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Expanding the support network for bereaved children during the COVID-19 pandemic

Ampliação da rede de apoio de crianças enlutadas na pandemia de COVID-19

Ampliación de la red de apoyo de niños en duelo en la pandemia del COVID-19

Élargissement du réseau de soutien pour les enfants endeuillés dans la pandémie de COVID-19

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Abstract

This study aimed to evaluate the effects of a psychosocial intervention in expanding the perception of the affective and social support network of children who lost one or more loved ones due to contamination to COVID-19. It is a quasi-experimental study based on the mixed-methods approach and with a cross-sectional design. Eighteen children aged between eight and 11 (M = 10; SD = 0.82) were randomly divided into an experimental group (GEx) and a control group (CG). The intervention was conducted over eight sessions and was conducted in the school context. The five-field map (MCC) was the technique used for data collection, and the data obtained in the pre- test (T1) and post-test (T2) measurements were evaluated through descriptive analyses and using the robust t-test for truncated means and dependent samples. The results showed that the intervention increased the strength of proximity in the friends field and increased the frequency of people cited in Level 1 of the MCC. Furthermore, the means showed that the effect size in favor of GEx compared to GC was of moderate magnitude in the family ($\delta t = 0.4$; $p = 0.26$), institution ($\delta t = 0.53$; $p = 0.07$), friends ($\delta t = 0.41$; $p = 0.07$), community ($\delta t = 0.33$; $p = 0.45$) dimensions and total ($\delta t = 0.64$; $p = 0.11$). The limitations of the research are presented, as well as future studies, especially concerning psychosocial intervention programs aimed at children who experience losses in disaster situations.

Keywords: childhood, pandemic, mourning, support network, intervention.

Resumo

Este estudo teve o objetivo de avaliar os efeitos de uma intervenção psicossocial na ampliação da percepção da rede de apoio afetiva e social de crianças que perderam um ou mais entes queridos em decorrência da contaminação por covid-19. Trata-se de um estudo quase-experimental, fundamentado na abordagem de métodos-mistos e com delineamento transversal. Participaram 18 crianças, com idades entre oito e 11 (M = 10; DP = 0,82), subdivididas aleatoriamente em grupo experimental (GEx) e grupo controle (GC). A intervenção ocorreu durante oito sessões e foi conduzida no contexto escolar. O mapa de cinco campos (MCC) foi a técnica utilizada para coleta de dados e os dados obtidos nas medidas de pré-teste (T1) e pós-teste (T2) foram avaliados por meio de análises descritivas e utilizando o teste "t robusto" para média truncada e amostras dependentes. Os resultados evidenciaram que a intervenção foi capaz de aumentar a força de proximidade do campo amigos, bem como aumentar a frequência de pessoas citadas no Nível 1 do MCC. Além disso, as médias mostraram que o tamanho do efeito em favor do GEx em comparação ao GC foi de magnitude moderada nas dimensões família (δt = 0,4; p = 0,26), instituição (δt = 0,53; p = 0,07), amigos (δt = 0,41; p = 0,07), comunidade (δt =0,33; p = 0,45) e total (δt =0,64; p = 0,11). As limitações da investigação são apresentadas, bem como indicados estudos futuros, sobretudo em relação a programas de intervenção psicossocial direcionados a crianças que vivenciam perdas em situações de catástrofes.

