

MEANINGS AND METAPHORS OF COVID-19 IN THE EXPERIENCE OF ADULT MEN WHO HAVE HAD THE DISEASE

SIGNIFICADOS E METÁFORAS DA COVID-19 NA EXPERIÊNCIA DE HOMENS ADULTOS QUE TIVERAM A DOENÇA

SIGNIFICADOS Y METÁFORAS DEL COVID-19 EN LA EXPERIENCIA DE LOS HOMBRES ADULTOS QUE HAN TENIDO LA ENFERMEDAD

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Objective: to understand the meanings and metaphors of Covid-19 in the experience of men who have had the disease. **Method:** qualitative study, conducted in a virtual environment involving 75 adult men, living in Brazil, Covid-19 survivors, recruited in the social networks Facebook® and Instagram®. Data were collected by responding to an instrument made available on Google Forms®. The data were subjected to lexical and thematic analysis and interpreted in the light of the Socio Anthropology of illness. **Results:** three categories emerged from the thematic content: Perception of vulnerability to death; The pains of the symptoms of illness and isolation; and Meanings attributed to the illness and getting sick. **Conclusion:** men elaborate metaphors of Covid-19 as an evil that surprises them, disrupts their lives, and isolates and positions them. They put it as a dangerous subject in the way that discrimination causes more suffering than clinical manifestations.

Descriptors: COVID-19. Life Change Events. Social Stigma. Vulnerability. Men.

Objetivo: compreender os significados e metáforas da Covid-19 na experiência de homens que tiveram a doença. *Método:* estudo qualitativo, realizado em ambiente virtual envolvendo 75 homens adultos, residentes no Brasil, sobreviventes da Covid-19, recrutados nas redes sociais Facebook® e Instagram®. Os dados foram coletados em resposta a um instrumento disponibilizado no Google Forms®. Os dados foram submetidos à análise lexical

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e à análise temática, e interpretados à luz da socioantropologia da doença. Resultados: do conteúdo temático emergiram três categorias: Percepção de vulnerabilidade à morte; As dores dos sintomas da doença e do isolamento; e Significados atribuídos à doença e ao adoecer. Conclusão: os homens elaboram metáforas da Covid 19 como um mal que os surpreende, desestrutura suas vidas e os isola. Posicionam-na como um sujeito perigoso de tal forma que a discriminação provoca mais sofrimento do que as manifestações clínicas.

Descritores: COVID-19. Acontecimentos que Mudam a Vida. Estigma Social. Vulnerabilidade. Homens.

Objetivo: comprender los significados y las metáforas de Covid-19 en la experiencia de los hombres que han tenido la enfermedad. Método: estudio cualitativo, realizado en un ambiente virtual con 75 hombres adultos, residentes en Brasil, supervivientes de la Covid-19, reclutados en las redes sociales Facebook® e Instagram®. Los datos se recogieron en respuesta a un instrumento disponible en Google Forms®. Los datos se sometieron a un análisis léxico y a un análisis temático y se interpretaron a la luz de la socioantropología de la enfermedad. Resultados: del contenido temático surgieron tres categorías: Percepción de vulnerabilidad ante la muerte; Los dolores de los síntomas de la enfermedad y el aislamiento; y Significados atribuidos a la enfermedad y al proceso enfermar. Conclusión: los hombres elaboran metáforas de la Covid-19 como un mal que les sorprende, les desestructura la vida y les aísla. Ella es posicionada como un sujeto peligroso, de tal manera que la discriminación provoca más sufrimiento que las manifestaciones clínicas.

Descriptorios: COVID-19. Acontecimientos que Cambian la Vida. Estigma Social. Vulnerabilidad. Hombres.

Introduction

After the pandemic transmission of SARS-CoV-2, many advances have been made in search of knowledge about the new coronavirus, its configuration and genetic sequencing, and the forms of transmission in each continent. A further mobilization has been directed toward channeling efforts around knowledge about Covid-19 disease. Recent investments have pushed countries, collaborating research centers, and international organizations such as the World Health Organization to find the best and most appropriate responses for coping⁽¹⁾.

