were first discovered in the 1960s, with some types continuing to circulate in the human population (Van Der Hoek, & Berkhout, 2006).

Since the emergence of COVID-19 in 2019, there continues to be great ambiguity surrounding its eradication, despite the progress in science and technology. Looking back in history, it is evident that the advancement of science and modern medicine, including the discovery of vaccines, has assisted in mitigating the spread of some life-threatening diseases, such as Cholera, Tuberculosis, the Bubonic Plague or Ebola; diseases that have claimed many lives impacting the livelihoods of past generations. A person's livelihood encompasses their lifestyle and culture; these two important interrelated elements also impact the human response in mitigating the risk of infection and spread of disease. Throughout the COVID-19 pandemic, where quarantine regulations are enforced, lifestyle and culture further impact grief, not only over the loss of human life, but freedom of movement, personal and social communications, and routine.

By viewing sympathy and empathy as two important expressions of emotion towards grieving individuals, this article will explore the different roles and applications of cyberspace, social media, and social networks during social distancing and enforced quarantine regulations. Considering the consequences COVID-19 has had on the way one lives their life, this article explores how Maslow's Hierarchy of Needs, including the highest needs of self-actualization is being modified. Self-actualization is materialized when psychological, safety and security, social, and self-esteem needs

are met. COVID-19 has interrupted this hierarchy of needs, leaving people worldwide struggling for their survival and recovering a sense of safety and security. In such a situation, people worldwide, regardless of their age, gender, education, economic or geographical backgrounds, religious beliefs, or locality are challenged, particularly in their efforts to meet their basic needs. This dichotomy challenges society to achieve Hierarchy of Needs as previously argued by Maslow. The changes in life style as a result of the COVID-19 pandemic requires a new adaptation of this theory.

Literature Review

Lifestyle and culture are two important and influential social behaviors impacted by public health emergencies. They affect communications, problem solving, social relations and individual and collective needs. The term lifestyle in its modern form was first introduced by psychologist Alfred Adler in 1929, to describe the characteristics of human life (Sweeney, 2009; Oberst & Stwear, 2003). Lifestyle encompasses a set of perceptions, values, behaviors, moods, and tastes. Lazer (1963) defines lifestyle based on the pattern of the purchase of goods (Krishnan 2011). From this perspective, lifestyle highlights the patterns of consumers, or ways in which such purchased product is consumed. Together, they reflect the overall consumer's lifestyle in society. On the other hand, Yzerman (1983) sees lifestyle as a pattern of consumption that incorporates preferences, tastes, and values. Lifestyle is a coherent set of consumerist choices, preferences, and behaviors (Feyzi, 2013).

The World Health Organization (1998) defines lifestyle as the way in which individuals live, in addition to full reflection of what is considered one's social values, attitudes, interactions and activities. This includes both behavioral patterns and personal habits. Some examples include; physical activity, nutrition, addiction to

alcohol and smoking during the process of socialization. It should be noted that a person's lifestyle may change based on both internal and external factors. "Intensive life style changes involve knowledge and action; it is doable, sensible and essential for good health" (Tello, 2020).

Lifestyle is therefore a way of life within any given society, whereas culture defines a totality of certain practices. The goal is not to homogenize cultures, as vast diversity exists within and among members of societies. Although there are many definitions for culture but Edward Tylor's definition has gained popularity for being both inclusive and exclusive. According to Tylor, culture is a complex collection of sciences, beliefs, arts, industries, techniques, ethics, laws and customs, in addition to abilities, habits, and behaviors, ~~that~~ all of which are learned through socialization (Gholizadeh, 2011).

In defining culture, it is equally important to point out what culture is not. Culture is not homogenous, uniform and static. In sense of being not static it is dynamic, fluid and complex that evolves over time. In the context of public health emergencies, societies adopt various coping strategies while dealing with collective crises, loss and grief. They will also apply and adopt prevention and intervention strategies when faced with new crises. This adoptive process is further influenced by a community experiences and values depending on their social and political conditions as well as their resources and environmental conditions.

Satzewich and Nikolais (2007) argue that culture is a collective response of socially constituted individuals to their ever-changing external conditions, largely determined by social structures. It is necessary to mention a few key points in this definition. The first is the emphasis on the "collective response"; which is an indication of the culture being responsive or reactive and not simply an action or behavior which happens to be performed by

the collective. Second, the emphasis is on the fact that "the conditions are constantly changing", highlighting that responses and reactions that we call "culture" are dependent on ever-changing external conditions. For example, during public health emergencies such as the HIV/AIDS epidemic, communities and families relied on each other in order to survive. The viral spread of the COVID-19 also is an opportunity to work together and come together to stop the spread even though this is accomplished by staying apart physically.

