SOCIAL NETWORK AS SUPPORT IN BEREAVEMENT: TO WHOM SHOULD I ENTRUST MY SADNESS?

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ABSTRACT. This article aims to understand the experiences of loss and social support in significant social networks of bereaved people. The qualitative study involved 12 people who lost a family member during their adult life. For the data collection, I used semi-structured interviews and network maps, and for the organization and integration of the data, we used the coding procedures of the Grounded Theory. The different actors involved in a macro and micro relationship system formed around supporting expression and sharing experiences of mourning for the bereaved people are analyzed. Thus, family members, friends, health professionals, co-workers and study developed a relational process of giving and receiving emotional support, social companionship and material help in grieving. In turn, the characteristics of the mourner's interpersonal bonds with members of his network, such as multidimensionality, the history of the relationship, availability and reciprocity, facilitated the sharing of mourning experiences. From the perspective of the promotion of health, it corresponds to the professionals who improve the appropriate social support for each person in view of the support resources available in their network of significativ relationships.It is considered that it is because of the protagonism of the mourner and the support given in the context of significant social networks that it is possible to occur the psychosocial integration of bereaved people who live in a situation of mourning in contemporary times.

Keywords: Social networks; mourning; interpersonal relationships.

REDE SOCIAL DE APOIO NO LUTO: A QUEM CONFIAR MINHA TRISTEZA?!

RESUMO. Este artigo tem como objetivo compreender como ocorre o compartilhamento de vivências de perda e apoio social tecido nas redes sociais significativas de pessoas enlutadas. O estudo qualitativo foi desenvolvido com 12 pessoas que perderam um membro familiar. Para a coleta de dados utilizaram-se a entrevista semiestruturada e o mapa de redes, e para a organização e integração dos dados foram utilizados os procedimentos de codificação da Teoria Fundamentada. Destacam-se os diferentes atores envolvidos num macro e microssistema de relacionamentos formados em torno do apoio à expressão e compartilhamento de vivências de luto. Assim, familiares, amigos, profissionais de saúde, colegas de trabalho e estudo desenvolveram um processo relacional de dar e receber apoio emocional, companhia social e ajuda material à pessoa em luto. Por sua vez, as características dos vínculos interpessoais do enlutado com os membros de sua rede, como a multidimensionalidade, a história da relação, disponibilidade e reciprocidade, facilitaram o compartilhamento das vivências de luto. Sob a perspectiva da promoção da saúde, cabe aos profissionais potencializar o apoio social que é adequado a cada pessoa enlutada tendo

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em vista os recursos de apoio disponíveis na sua rede de relações significativas. Considera-se que é pelo protagonismo do enlutado e o apoio dado e percebido no contexto das redes sociais significativas que é possível ocorrer a integração psicossocial de pessoas enlutadas que vivem uma situação de luto na contemporaneidade.

Palavras-chave: Rede social; luto; relações interpessoais.

RED SOCIAL DE APOYO EN EL DUELO: ¡¿EN QUIÉN DEBO CONFIAR MI TRISTEZA?!

RESUMEN. Este artículo tiene como objetivo entender cómo se comparten las experiencias de duelo de personas dolientes y el apoyo social brindado por importantes redes sociales. El estudio se desarrolló con 12 personas que perdieron a un familiar. Para la coleta de datos, se utilizaron una entrevista semiestructurada y mapa de red, y para la organización e integración de datos, se utilizaron los procedimientos de codificación de la Teoría Fundamentada. Se analizan los diferentes actores involucrados en un sistema de relación macro y micro formado para apoyar la expresión y compartir experiencias de duelo. Por lo tanto, familiares, amigos, profesionales de la salud, compañeros de trabajo y estudio desarrollaron un proceso relacional de dar y recibir apoyo emocional, compañía social y ayuda material en el duelo. A su vez, las características de los lazos interpersonales del doliente con los miembros de su red, como la multidimensionalidad, la historia de la relación, la disponibilidad y la reciprocidad, facilitó el intercambio de experiencias de duelo. Desde la perspectiva de la promoción de la salud, corresponde a los profesionales mejorar el apoyo social apropiado para cada persona en vista de los recursos de apoyo disponibles en su red de relaciones significativa. Se considera que es debido al protagonismo del doliente y al apoyo brindado en el contexto de redes sociales significativas que es posible que ocurra la integración psicosocial de personas afligidas que viven en una situación de duelo en los tiempos contemporáneos.

Palabras clave: Redes de apoyo; luto; relaciones interpersonales.

Introduction

> It has been almost a week since the death of his son and he has not yet had a proper conversation with anyone about that [...] It is necessary to speak methodically, slowly [...] It is necessary to tell how the son got sick, how he suffered, what he said before he died, and how he died. Describing the funeral and trip to the hospital to pick up the clothes of the diseased is necessary. In the village, his daughter Anissia remains [...] Speaking of her is also needed [...] How many other things could be discussed right now? [...] The listener should exclaim, sigh, and lament [...] (Tchekcov, 1999, p. 135).

The grievance over the loss of a child is described in Tchekov's (1999) tale 'Angústia'. In this tale, it is possible to visualize two aspects: the subjective experience of grief and funeral customs, religious beliefs, and social rules in the face of death, which enable the active expression of this experience. The distinction between the pain of loss experienced subjectively and its social expression is very well described in the English language literature because there we observe the use of specific terminologies such as 'grief and mourning'. This differentiation is also observed in the Brazilian literature, as Franco (2010), a Brazilian researcher and translator of Parkes' book (2009), translated grief as the experience of grieving and mourning as bereavement. In this paper, we will preferentially use the term grief to refer to the experience of grieving.