By demarcating the relational conditions of gender it is already possible to observe in many parts of the planet that people with male gender, and largely with male gender identity, have presented more unfavorable outcomes for Covid-19 with a higher prevalence of infections, complications by the disease, prolongation of signs and symptoms and the worsening of these to the evolution of severe complications, increased rates of hospitalization, increased costs to the health sector and consequently the significant number of deaths⁽²⁾.

Epidemiological findings reported from different parts of the world have indicated higher morbidity and mortality in men than in

women for a variety of reasons, among them higher expression of angiotensin converting enzyme-2 (ACE 2; receptors for coronavirus); immune response driven by sex hormone and X chromosome; gender-related behavior and lifestyle habits such as high smoking and drinking; attitudes and behaviors towards pandemic Covid-19 that are considered less responsible by men⁽³⁾.

By October 16, 2020, Brazil recorded in absolute numbers 153,214 deaths related to the Covid-19 pandemic⁽⁴⁾. Of these, 58.3% of these deaths occurred among Brazilian men. A similar result was seen in Italy (61.9%). It is noteworthy that the differential by sex is increasing with age, with men's risk of death being about twice that of women in age groups over 50 years⁽⁵⁾.

The experience of having a serious disease leads to suffering and an immediate search for meaning so that situation can make some sense. Thus, this experience can often be ambiguous and stressful for the life of the person affected and/or his family. Historically, meanings are determined by culture and transmitted through the knowledge and activities experienced in relation to life and influence one's attitudes toward health and disease. Covid-19 goes

beyond viral infection, when analyzed through a holistic view, by affecting well-being, causing anxiety, depression, and increasing levels of stress and insecurity⁽⁶⁾.

Even in the face of this cataclysmic and desolating scenario, the scientific advance around the socioanthropological analysis of illness for people and, consequently, the implications for the production of care still deserve to be explored. On the other hand, it is emphasized that Nursing professionals, in their daily practice, manage human experiences and responses to diseases and illnesses, and play an expressive role in guiding people to adaptation and coping mechanisms. In addition to employing interventions and clinically evaluating the sick in given population groups, which puts them in a strategic position in critical situations such as a pandemic. In this sense, it is essential to know in an accurate way, in the context of Covid-19, how men experience it.

Supported by these arguments, this study was guided by the research question: How do men with Covid-19 experience the disease and assign meanings? The purpose of this article is to understand the meanings of Covid-19 in the experience of men who have had the disease.

Method

Qualitative study, conducted in a virtual environment involving adult men living in Brazil diagnosed with Covid-19, recruited through groups of survivors who were infected with SARS-CoV-2, hosted on online social networks such as Facebook® and Instagram®, through the hashtags, #euenciocovid-19; #euenciocovid; #euenciocovid-19; #euenciocovid; #euencio coronavirus and #eutivecovid-19, between May and August, 2020.

Adult men who met the following inclusion criteria participated: confirmed diagnosis and manifestation of Covid-19 symptoms. No exclusion criteria were signed.

Data collection occurred between May and August, 2020. After being invited, the participants had access to the Informed Consent Form, and

confirmed their agreement in virtual space. They answered the instrument available in the free digital interface Google Forms®, which explored sociodemographic data, word association test through the stimulus: "Write down five words or expressions that come immediately to mind when I say Covid-19", and the semi-structured question "Tell us how you experienced the Covid-19 disease?".

From the total of 106 men invited, 75 participants contributed with answers to the Free Word Association Test, and their answers composed the corpus for the *Interface de R pour les Analyses Multidimensionnelles de Textes et de Questionnaires* (Iramuteq) analysis. And 31 contributed with answers to the semi-structured questions, which were submitted to thematic analysis.

The application of the free word association test generated 358 terms, which were submitted to lexical analysis using the Iramuteq® software, from which 84.22% of the corpus was used. A total of 106 co-occurrences were identified after the cut-off point of frequency 5. Thus, three axes were obtained in the processing of the Similarity Tree. The organization and arrangement of terms in the Similarity Tree provided the identification of the central ideas in each of the axes and, subsequently, the classification into categories that converged with the thematic analysis arising from the textual material.