Since the beginning of social life, humanity has been faced with serious external conditions, from health risks, to environmental stressors. Societies' response to these factors depends on their way of life, climate, socio-political, and geographic locations. Norms however are not static, they emerge or change under new social, political and health circumstances. One such example is the field of health care. Over the years, the advancement of science and technology has changed our perception about healthy lifestyle, illness and fragility with respect to health emergencies. In particular, since the onset of the COVID-19 pandemic, the lives of the global population have been altered tremendously. It is predicted that COVID-19 will continue to change our lifestyle and culture, particularly in coping with anxiety, fear and grief not only for the massive loss of human life, but for the loss of former social norms.

COVID-19 Pandemic and Grief

COVID-19 is a severe respiratory disease caused by novel coronavirus (SARS-COV-2), previously known as the 2019 novel coronavirus (Lai, Shih, Ko, Tang, & Hsueh, 2020). It was first identified in December 2019 in Wuhan, China. With this unknown virus, and as death tolls continued to rise, Wuhan issued a statewide quarantine on January 23rd, 2020, suspending all public transport to and from Wuhan. With over 1000 deaths, the

World Health Organization announced the official name for the disease, as *COVID-19*. On March 11th, the World Health Organization further declared the outbreak of the disease a pandemic (WHO, 2019).

The spread of COVID-19 across the globe has had serious consequences on the overall health, wellbeing, and social functioning of societies. One such impact is

the closure of most social, recreational and educational institutions. Educational institutions were forced to lock down or modify their activities to mitigate the risk of spreading the virus. As presented in Picture 1, classrooms have become empty, with children remaining at home under the quarantine and social distancing regulations.



Picture 1: An empty classroom during the COVID-19 pandemic in Tehran, Iran. *IRNA News*.

In the Iranian context, for example, these lifestyle changes are much more dramatic. Iran is a multicultural society with some provinces practicing a strong sense of cultural tradition. The Indigenous Iranian culture for instance is full of interesting rituals and customs (Allami, 2019) with strong family kinship. In such a context, the degree of resistance against self-isolation and lockdown regulations may persist. For example, in the presence of a strong intergenerational bonds, COVID-19 social distancing regulations may present contradicting messages which cause personal guilt for not being able to physically attend to family's needs. This can cause an unanticipated individual and collective grief.

Unexpressed Sorrow and Grief

One of the serious and tragic consequences of COVID-19 is the emotional and psychological pains caused by the loss of loved ones, one's lifestyle and people's daily routines.

Throughout history, people have grieved from death, and other major losses. Although death is perceived as an

inevitable fact, mourning rituals, funerals, and commemoration ceremonies are a reminder of this fact and make it easier to accept the loss. The inability to participate in such important gatherings may interfere with the grieving process. For example, in Iran, communal mourning lasts much longer after the funeral. Bereaved families and community members gather to commemorate their losses during the third, seventh and fortieth day after the death. The extension of these ceremonies is to ensure the wellbeing of family members through commemorative gatherings.

Grief is an individual experience and a normal reaction to loss. As Picture 2 presents, a woman is grieving her loss in solitude due to social distancing regulations. Social distancing and the inability to attend funerals makes COVID-19 unique from previous public health emergencies. COVID-19 makes grief a traumatizing experience; not only for the sudden loss of people, but also for the interruption to the grieving process. This adds additional layers of uncertainty and anxiety to the process of bereavement.



Picture 2: A woman praying in Iran. *IRNA News*.

Due to the ambiguity of the virus and its transmission, COVID-19 has caused collective grief over a lifestyle that was once considered as the norm. The virus has imposed limitations on intimate interactions such as kissing and hugging, in addition to not being able to say goodbye to

loved ones. In Iranian culture, gatherings or farewell ceremonies to pay tribute relieves a sense of loss and builds resilience. As picture 3 exhibits, gatherings and close interactions are currently suspended as a preventative measure to mitigate the spread of the virus.



Picture 3: A man grieves in solitude near an empty mosque in Iran. *ISNA News*

Currently, mosques, churches, and temples remain closed, making it impossible to physically attend funerals or mourning ceremonies. Burial services are

performed with only a small number of people present. As Picture 4 shows, one's final stages of life, death and burial has become a lonely experience.



Picture 4: Burial under social distancing regulations. *IRNA News*

Another aspect of grief is to share sympathy and empathy, two effective ways in offering psychological support through collective gatherings which have proven to

offer comfort to surviving family members. Picture 5 reveals empathetic communication in public spaces while maintaining social distancing.