Historically, in the mid-20th century, there was a shift from public to private bereavement (Walter, 1997). The former implies the performance of collective mourning rituals and public expression of the pain of loss. The latter is related to a new social sensitivity established in the face of publicly expressed suffering - its social interdiction - and the sense of privacy in the expression of suffering. Tchekhov's short story (1999) alludes to this transition, since it shows, on the one hand, Iona Poptapov's expectation of expressing and sharing his pain with people whom he crosses daily in his trade as a coachman, and, on the other hand, how the expression of his pain takes place.

Considering the social interdiction of suffering in the social sphere and the meanings of privacy in the expression of suffering nowadays, Luna and Moré (2013) emphasize the importance of knowing which relational contexts favor the expression and sharing of grief experiences and the types of the social support offered to those who are mourning. To understand these aspects, a search was conducted to look for literature research that specifically addresses the formation of social support networks for those experiencing grief.

We initially highlight the concept of social networks as being the formal or informal social relationships that people turn to in search of help and to deal with a specific situation of crisis or stress. In this sense, we find the terms social support network or significant social network, which, according to Vega and Martinez (1996), consists of a hierarchical group of people who maintain giving and receiving bonds among themselves. For Sluzki (1997) the significant social network consists of the sum of relationships perceived and named by an individual as significant and capable of performing roles within stressful situations, as they contribute to the promotion of experiences around an individual's identity, well-being, competence, agency, and authorship.

Brazilian studies have shown the formation of a social support network in the context of a significant loss, whether it be of a family member or friend, or, with a lower occurrence, in the context of community, service, and work relationships (Koury, 2014; Luna, 2019; Santos, Durães, Abreu, & Finelli, 2016; Franqueira & Magalhães, 2018; Franqueira, 2019; Gonçalvez & Bittar, 2016). Thus, the bereaved seek formal support in social support networks formed, whether the spirituality, bereavement therapy or the use of self-help literature in the search for meaning about the loss experienced. The friends and family members that make up the networks offered informal support by offering advice, material, and affective support. Thus, there are currently social spaces in grief that enable supporting and trusting bonds to be formed around the externalization and meaning of pain.

Despite the results previously highlighted, there are currently few spaces for socialization in grief. This is supported by Veras (2015) when highlighting the ephemerality social relations in post-modernity, which makes feelings of trust and the precarious stability of relationships among people who live in crises. In this sense, the liquidity of social relations in post-modernity leads the bereaved person to choose idiosyncratic relationship scenarios to share their grief. To this end, there are two fundamental questions regarding the expression and meaning of grief by bereaved adults: To whom do those in grief entrust their grief? Is the significant social network the scenario for public grieving and the perceived support of those experiencing grief?

Based on these questions, research was conducted under the assumption that significant social networks constitute the interpersonal setting in which public grief and the support perceived by those experiencing grief take place. The present study aimed to understand how the sharing of experiences of mourning and social support is woven into the significant social networks of bereaved people. This article presents the results of this research and, therefore, discusses the relational dynamics of this network around the

process of giving and receiving grief support and points out the interpersonal scenarios in which the expression of grief and grief support is currently constituted.

Method

This was a qualitative, exploratory, descriptive study. This research is also characterized by being cross-sectional since the data were collected at a certain moment in time (Minayo, 2017). Twelve people who lost a family member through death participated in the study. The criterion for defining this number was based on the parameter used in qualitative research regarding data saturation (Minayo, 2017). Inclusion criteria were also used, supported in the literature, and considered relevant to the phenomenon problematized in the study, such as age between 20 and 59 years; having lost a family member at least 1 year ago and at most 5 years ago; the circumstance of the loss being sudden or anticipated; residing in one of the municipalities of greater Florianópolis, close to the context of the investigation (Franco, Tinoco, & Mazorra, 2017).

Participant selection relied on the snowball sampling technique: 10 people were contacted through the professional contact network of the researcher and 2 people by the research participants themselves (Denzin & Lincoln, 1980). The Network Map was used as the main data collection instrument. It consists of a graphic instrument developed by Sluzki (1997) for network interventions in community mental health. In turn, this instrument was adapted by Moré and Crepaldi (2012) for qualitative research to highlight the perception of the person regarding the quality of the bond built with those involved in their network, either in a particular crisis or at a particular moment in the individual or family life cycle. This study used the network map to collect data about the relational dynamics of the network around the process of giving and receiving support while experiencing grief.

It is noteworthy that the construction of the network map occurred in the context of qualitative in-depth semi-structured interviews and was guided by five main questions (Olabuénaga, 2009): 1) who are you, your family, and the person who died; 2) what have been your experiences since the illness and/or death of the family member; 3) who were the people with whom you shared significant moments when mourning; 4) how did the sharing of your grief occur; and 5) what facilitated the sharing of grieving experiences.

The study was approved under opinion # 01196912.50000.0121 by the Ethics Committee of the Universidade Federal de Santa Catarina. Thus, the ethical procedures in the conduct of the research contemplated resolutions 466/12 and 510/16 of the National Health Council, as well as the general and specific guidelines for ethical conduct in research on the experience of mourning: autonomy, beneficence, non-maleficence; justice and equity to fidelity and veracity are fundamental requirements for conducting ethical research (Franco et al., 2017).