The textual material was subjected to thematic analysis⁽⁷⁾. Initially it underwent exhaustive readings and re-readings. Then it was carefully read, line by line, with the codification of the data considered relevant to the understanding of the phenomenon. Each analysis unit was reviewed seeking to identify the existence of themes, pattern, and coherence with subsequent grouping. When the themes were reviewed, they were refined, and the categories were defined and named.

At the end, the results were confronted in search of convergence between the themes obtained in the similarity analysis and in the thematic analysis. The empirical categories were validated by the research team in three online meetings. For the

interpretation and understanding of the results we resorted to the theoretical contributions of the Socioanthropological of illness⁽⁸⁻¹⁰⁾, which considers that examining narratives about the experience of illness broadens our view beyond the limits of biomedical knowledge and practice, since it allows us to understand the life world and the existence of the sick, their ways of thinking and acting with their bodies when facing events that involve health disease and care, and allows us to think about care management⁽¹¹⁻¹²⁾.

This study met the ethical recommendations in all its phases and was approved by the Research Ethics Committee of Universidade Federal da Bahia under Opinion n. 4.087.611/2020 and Certificate of Ethical Appraisal Presentation (CAEE) 32889420.9.0000.553.

To ensure the rigor of the research quality, the Consolidated Criteria for Reporting Qualitative Research (COREQ) guidelines were followed. To preserve the anonymity of the participants,

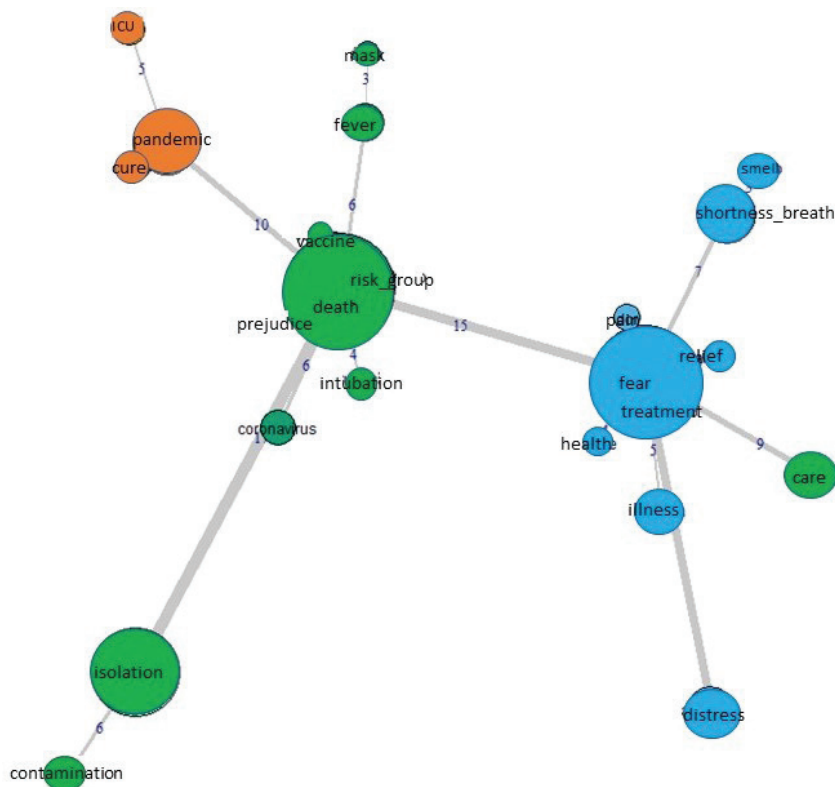
the statements were assigned numerical identification, such as: E1, E2, E3.

Results

As for the profile of the participants, most lived in the Northeast region, in urban areas, with cisgender identity, heterosexual, of brown race/color, followed by black, aged between 29 and 39 years, single, with complete college education, average income above five minimum wages, living with a partner. They mentioned being in social isolation and referred using the Brazilian Unified Health System (SUS) and private health plans. Most denied chronic disease, and a minority mentioned comorbidities such as Asthma, Diabetes, Hypertension, Hyperthyroidism, Spinal cord injury – paraplegia and Obesity.

The similarity tree generated by Iramuteq shows three axes, represented by the terms “death” with 17.5% of the words evoked, “fear” 15.8% and “pandemic” 9.2% (Figure 1).