Picture 5: People practicing social distancing in Iran. ISNA News.

Sympathy is the observation and understanding of someone else's endurance of challenging experiences. It can amount to "feeling sorry" for someone; which is an acknowledgement of a situation. It is not a concept that requires someone to have experienced the emotion in which another is feeling, unlike empathy, where one tries to feel and understand what it is like to be in someone else's shoes (Burton, 2015). Given that the COVID-19 pandemic is a shared and collective experience, having the chance to offer and receive empathetic support is pivotal. However, a burdensome consequence of public health protocols is the physical limitations of establishing empathetic social relations and communication with relatives and friends, which otherwise can sooth the mourner and those around them. This is compounded with the fact that technology may not be available or accessible among intergenerational family.

Envisaging not seeing relatives, including parents, who are more vulnerable to contract the virus due to decreased immune responses associated with aging, makes it harder to bear the quarantine period. For example, in Iranian culture it is the wish of every parent or child to have the opportunity of in-person and family closure

when facing final moments of life and death. COVID-19 has deprived them of this possibility, making grief a much more complex concept.

It should be noted that while in some cultures, moving an aging parent to a nursing home may be considered a norm, other cultures may consider the process unethical and against social norms. In Iran for instance, this act is despised, and considered a sign of a child's apathy. Children defer moving their parents to nursing homes for as long as possible, except under special circumstances where there are no alternatives for care. Parents who live independently and in their own homes are at risk of their needs not being met, while parents who live with one of their children run a higher risk of contracting COVID-19 infection. As Picture 6 shows, what is considered the responsibility of children is now being managed by health care workers. This exacerbates extreme feelings of guilt, and in the case of potential life-threatening conditions or death, a sense of complex grief.



Picture 6. A health care worker is assisting an elderly patient. *IRNA News.*

COVID-19 has also instilled fear in those who may otherwise need to visit a doctor for other diseases and serious conditions, which consequently causes more people to be at risk of health complications and death (Karimi, 2020). In addition, COVID-19 has constrained health care workers, with some hospitals working at maximum capacity (Tavakoli, 2020). Mass media in Iran encourages people to avoid attending hospitals in order to mitigate their risk of infection or transmission of COVID-19. As a result, grief is experienced alongside feelings of guilt for not attending to immediate health related needs of immediate family members.

People have long sought various ways to achieve mental balance, cope with grief, and move forward with their lives after their losses. This is achieved by finding solace in attending to personal interests, or by having informal conversations and physical gatherings with friends and relatives, which is currently not possible. Social distancing, the inability to visit recreation centers, the closure of parks and some businesses, and economic hardships as a result of COVID-19 provide grounds for the development of mental health issues such as depression, anxiety and loss of motivation.



Picture 7: Closure of parks in Iran. *IRNA News.*



Picture 8: Closure of businesses. *IRNA News.*

According to Maslow's motivational theory of hierarchy of needs, for people with low levels of motivation to move forward in their lives, whether sad, depressed, feeling unsafe, or too occupied in meeting their basic survival needs, their ability to reach the highest self-actualization, can become challenging.

Media, Social Networks and COVID-19

The reliance on social media and networking outlets that once was considered to promote a culture of individualism requires further reflection. The term "mass communication" is recently being replaced by the term "media communication" as a result of the multiplicity and diversity of the media outlets (Chaffee, and Metzger Miriam 2001).

With the outbreak of COVID-19, social media and social networking outlets have served a new role. For example, since collectivism and associating with relatives is highly emphasized in Iran, cyberspace is being used as a tool for communicating with loved ones when physical contact

under quarantine is not possible. Such remote exchanges have and continue to transform discourses of communication. For example, mourning ceremonies and social gatherings are held via social networking outlets. It is interesting to note that, prior to the COVID-19 pandemic, social media outlets were considered to increase integrational gap. Since COVID-19, there has been a shift in what we once perceived as an individualistic tool, to enhance social connection and improve mental health and wellbeing and transform collective and inclusive cultural experiences.

Unpacking the Hierarchy of Needs among COVID-19

Unexpressed sorrow and grief, being unable to say goodbye to loved ones, and lonely burials are the new norms for bereaved family members throughout the COVID-19 pandemic. The spread of this disease has resulted in fundamental changes to people's lifestyles in their effort to combat COVID-19 and reimagine new norms and lifestyle.



Picture 9: Lonely burial. *IRNA News*.