The analysis *corpus* was each participant's significant social network, which led to 12 networks being analyzed together through the use of Atlas ti 5.0 software (Murh, 2004) and the fundamentals of Empirically Grounded Theory (Andrews, Mariano, Santos, Koerber-Timmons, & Silva, 2017. The main analytical tools - the questions and comparisons - made it possible to conduct a qualitative conceptual analysis employing typical coding procedures, such as open-ended, selective, and axial. Three categories stood out considering the qualitative analysis process: 1) composition of the significant social networks; 2) support functions of the significant social networks; 3) properties of the bond of the significant social networks. These results are presented below, and they are identified from the type of loss that the participant experienced. For example, the person who lost a child, spouse, parents

(mother or father), or sibling was named, respectively, with the letter F, C, P, or I, as well as by a number that referred to the order in which they were interviewed, F1, C2, etc.

Results and discussion

Research participants were initially characterized considering the selection criteria. Ten women in different periods of the adult life cycle (early, middle, and late middle age) participated in the study. The same happened with the two male participants in early and mid-adulthood. There was a predominance of higher education (10 participants), either complete and/or incomplete, and the profession declared by most did not correspond to the occupation at the time of the interviews. Some of them live in municipalities close to the context of the research. Among the 12 participants selected, there was an equitable distribution as to the deceased family member, three lost their child, three lost their spouse, three lost their sibling, and three lost their father or mother. Six participants referred to an anticipated circumstance (induced abortion, Parkinson's, cancer, or heart attack), and 6 to a sudden event (car accident, motorcycle accident, drowning, or murder). The results of the qualitative conceptual analysis process are presented below.

The category composition of significant social networks addresses which people formed the relational support system of the participants and to whom they confided their grief, or shared their experiences of mourning, as illustrated in Figure 1.

Participants	Family	Friends	Community Relationships	Service Relationships	Work/School Relationships	Total
C1	6	14	0	6	5	31
F1	15	11	0	3	6	35
C2	8	14	0	2	4	28
P1	2	6	0	2	4	14
P2	5	6	0	2	4	17
F2	4	0	1	2	1	8
I1	10	5	1	4	4	24
C3	7	14	1	2	3	27
P3	13	2	0	1	0	16
F3	6	10	0	1	0	17
I2	11	1	0	0	3	15
I3	7	1	0	3	0	11
Total	94	84	3	28	34	243

Figure 1. Composition of the significant social networks of the twelve participants of this study.
Source: The author.

Figure 1 contains a table in which the sum of 243 people is described, and who comprised the members of the 12 networks. 94 people are located in the family relationship network and are members of both the nuclear family - father, mother, brother, son, spouse - and the extended family - stepchildren, nephew, brother-in-law, grandparents, uncles, cousins, father-in-law, and great-grandparents. As for the network of friendships, 84 people were mentioned.

The number of neighbors (3 people) that make up the network of community relations was negligible. On the other hand, it can be noticed that in the network of support professionals, there are 28 people, including health professionals like psychologists, physicians, nurses, physical therapists, and legal professionals like lawyers. Similarly, other significant people composed this network, such as holistic therapists, spiritual counselors, spiritual healers, and priests. Thus, we can see the insertion of people aligned with some religious belief or creed. It is worth mentioning that no relationship was found between the research participants and a specific religious community, so these people were classified in the network of service relationships. Figure 1 also shows a network of relationships with work/study colleagues consisting of 34 people.

The 12 significant social networks are mainly composed of family and close friends, so this result corroborates Rosenblatt (1997), Franqueira and Magalhães (2018), Benkel and Molander (2009), and Luna and Moré (2013, 2017), who said it will be in the family and the network of close and social friendships that the experiences of bereavement for a family member are recognized and validated as significant. This is also supported by Nogueira (2001) when investigating the social support relationships of middle-aged adults. Although this author did not dwell on the phenomenon under study, Nogueira highlights that friendship relations are seen as a source of emotional satisfaction, and exchange of confidence, and this implies sharing personal problems and joys.

The support from friends and family members seen in this study is also corroborated by Koury (2014). This author shows that friendships, unlike kinship relationships, are constituted under a more individualistic spectrum, and this implies a network of sociability determined by affinities in the field of values, beliefs, and life goals. As for the inexpressive network of neighbors present in this study, Koury (2014) demonstrates the progressive loss of strength and symbology of religious traditions in the face of death. The aforementioned author highlights the privacy of grief, via the precariousness of the public exposure of feelings and the social isolation of those in mourning within community relationships.

Regarding the data on service relationships configured in this study, there is a prominence of institutionalized social support networks, which aim to offer support for health-related problems or specific conflicts. Work/study colleagues were also included in the significant social network of the 12 people experiencing grief and allude to the study of Koury (2014), who points out that work represents an opportunity to escape from suffering or anesthetize the pain of loss for those experiencing it.

As for the size of the network per participant, Table 1 lists that participants C1, F1, C2, I1, C3, and F3 defined networks composed of 21 to 35 members. There was also a predominance of family members, friends, health professionals, legal professionals, work, and study colleagues. The networks of participants P1, P2, P3, I2, and I3 were composed of 11 to 14 members and referred to family members, friends, health professionals, work, and study colleagues. The network of participant F2, which had only 9 members, included people who were not family members, two psychologists, a psychiatrist, and a housekeeper.