Figure 1 – Similarity tree graphical representation of the phenomenon



Source: Created by the authors.

The metaphors of the “healthy warrior surprised by the unexpected plague that puts them in proximity to death, and throws them into a prison” emerged from three thematic content categories, Perception of vulnerability to death, The pain of symptoms of illness and isolation, Meanings attributed to illness and getting sick, which will be presented below.

Category 1: Perception of vulnerability to death

This first category represented 52.2% of the words evoked, which show the perceptions of having one’s life under threat and the proximity to death as one feels the effects of the presence of the virus and the expression of symptoms of the disease. For those who are ill, Covid-19 represents the proximity of death, and makes them fearful in face of the symptoms. We can see that these evocations are anchored in the notion of belonging to supposed “risk groups,” which allows individuals to classify themselves as more or less susceptible to the worsening of the disease when experiencing symptoms:

[...] I tried to react in the best way possible after I found out that I was with Covid19. I tried to recover and restore my psychology that was very affected by anxiety and fear, which was inevitable, since it was a new situation. (E16).

[...] I felt short of breath. My breathing became rapid. When I went to take a shower it felt like I was playing ball, I was very breathless and coughed a lot. At bedtime I could only lie on my stomach upwards, because if I lay on my side I would feel tired, short of breath and coughing again. (E18).

[...] In less than a week I lost 15 kg. My organs were failing, my kidneys stopped working, my liver was compromised, and my heart almost stopped working. (E22).

[...] I thought I was going to die and I was afraid that at least I wouldn’t be able to receive any phone calls from my relatives. (E37).

[...] I was hospitalized for 34 days, 30 days in the Intensive Care Unit. I was intubated for 24 days in a serious condition, with temporary loss of kidney function. I had tachycardia. (E43).

Associated with this same thematic axis, we found the terms related to the symptoms reported, such as “fever” and the term “mask” evoked as a protective resource capable of maintaining

health until it is possible to restore health, as expressed in the contents:

[...] I started to have fever, odynophagia, dry cough, pain, asthenia, and constant sensation of throat clearing. The second day after testing positive for Covid-19 I felt very bad. My chest was having difficulty expanding, I had a strange taste in my mouth, and my oxygen saturation reached 93%. (E46).

[...] Initially I was treated as someone diagnosed with pneumonia and not as Covid. My condition worsened and I was hospitalized with shortness of breath and severe back pain. I spent five days in the infirmary, two of them in prone position, using a mask and oxygen at 13 liters per minute, and only later I was directed to the ICU, where I stayed for 13 days in an induced coma. I had hallucinations due to withdrawal of medication and also contracted a new virus, which I had to treat for another seven days and which left me very shaken. (E75).

Also in this category, we observed the presence of an axis around the term “isolation” in connection with the term “contamination”, which indicate that the contents expressed in this axis show the experience of isolation, and the measures necessary for self-care both to prevent the contamination of significant others, and to achieve the repair of the body in relief, expressed in the following contents:

[...] from then on I was afraid, anxious, a feeling I had never experienced before. Besides, people started to look at me differently because I already had the virus. (E31).

[...] I was very ill in the hospital. (E52).

[...] when I was diagnosed positive for Covid-19 I was already at home and isolated, unable to even get out of bed, which was very unpleasant. (E64).

[...] it has been very challenging to be away from my family and friends this reality of people being away from me becomes very difficult. (E55).

[...] I feel negatively affected by the isolation and worry about respiratory complications and the fact that people avoid talking to me. (E77).

[...] I had imminent fear of death and felt absolutely alone. (E83).

Category 2 – The pain of symptoms of illness and isolation

The second category deals with feelings (34.8%) derived from the experience of disease symptoms and isolation. This category presents the psycho-emotional consequences that emerge from the experience of symptoms and isolation

measures, such as anxiety, sadness, worry, and loneliness. Such feelings led individuals to perceive themselves as more fragile, unprotected, and discriminated:

[...] *I felt anxiety about the evolution of the disease.* (E16).

[...] *I felt an indifference on the part of the government.* (E17).

[...] *I ended up having to be isolated from my family and my work environment, which was very bad.* (E21).

[...] *I felt my life passing before my eyes.* (E24).