COVID-19 has also revolutionized the application of modern social science theories to the present state. One clear example is Abraham Maslow (1943), theory of 'Hierarchy of Needs'. Maslow believed that human beings must satisfy various categories of needs before experiencing self-actualization, the highest level in the hierarchy. Based on this theory, developing nations have advanced most of

their basic needs, including self-actualizing, given the advancement in science and technology. Maslow's hierarchy indicates that the first level of the hierarchy requires the ability to satisfy physiological needs. Following this level, individuals look for security, while striving to reach social needs, such as belongingness and love, esteem needs such as respect and acceptance which in turn

enhances feelings of being valued by others, before materializing self-actualization.

Building on Maslow's theory of hierarchy of needs, which is partly concerned with individual needs and growth, one must consider the fact that society is made up of individuals who systematically achieve both the individual and collective growth. The spread of COVID-19 pandemic has presented developed nations whose population, according to Maslow, was sustainable to have needs at the top of the pyramid. The vulnerability towards COVID-19, and the inability to control the risk of infection, including the rising death toll among

developed nations has endangered the concept of self-actualization across the globe and within communities. In other words, the manipulation of environmental factors, invention and innovation, which are pivotal to survival, regardless of economic and social development are currently jeopardized. Irrespective of geographical location and regions, individuals and communities are struggling to survive, meet their physiological needs, and feel or gain a sense of security. As shown in figure 1, as a result of COVID-19, both developed and developing nations are currently struggling to meet the most basic needs "safety and security".

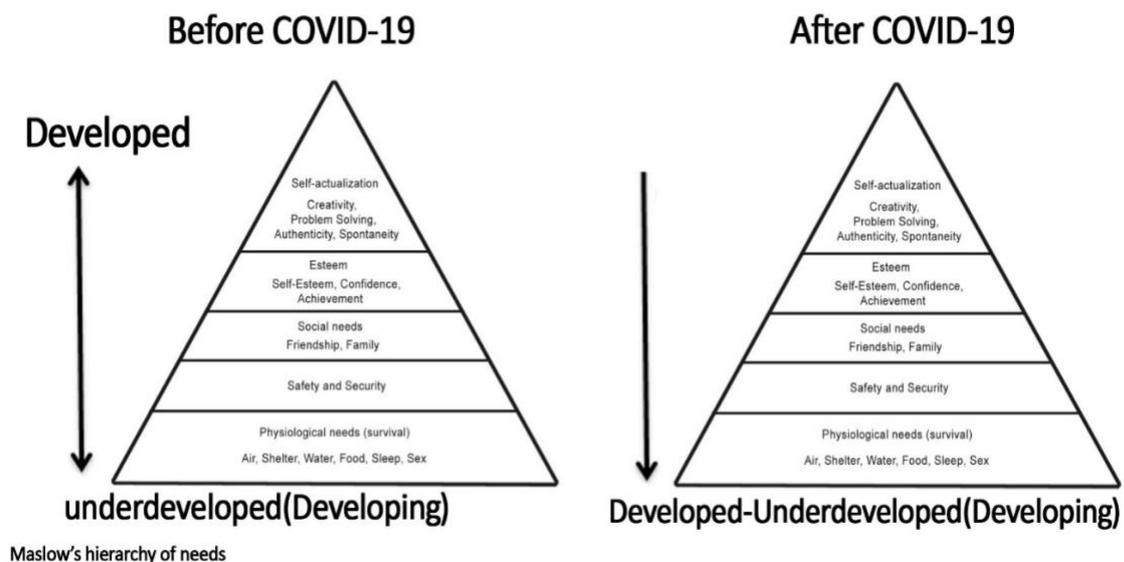


Figure 1: The above pyramid which belongs to Maslow is set under COVID-19

These discourses require further reflections and exploration of future human vulnerabilities towards predictable or unpredictable health emergencies that can hamper our senses of wellbeing, mental health and grief.

Conclusion

In conclusion, this article provided an overview of various sociological and communication theories with regards to lifestyle and culture. Culture is not static and changes overtime. We are in the midst of a transformation of culture and lifestyle given the presenting public health emergency of the COVID-19 pandemic. The COVID-19 pandemic has confronted both developed and developing nations, threatening the attainability of various needs, including self-actualization. Further

research is pivotal in understanding the mental health and grief impact of COVID-19. Given the important role of social media outlets in bridging communication as a mean to grief and enhance mental health and wellbeing, such outlet can further be utilized to conduct research. It is pivotal to explore psychological, sociological and criminological impact of the COVID-19 on general populations as they strive to reach self-actualization.

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