The prevalence of networks with a large number of people is discussed by Sluzki (1997) and Nogueira (2001), respectively. The first author points out that medium-sized

networks, meaning those with up to 8 members, are the most effective since they favor density, which is the connection between its members regardless of the informant, and can communicate and share the necessary care, without the risk of overburdening. Nogueira (2001) in turn, points out that the network's setup, in terms of size, is related to the context and circumstances experienced by the person, their values, preferences, and moment in the life cycle. Importantly, the participants whose networks were exceptionally large experienced the loss of a child or a spouse; moreover, the circumstances of the loss of these participants were sudden and traumatic, which demands different types of support from the participants.

This category addresses the significant relational system of the research participants as they designated the members who were supportive of the public expression of grief. To answer the question about how experiences of grief were shared, meaning the relational process of giving and receiving support in grief, the second category of this study 'support functions of networks', stands out. This category designates the interpersonal exchanges regarding emotional help, social companionship, cognitive help, material help, social regulation, and access to new contacts that involved those in mourning and the members of their network in the relational process of giving and receiving support at different moments of mourning, as in the news of the diagnosis, in the course of health treatment, when receiving the news of imminent death of a loved one/when receiving the news of a sudden death, when participating in collective mourning rituals, in the first week of mourning, in the first two months of mourning, and after three months of mourning.

Figure 2 illustrates the six support functions attributed to the network members by the research participants and refers to the frequency of the functions of the 12 participants' networks considering the four quadrants.
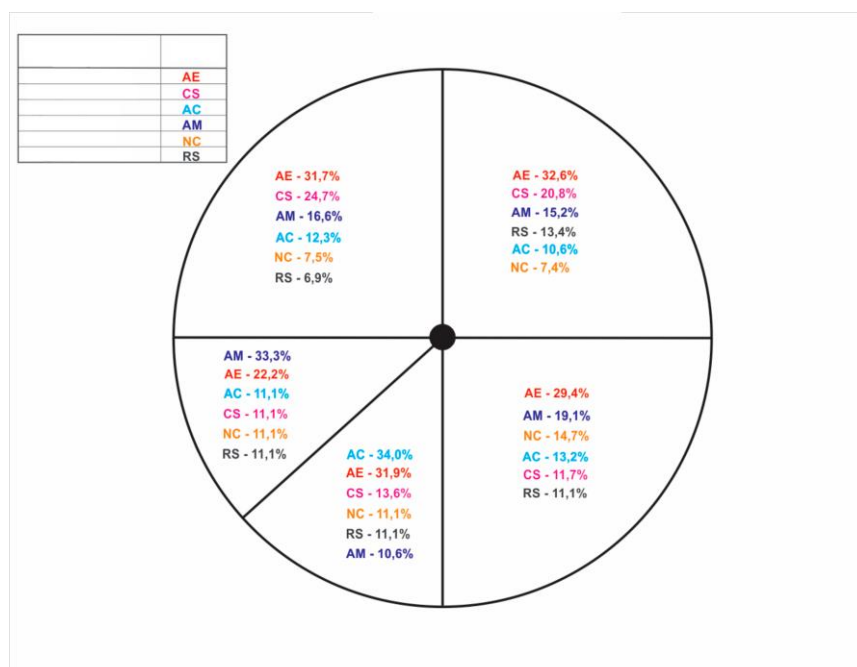
Figure 2. Frequency of the different types of significant social network functions. Source: The author.

According to Figure 2, members of the participants' family, friendship, and work/study relationship networks offered three main types of support: emotional help, social companionship, and material help. In the professional support network, cognitive help stood out, followed by emotional support. It is important to point out that the social regulation function obtained a low percentage of frequency in all quadrants but was present in all relationships just as the new contacts function was.

It is also important to point out that the participants described the process of giving and receiving support when in mourning at different moments of this experience. Thus, the material help from the friendship network occurred by helping to organize the mourning rituals and the daily tasks in the first week of mourning. This is exemplified by the narrative of participant C2: "[...] the financial part, these friends all took care of that, support from my family, my aunts are all from there, they gave considerable support at the time of wake and burial [...]" (C2). In the scope of work/study relationships, we can also see the material help that consisted of transportation and food offered to participant P3 when visiting her hospitalized mother: "[...] I had a lot of support from the service staff when I was mourning. There is a friend of mine from the service that took me to see my mother at noon, every day when she was hospitalized [...]" (P3).

These data are corroborated by Breen and O'Connor (2011), who pointed to work colleagues offering material help due to health treatment and the impending loss of a person considered significant to their colleague. Narratives around the social companionship received in the first week of mourning were referred to by all research participants as a dynamic of support from the family and friendship network, as seen in C3: "[...] after the funeral I went to my room and stayed there [...] My mother was a little distressed, I remember that at night I didn't want to sleep alone, so I slept with my mother and with B. (stepdaughter) together, in the same bed, we slept [...]". Given this narrative, one can verify the importance of the physical closeness of the family member network, considering the recognition of the emptiness left by the loss of an important person in the family scenario.