[...] *The worst part was not even the symptoms of the disease, but the complete isolation and lack of communication with the family at the time I was hospitalized. This situation hurt too much. I felt homesickness and uncertainty.* (E25).

[...] *I had a lot of concern.* (E29).

The day I found out that I had tested positive for Covid-19 I was very anxious and agitated, to the point that I thought I was short of breath. It was a moment of great tension and insecurity. (E52).

[...] *This disease is a lesson and a test of life, to learn and to respect people. It is an inexplicable thing that I don't really know how to decipher. It is a life experience.* (E63).

Category 3 – Meanings attributed to illness and getting sick

In the third (13.1%) and last category, the participants bring the notions of common sense, the meanings and senses that revolve around the epidemic by the new coronavirus. In figure 1 linked to the term “pandemic” are the terms “ICU” and “cure”, which signals that for the participants the pandemic is a complex event, destabilizing the balance that reserves to the sick capable two fates to avoid the outcome of death, either heading for spontaneous cure or going through the critical care units:

[...] *Covid-19 is an infectious disease caused by the new Coronavirus, called Sars-Cov-2, which is a highly dangerous and deadly virus that causes a severe respiratory infection, but can also affect other systems in the human body.* (E20).

[...] *Covid-19 poses risks to people's lives it changes the structure of societies, as well as the family nucleus, and has also made many of my plans for the year 2020 impossible.* (E32).

[...] *the coronavirus is capable of disorganizing the major world economic powers, becoming a great threat to the poorest social community, because it is a reflection of poverty and social inequality on the planet [...] it is a disease that mistreats, aches and hurts a lot..* (E40).

[...] *Covid-19 is like a bogeyman.* (E44).

[...] *Covid-19 is harmful and the cause of a major pandemic that has already been predicted by science, that is terrorizing and killing thousands of people worldwide and needs to be controlled.* (E53).

[...] *Covid-19 has been a sea of emotions.* (E60).

Covid-19 has been a struggle. (E66).

[...] *has been a total catastrophe.* (E72).

Covid-19 has altered my mind and has become a ghost almost incarnate that hits me in the face with every unofficial press release from the TV media. (E73).

[...] *Covid-19 made me feel like I was in a prison, a cloister.* (E75).

Discussion

This is the first study in Brazil to examine the construction of metaphors and meanings of the Covid-19 disease experience in adult male survivors from a socioanthropological perspective, which showed the perception of vulnerability to death, the feelings derived from the experience of disease symptoms and isolation, and the metaphors attributed to the pandemic experience. Thus, the findings allowed the expansion of the theoretical framework that is the basis for the construction of comprehensive approach plans in the care of populations who experienced the pandemic.

In the past, getting sick was seen as a process of improvement of the human being through suffering. However, illness is understood as weakness or punishment, leading to a devaluation of the individual due to the interruption of production⁽¹³⁾. The disease tends to take the individual away from routine activities, promote limitations, mutilations or pain during the course of treatment, which makes him/her closer to fragility and finitude and perceive him/herself as mortal⁽¹⁴⁾. In this sense, the participants in this study elaborate “contingent narratives” since they encompass beliefs about the origins of the disease, its causes, and its immediate or proximate effects on the self, the body, and others, which tend to change as lay knowledge integrates elements of scientific knowledge, and is influenced by the contingencies of living⁽⁹⁾.

It is worth noting that in the Covid-19 event, the adult men participating in this study who developed the disease mostly attended without illness and in apparent good health. When faced with the diagnosis of an infectious disease, publicized in the media as of high lethality, it was received as unexpected and inconceivable. Such perception may have been influenced by adherence to conspiracy theories, and excessive news about the existence of supposed risk groups, motivating in adults the feeling of invulnerability to Sars-coV-2 and Covid-19.

Laboratory confirmation of the diagnosis resulted in anxiety, shock, and doubt. This is for a variety of reasons, as evidenced in other scenarios: Patients do not consider themselves to be at risk for Covid-19 at first because they have mild, non-specific symptoms, such as cough, low-grade fever, and body aches, which could be considered other conditions, such as the common cold, influenza, and dengue fever. When comparing the disease characteristics reported in the media with their experience, patients believe that their clinical signs and symptoms are inconsistent with Covid-19, because they have taken a number of precautionary measures, such as additional hygiene practices⁽⁵⁾.

In the case of men, it is well known that feelings of invulnerability are directly linked to a sexist culture and hegemonic masculinity models that situate men as strong, virile and invincible⁽¹⁶⁻¹⁷⁾. The experience of illness and isolation, for the men in this study, represented coming face to face with their own fragility, powerlessness and need to focus on self-care in the private spaces of their homes, usually assigned as spaces where women stay⁽¹⁸⁾.

If the metaphor of a pandemic is that of the existence of a "war", it is up to the supposed soldiers/warriors/heroes to win, and only the weak (children, women, the elderly, and the sick) can be defeated. This is an idea attributed to pandemics over the centuries that circulates in the imagination of the general population. By occupying the place of the strongest, the male in various events, including those related to health, delay the search for care, which makes them

vulnerable and exposes them to complications of undiagnosed and late-treated⁽¹⁹⁾. However, the fact that the narratives about the disease experience open the possibility for individuals to organize their individual resources and re-signify their new condition, allow men to realize their vulnerability and rethink their positions towards illness and self-care^(9,19).

The men in this study experience feelings that are on the borderline between experiences with the physical manifestations and clinical complications derived from the virus infection, and experiences of altered, impeded, or limited interactions due to isolation. Such findings imply significant psychosocial consequences due to isolation caused by the Covid-19 pandemic, namely loneliness, establishment of uncertain environments, environmental stressors, oppressions, reactive depression, breakdown of self-management, similar to what occurred in other population⁽²⁰⁾.

The problems for mental health that emerged from the experience of the sick were highlighted from the beginning of the pandemic in China, even for those with mild symptoms but who had to be isolated in Covid-19 wards tended to progress with depression. In this regard timely psychological assessment, support sessions by phone or video conferencing helped those going through the infection⁽¹⁹⁾. The offer of remote care and treatment contributed to the mitigation of the impacts of the disease and is confirmed as an initiative that can reconfigure the future space of telemedicine in the practice of services in the territory, enabling adherence of population groups that are distant from health services⁽²⁰⁾.

As for the experience of isolation, the participants considered it worse than the clinical manifestations of the disease. The effects of isolation can be positive in the sense that individuals reflect on their existence, value their resources and progress, but can also be negative in the sense that they are losing control over their lives and sense of time, feel disconnected from the outside world, and are restricted from communicating, moving, exercising, and accessing other sources of therapy⁽¹⁴⁾.

Problems such as stress, anxiety, depression, insomnia, guilt, anger, frustration and internalized stigma will be commonly found in those who survived the disease^(2,21). Our findings reinforce the need for continued multiprofessional help, with emphasis on mental health care, in the post-pandemic period.

Seen as an event that takes individuals by storm, in a way that surprises them, Covid-19 disease means a threat to equilibrium, for being able to promote the rupture of ties and result in the loss of significant people and loss of life. In this sense, illness is understood as a stranger, an incomprehensible force that penetrates human life and disorganizes and destroys it^(12,22).

Covid-19 emerges, in the participants' experience, as a metaphor for the "end of times," for themselves and their loved ones. In this sense, the meanings and representations circulating around the disease are reproduced in the shared experience of the ill and help construct the image of the person with Covid-19 as of someone lonely whose body suffers deeply in an uncontrolled way and who lives his last days struggling to stay alive and mentally healthy. In the current context, many have experienced rapid changes in their daily lives, need to deal with the unpredictable future and/or have lost someone from their social-affective network due to the disease, in addition to daily watching/following hundreds of burials in the media⁽²³⁾, which brings up images of an apocalyptic situation.

The images that describe Covid-19 use warlike language to inform about the sick person as an individual surprised by the invasion on the territory of his body, whose "virus" coming from the other side of the world quickly defeats his vital forces, which makes him need an "army" of health workers, real masked heroes⁽²⁴⁾, properly trained and "armed" with their technological and invasive apparatus to keep him intact.

Thus, in the social imaginary, the military metaphor is used to construct meaning for a feared disease, leading us to see its agent or carriers as the other, the foreigner, the enemy in war. Military metaphors contribute to stigmatize certain diseases and, consequently,

the diseased whose immune system is seen as "inferior" and are framed in a new stigmatized and victimized underclass⁽²⁴⁾.