The dynamics of support around social companionship differs from emotional support, because, as Sluzki (1997) states, people can be frequent interactors, but not intimate, so emotional help implied talking about the loss, according to C1's narrative: "[...] oh, I talked a lot. In the early days I talked a lot and referred to him as if he were alive: - 'R. (spouse) likes this, he does this [...]'". (C1). This narrative about the received emotional support predominated in intimate relationships limited to certain family members, who provided the participants with understanding, empathy, and encouragement to talk about the lost person expose that the dynamics of emotional support and that emphasized talking about the loss predominated in the intimate relationships circumscribed to certain family members, that is, they were the ones who provided a greater climate of understanding, empathy, and encouragement to talk about the lost person (Sluzki, 1997).

The cognitive help arising from the network of family and friendship relations was given in the sense of guiding the research participant to conduct actions that should be taken in the first week of mourning, as can be seen in C2's account: "[...] one of my friends is a lawyer and she was a very important person. She began expediting, she was telling her friends what to do, but everyone was in a state of shock too [...]" (C2).

Cognitive help was also characterized in the scope of service relations and its dynamics took place in the sense of validating the mourning experience, meaning the emotional and physical experiences of loss in the first month of mourning. This is observed in the narrative of participant C1: "[...] I had this hole in my chest, my reiki master told me that I had lost a piece of my soul, according to some shamans, which is when we have a

very big trauma in life, it breaks [...]" (C1). Stroebe and Stroebe (1994) call cognitive support by the name validation support, or that which enables the person in mourning to understand their reactions to death and to verify the normality of what they are experiencing.

Another cognitive support observed was in the sense of authorization given by the network of service and work/study relations to make necessary changes in life, seek new life projects, and come out of mourning, as observed in the narrative of participant C2: "[...] I went looking for resources, within therapy itself, especially when coming out of mourning and starting another relationship and the tendency was to manifest denial as if it were a betrayal as if it were forgetting the person [...]" (C2).

The dynamics of the process of giving and receiving grief support was also linked to the social regulation function, which is performed by family relationships to inhibit the expression of suffering arising from the separation experience, either in grieving rituals or after the events that followed the death (Santos et al., 2016). This issue can be perceived in the narrative of participant F3: "[...] I remember that I cried at the wake when I saw it, because until you arrive... The coldness is hard [...] then a bunch of people come and grab you and hold you, nobody lets you cry [...]" (F3).

The social regulation function was also present in the service relations and took place in the sense of affirming the identity of the participants during the course of the health treatment of the family member who was ill. This function reinforces the positive view one has of the person in mourning, as exemplified in F1's narrative: "[...] M. (housemaid), who is a person who is my second mother, used to say to me: '[...] you have changed so much since you learned about your father's illness, I see another man, another person like that, then I would stop and think [...]'" (P1).

In turn, the support dynamics involving access to new contacts occurred in friendship relations and meant introducing other people after three months of mourning, as can be observed in the narrative of participant F3: "[...] in the meantime a friend of mine, an acquaintance, a colleague, she called me, insisted profusely, wanted to take me to church, so I accepted and went with her [...]" (F3).

The category support functions of the networks of family relations, friendship, services, and work/study included dynamics around the process of giving and receiving support in grief at different moments and that provided contact with the reality of the loss and distancing from this reality to the participant, or even, encouraging them to reorganize their life after the loss.

Also, the expression of suffering and its sharing in the process of giving and receiving support was facilitated by the characteristics of the bond the participants had with the members of their significant social network. In this sense, the third category of analysis, the property of the bond of the significant social networks, is presented as 'intensity/multidimensionality', 'predominant function', 'history of the relationship', 'frequency of contacts', and 'reciprocity'.

The data regarding the attribute 'intensity/multidimensionality' of bonds can be visualized in Figure 3.
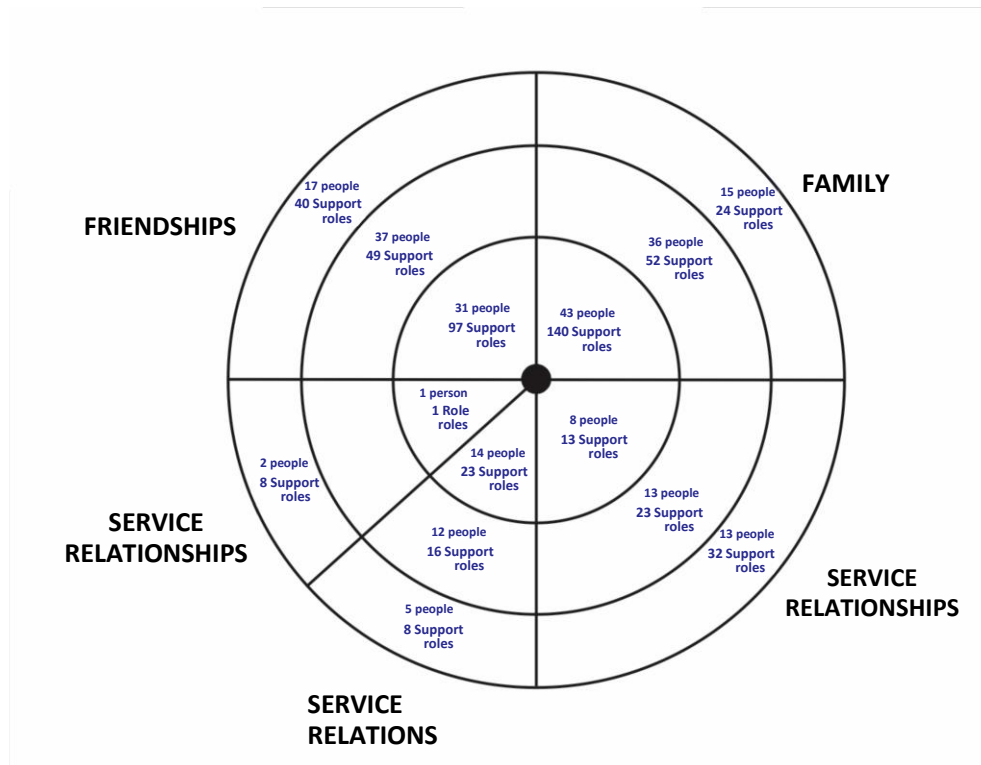
Figure 3. Intensity/Multidimensionality of bonds.
Source: The author.

According to Figure 3, the property 'intensity/multidimensionality' of bonds means that there were people in the network who developed more than one support function for the participant, for example, the closest family members developed emotional and material help, in addition to social companionship. Thus, the multi-dimensionality of the bond can be seen when the total number of support functions (547) is divided by the total number of people present in the networks, considering the total number in the three circles (248).

Another characteristic of the bond that facilitated the sharing and support for the grief experiences was the 'predominant function'. Thus, there were people in the network whose property of the bond meant that one type of support was more important or predominated in the support relationship with the research participant. For example, for participant P3, material help was a particularly important support coming from a co-worker during her health treatment and the impending loss of her mother: "[...] There is a colleague of mine at work who used to take me to see my mother every day at noon when she was hospitalized [...]" (P3). The social regulation function predominated in participant C3's relationship with her mother, as can be seen in the following narrative: "[...] My mother demanded a lot from me: - 'You can't feel sadness, because this and that, you have to be OK!' [...]" (C3).

Another property of the bond that facilitated the expression and support of suffering is the participants' 'history of the relationship' with members of their significant social network, and this means having received support in various other moments of crisis, as highlighted by participant F3 concerning her spiritual healer: "[...] H. (spiritual healer), who lived back here, acted the same. He came here every day, even on weekends like this, even before my son passed away, she helped me even before everything happened [...]".

Therefore, the history of friendship that contributed to the participants' expression of their grief and receiving help from friends in the first week of mourning is highlighted, as reported by participant C1: "[...] oh, some friends listened to me a lot, I talked a lot, in the early days, I referred to him as if he was alive [...]" (C1).

The attachment property 'frequency of contacts' also facilitated the process of sharing suffering and receiving support. This attribute means the availability of the network members in sustaining supportive relationships and allowing the expression of grief in different moments of mourning, as already pointed out in the first category discussed. In this sense, we can see that the contacts from family and friends persisted frequently until the first two months, as F3 points out: "[...] it was about two years, but without interruption for about 2 months only [...]" (F3).

The attachment property 'frequency of contact' can also be seen after the first two months of mourning, when participants expressed their grief and received support from other supportive relationships, such as those coming from the service relationship network, as participants C2 and C10 report, respectively: "[...] but after a while, the support part was left to the three of us (the participant and her two children) [...] I went to therapy for a period [...] I had a bout of depression [...]"; C10: "[...] Family is no use. I ask a lot, I always look for a psychologist to explain, how my process was with M. (psychologist), she helped me a lot in my search for healing [...]". This coincides with the research data of Benkel and Molander (2009), who highlight that the support of health professionals was required when the grieving person did not want to overburden their network. According to Gonçalves and Bittar (2016) and Thuen (1997), the search for a grief specialist is associated with many psychological symptoms presented by those in mourning after a few months of the loss.

'Reciprocity' was another property of the participants' bond with members of their significant social network and facilitated the expression of grief and the process of giving and receiving support. This property means the reciprocal and validation trust between participants and members of their network, for example, it was when receiving the news of the death that participant C2 developed this property with her friends: "[...] when I heard the news of the death, people were giving me strength, people would come to me and I would talk to them and people would say: 'but you are the one who is consoling us! [...]'".

Regarding the property 'reciprocity' with people from service networks, the reciprocal and validation trust bond stands out in the experiences shared by the participants, especially when the frequency of support contacts from family and friends decreased after the first three months of their loss. This can be observed in the narrative of participant I1 "[...] the doctor understood me perfectly when she said: - don't suffer because of it, fire does not contain oxygen [...] - there was probably someone there from the very moment of the crash if they weren't it was because they were a little dizzy from the crash, from the scare and when the car exploded [...]".

Having said that, the gradual decrease of reciprocal and validation trust and the frequency of contacts in the network of family and friends stand out, but, on the other hand, these requirements occurred in relationships with support professionals, study and/or work colleagues during the first year of mourning. This data can indicate that properties of the reciprocal bond and the frequency of contacts in the service networks and work and/or study colleagues are facilitators to share the experiences of mourning and, consequently, favor the perception of support received by the participants in the context of these networks. Parkes (2009) also discusses the perception of social support in moments of crisis that

requires a story to be shared, either because they belong to the same family, have common interests, or even perform helping roles over time.

In turn, Machado and Menezes (2018), Faria and Lerner (2019), and Koury (2014) understand that the perception of support in these networks is important for the sharing of grief by those experiencing it, however, they argue that relationships with professionals can favor a medicalizing look on the grieving experience and that it is related to the idea of keeping pain at a tolerable level so as not to overshadow the ideal of happiness and hedonism present in our society (Veras, 2015). As described when presenting the second category, the priority function of the service networks was cognitive help and assisting the participants to validate their search for new living arrangements and keep the public expression of grief under control so as not to burden the family and friend networks with grief demands that they can not support.