Society usually uses the metaphors of certain diseases to introduce new changes in individual and collective health criteria that are more congruent with the new socioeconomic realities, as well as the use of these metaphors to support or reinforce the social order⁽¹⁴⁾. And so, the disease goes on shaping the ways of being and being of men who were affected by Sars-CoV-2.

In the social dimension of the disease experience, it is possible to locate multiple contexts of meaning construction for the diagnosis: among ill subjects, their families, friends, neighbors, therapists, and other sources of the socio-affective network. In Covid-19's experience, the rapid and intense profusion of information coming from both common sense and scientific knowledge through social networks led to a process of continuous adherence to and discarding of content and metaphors about the virus as "the masked, the divine, and the isolated". These influenced the experiences of Brazilians in such a way as to make them transition from denial marked by laughter, to mourning full of loneliness, guilt, and melancholy.

In our study, we observed that in the face of the Covid-19 experience, men fear discrimination perceived in the avoidance by neighbors, friends, and family when they learn of their diagnosis. The concealment of information with the omission of the diagnosis, very common in stigmatized careers, seems to be denounced by the constant permanence of the sick man in the domestic space during the required isolation. Perhaps, this is due to the low adherence of men to the distancing measures in the Brazilian context, the evidence of greater circulation of men in public spaces during the pandemic, negationist influences and even the way men deal with the health and disease processes⁽²⁾.

The experiences of men who had Covid-19 corroborate the findings of a study that highlighted that Ebola survivors may experience psychosocial consequences due to feelings of shame or guilt because of the possibility of

transmitting the infection to others, experience stigmatization, blaming or aggression by subjects in their communities for being seen as contaminated and dangerous⁽²²⁻²⁵⁾. In this sense, isolation is both a protective strategy and a motivating factor of stigma between the groups of survivors and the non-contaminated.

In the Australian context, sufferers adopted measures of cognitive preparation for becoming ill with Covid-19 and concealment of the diagnosis to avoid distress and anxiety in non-immediate family members⁽¹⁴⁾. The socioanthropological approach employed to analyze the findings proved substantial for theoretically understanding the examination of the disease experience and its characteristic elements.

The limitations of this study are related to the fact that data collection was obtained online, due to the restrictions of the pandemic, through semi structured instruments that did not allow the deepening of the issues reported as much as would be possible in face-to-face meetings, as well as the difficulty of doing long-term follow-ups of the participants to learn about the transitions of the disease such as hospitalization, post-discharge, and rehabilitation.

The apprehension of the results of this study proved to be fundamental for the deepening of other investigations, such as the development of interventions directed to the health care of men based on the problems mentioned and revealed in the experience.

Conclusion

Adult men were surprised by the proximity of death when manifesting symptoms of Covid-19. The participants of this study signified the pandemic as an event linked to death and destruction, which contradicts the self-perception of vulnerability typical of markers of hegemonic masculinities. The experiences with isolation point to the need for remote assistance to male survivors to promote mental health and confront stigma. They elaborated metaphors of Covid-19 as an evil that surprised them, disrupted their lives, and isolated them. They positioned it

as a dangerous subject in such a way that discrimination causes more suffering than the clinical manifestations. Despite the metaphor of destruction, the meanings attributed to illness by Covid-19 lead men to awareness of individual vulnerability that allow openness for adherence to self-care.

Further studies are needed to delve deeper into the phenomenon and monitor changes during pandemic transitions, and that allow men from different generational groups to participate for comparison purposes.

Collaborations:

1 – conception, design, analysis and interpretation of data: Anderson Reis de Sousa and Evanilda Souza de Santana Carvalho;

2 – analysis and interpretation of data: Anderson Reis de Sousa, Sheila Santa Barbara Cerqueira, Thiago da Silva Santana, Cleuma Sueli Santos Suto and Evanilda Souza de Santana Carvalho;

3 – writing e/or critical review: Elena Casado Aparício;

4 – approval of the final version: Anderson Reis de Sousa, Thiago da Silva Santana and Evanilda Souza de Santana Carvalho.

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