In this sense, we emphasize the productive character that the public expression of grief had for the participants three months after their loss, especially because the dynamics of grief support were concentrated in the interpersonal relationships of the service networks, as well as in the relationships with work and study colleagues who took co-responsibility for the participants' suffering and offered them cognitive help. Thus, one might think that the social support arising from the service networks also had a productive character of tolerating and modulating the grief of the person in mourning.

Final considerations

Given the data presented, the main objective of the study was answered, which was to understand how the sharing of experiences of loss and social support takes place in the significant social networks of people experiencing grief. In this sense, we highlight that the twelve research participants shared their experiences of mourning with specific people and relationships in their family - father, mother, brother, children, and spouses - as well as with their extended family - stepchildren, nephews, brothers-in-law, uncles, cousins, in-laws, great-grandparents. They also expressed their pain outside the family nucleus, with people in the service and work and/or study networks. The service networks are comprised of support professionals, such as friends, physicians, lawyers, priests, pastors, and psychologists.

Support relations in the family network and friends network stand out at extremely specific moments of the mourning experience, such as when learning of the family member's illness, in the fight against the family member's illness, in the news of the imminent or sudden death of the family member, and the mourning rituals. Regarding the moments after the loss, in the first weeks and months, the support also came from the service network and was related to the organization of the pending issues of the loss, health care and the return to work, and study and work colleagues were also protagonists. The sharing of grief experiences and the provided support evidently have changed during the first year of mourning in the context of significant social networks. In the first two months, the support process was centered on family and friends, mainly aiming to guarantee the public expression of the feelings of loss and, as of the three months of loss, this process shifted to the network of support professionals and with work and/or study colleagues that imprinted a productive character to the public expression of suffering.

Based on these results, the two main questions that guided this study and presented

in the introduction are answered: The research participants confided their grief and expressed their suffering to their significant social networks that played supportive roles in the mourning process, providing emotional, cognitive, material help, social companionship, access to new contacts, and social regulation, for example. Furthermore, the properties of the bond between the participants and the members of their network favored the public expression of grief and the relational process of giving and receiving support, such as intensity/multidimensionality, predominating function, history of the relationship, frequency of contact, and reciprocity. In this sense, significant social networks formed from a loss in adult life are understood as the interpersonal setting for public mourning and the support perceived by the person experiencing it.

In this context, professionals who work from the perspective of health promotion in social, educational, or work contexts should consider the types of social support available to those in mourning in the context of their significant social network. Moreover, they should observe the perception of the bereaved person regarding the quality of the social support coming from their network, either by evaluating their satisfaction, self-esteem, and sense of belonging to the network or by evaluating the support functions woven in face of their experiences of mourning externalized in different moments of the process.

Nevertheless, this study limited the deepening of the depth regarding the protagonism of the person in mourning and their significant social networks considering the type of loss experienced and its specificity, such as the loss of a child, spouse, sibling, or parents, etc. Thus, further studies on the significant social networks of those in mourning should be conducted in different conditions and times of loss, in addition to studies on the precariousness of community support networks. In this sense, there is a need to differentiate the studies that investigate the expression of grief in the context of virtual social networks, contrasting against the scarcity of the process of giving and receiving support in grief in the context of face-to-face community relationships.

Moreover, in times of the coronavirus pandemic, which started worldwide in March 2020, there is a need to investigate the significant social networks of people who lost a loved one due to complications of Covid-19, also considering the role of these networks in different moments of the mourning experience, and above all, taking into account the health restrictions that imposed changes in the support given to family members, whether in the course of health treatment, in the news of the death, or farewell rituals.

We conclude this study with the understanding that mourning currently involves both the protagonism of the person experiencing grief and people from the significant social networks that inspired trust and corresponded to their sharing of grief experiences by giving specific support. Thus, it is through the relational process of giving and receiving support during the mourning process that it is possible to observe the psychosocial integration of the people feeling this pain, such as satisfaction, self-esteem, sense of belonging, the feeling of attachment or strong alliance when experiencing the loss of a family member in adult life.

References

Andrews, T., Mariano, G. J. S., Santos, J. L. G., Koerber-Timmons, K., & Silva, F. H. (2017). A metodologia da teoria fundamentada nos dados clássica: considerações sobre sua aplicação na pesquisa em enfermagem. *Texto & Contexto - Enfermagem*, *26*(4),156-167. https://doi.org/10.1590/0104-070720170001560017

Benkel, I., & Molander, U. (2009). Family and friends provide most social support for the bereaved. *Palliative Medicine, 3,* 141-145. https://www.ncbi.nlm.nih.gov/pubmed/18952747

Breen, L. J., & O'Connor, M. (2011). Family and social networks after bereavement experiences of support, change and isolation. *Journal of Family Therapy, 33*, 98-120. http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.1010.6726&rep=rep1&type= pdf

Denzin, N. K., & Lincoln, Y. S. (1980). *O planejamento da pesquisa qualitativa: teorias e abordagens* (2a ed.). Porto Alegre, RS: Artmed.

Faria, A. F., & Lerner, K. (2019). Luto e medicalização: gestão do sofrimento entre mães que perderam filhos. *Physis: Revista de Saúde Coletiva, 29*(3), 290-317. doi.org/10.1590/s0103-73312019290317.

Franco, M. H. P. (2010). Porque estudar o luto na atualidade? In M. H. P. Franco (Ed.), *Formação e rompimento de vínculos: o dilema das perdas na atualidade* (p.17-42). São Paulo, SP: Summus.

Franco, M. H. P., Tinoco, V., & Mazorra, L. (2017). Reflexões sobre os cuidados éticos na pesquisa com enlutados. *Revista M. Estudos Sobre a Morte e o Morrer, 2* (3), 138-151. doi.org./10.9789/2525-3050.2017.v2i3.p. 138-151

Franqueira, A. M. (2019). Entre o público e o privado: rituais no processo de luto parental. *Tempo da Ciência, 26*(51), 59-72. https://www.researchgate.net/publication/335574130

Franqueira, A. M., & Magalhães, A. S. (2018). Compartilhando a dor: o papel das redes sociais no luto parental. *Revista Pesquisa Qualitativa, 6*(11), 373-389. https://www.researchgate.net/publication/340290729_

Gonçalves, P. C., & Bittar, C. M. L. (2016). Estratégias de enfrentamento no luto. *Mudanças – Psicologia da Saúde, 24*(1), 39-44. doi.org/10.15603/2176-1019/mud.v24n1p39-44

Koury, M. G. P. (2014). Luto no Brasil no final do século XX. *Caderno CRH, 27* (72),593-612. Recuperado de: https://www.redalyc.org/articulo.oa?id=347639244010

Luna, I. J. (2019). Narrativas de homens viúvos diante da experiência de luto conjugal. *Nova Perspectiva Sistêmica, 28*(64),32-46. https://dx.doi.org/10.21452/2594-3632019v28n64a03

Luna, I. J., & Moré, C. L. O. (2013). O modo de enlutamento na contemporaneidade e o aporte do construcionismo social. *Nova Perspectiva Sistêmica, 46*, 20-35. Recuperado de: https://www.revistanps.com.br/nps/article/view/111

Luna, I. J., & Moré, C. O. O. (2017). Reconstrução do significado no luto. *Revista M. Estudos Sobre a Morte, os Mortos e o Morrer, 2*(3), 152-172. http://dx.doi.org/10.9789/2525-3050.2017.v2i3.p.%20152-172

Machado, R., & Menezes, R. A. (2018). Gestão emocional do luto. *Revista Ciências da Sociedade (RCS), 2*(3), 65-94. doi.org/10.30810/rcs.v2i3.622

Minayo, M. C. S. (2017). Amostragem e saturação em pesquisa qualitativa: consensos e controvérsias. *Revista de Pesquisa Qualitativa, 5*(7), 01-12. https://editora.sepq.org.br/index.php/rpq/article/view/82/59

Moré, C. L. O. O., & Crepaldi, M. A. (2012). O mapa de rede social significativa como instrumento de investigação no contexto da pesquisa qualitativa. *Nova Perspectiva Sistêmica, 43*, 84-98. https://www.revistanps.com.br/nps/article/view/265

Muhr, T. (2004). *ATLAS/ti the knowledge workbench. V 5.0 Quick tour for beginners.* Berlin, GER: Scientific Software Development.

Nogueira, E. J. (2001). *Rede de relações sociais: um estudo transversal com homens e mulheres pertencentes a três grupos etários* (Tese de Doutorado). Faculdade de Educação, Universidade Estadual de Campinas, Campinas. http://repositorio.unicamp.br/handle/REPOSIP/253597

Olabuénaga, J. I. R. (2009). *Metodología de la investigación cualitativa*. Bilbao, ES: Universidad de Deusto.

Parkes, C. M. (2009). *Amor e perda: as raízes do luto e suas complicações*. São Paulo, SP: Summus editorial.

Rosenblatt, P. C. (1997). O luto em sociedades de pequena escala. In C. M. Parkes, P. Laungani, & B. Young (Eds.), *Morte e luto através das culturas* (p. 41-68). Lisboa, PT: Climepsi Editores.

Santos, F. P., Durães, M. M. A., Abreu, L. L. G., & Finelli, L. A. C. (2016*). * Luto na família. *Humanidades, 5*(2), 141-152.

Sluzki, C. E. (1997). *A rede social na prática sistêmica: alternativas terapêuticas*. São Paulo, SP: Casa do Psicólogo.

Stroebe, M., & Stroebe, W. (1994). Reducing the risk of poor bereavement outcome. In M. Stroebe, & W. Stroebe (Eds.), *Bereavement and health: the psychological and physical consequences of partner loss* (p. 224 - 249*)*. Cambridge, UK: Cambridge University Press.

Tchekcov, A. P. (1999). Angústia. In A. P. Tcheckov. *A dama do cachorrinho e outros contos* (p. 132-138, Boris Scheiderman, trad.). São Paulo, SP: 34.

Thuen, F. (1997). Received social support from informal networks and professionals in bereavement. *Psychology, Health & Medicine, 2*(1), 51 -63.

Walter, T. (1997). A secularização. In C. M. Parkes, P. Laungani, & B. Young (Eds.), M*orte e luto através das culturas* (p.195-220). Lisboa, PT: Climepsi Editores.

Vega, J. L., & Martinez, B. B. (1996). *Desarrollo adulto y envejecimiento*. Madri, ES: Editorial Síntesis.

Veras, L. (2015). A medicalização do luto e a mercantilização da morte na sociedade contemporânea. *Fenomenologia & Psicologia, 3*(1), 29-44.