Palavras-chave: *infância, pandemia, luto, rede de apoio, intervenção.*

Resumen

Este estudio tuvo el objetivo de evaluar los efectos de una intervención psicosocial en la ampliación de la percepción de la red de apoyo afectiva y social de niños que perdieron uno o más entes queridos en consecuencia de la contaminación por Covid-19. Se trata de un estudio casi-experimental, basado en el enfoque de métodos-mistos y con delineamiento transversal. Participaron 18 niños, con edades entre ocho y once (M=10; DP= 0,82), subdivididas aleatoriamente en grupo experimental (GEx) y grupo control (GC). La intervención ocurrió durante ocho secciones y fue conducida en el contexto escolar. El mapa de cinco campos (MCC) fue la técnica utilizada para recogida de datos obtenidos en las medidas de pre-test (T1) y pos-test (T2) fueron evaluados por medio de análisis descriptivos y utilizando el test t robusto para medias truncadas y muestras dependientes. Los resultados evidenciaron que la intervención fue capaz de aumentar la fuerza de proximidad del campo amigos, como también aumentar la frecuencia de personas citadas en el N1 del MCC. Además de esto, las medias mostraron que el tamaño del efecto en favor del GEx en comparación al GC fue de moderada magnitud en las dimensiones familia (δt = 0,4; p = 0,26), institución (δt = 0,53; p = 0,07), amigos (δt = 0,41; p = 0,07), comunidad (δt =0,33; p = 0,45) y total (δt =0,64; p = 0,11). Son presentadas las limitaciones de la investigación y también indicados futuros estudios, sobre todo con relación a programas de intervención psicosocial direccionados a niños que experimentan pérdidas en situaciones de catástrofes.

Palabras clave: *niñez, pandemia, duelo, red de apoyo, intervención.*

Résumé

Cette étude visait à évaluer les effets d'une intervention psychosociale sur l'élargissement de la perception du réseau de soutien affectif et social chez les enfants ayant perdu un ou plusieurs proches à cause du COVID-19. Il s'agit d'une étude quasi-expérimentale, basée sur l'approche des méthodes mixtes avec un plan transversal. Les participants étaient 18 enfants, âgés de 8 à 11 ans (M = 10 ; DP = 0,82), répartis au hasard en groupe expérimental (GEx) et groupe témoin (GT). L'intervention s'est déroulée sur huit séances et a été conduite dans le contexte scolaire. Le modèle OCEAN (FFM) a été utilisée pour la collecte des données, et celles obtenues lors des mesures pré-test (T1) et post-test (T2) ont été évaluées par une analyse descriptive et avec un test t robuste pour des échantillons moyens et dépendants tronqués. Les résultats ont montré que l'intervention a permis de renforcer la proximité du champ des amis et d'augmenter la fréquence des personnes citées au niveau 1 du FFM. Par ailleurs, les moyennes ont indiqué que l'effet mésuré en faveur du GEx par rapport au GT était d'ampleur modérée dans la famille des dimensions (δt = 0,4 ; p = 0,26), institution (δt = 0,53 ; p = 0,07), amis (δt = 0,41 ; p = 0,07), communauté (δt =0,33 ; p = 0,45) et total (δt =0,64 ; p = 0,11). Les limites de la recherche sont présentées, ainsi que des recommandations pour des études futures, en particulier concernant les programmes d'intervention psychosociale destinés aux enfants ayant subi des pertes lors de situations de catastrophe.

Mots clés : *enfance, pandémie, deuil, réseau de soutien, intervention.*

The pandemic caused by the SARS-CoV2 virus, known internationally as the COVID-19 pandemic (Rogers, 2022), was announced by the World Health Organization (WHO) on March 11, 2020. With alarming levels of dissemination and severity, the new coronavirus, the pathogen that causes coronavirus disease, was identified in December 2019 in Wuhan,

China (World Health Organization [WHO], 2020). The virus has a high rate of transmissibility and spreads easily among people who are in close contact, for example, within conversation distance. Symptoms may include dry cough, fever, fatigue, shortness of breath, loss of appetite, mental confusion, persistent chest pain or pressure, and high fever (above 38°C). Not all infected people present symptoms, with the prevalence of asymptomatic cases being significant. However, asymptomatic cases can transmit viruses, with transmissibility like that of symptomatic patients (Li et al., 2020; Muniyappa & Gubbi, 2020). Among those who develop symptoms, the majority (approximately 80%) recover from the disease without needing hospital treatment. However, approximately 15% become seriously ill and require oxygen, and 5% require specialized and intensive care (WHO, 2020).

The fight against the pandemic in Brazil was marked by misinformation about the lethality of the virus and prevention methods, as well as by the Federal Government's disregard for the dead and the bereaved. With a notably denialist government, led by then President Jair Bolsonaro, a war was waged not against the virus, but against the mayors and governors who implemented isolation policies, the scientifically indicated method for fighting the pandemic (Caponi, 2020). Consequently, Brazil reached an astonishing number of deaths, being the country with the second highest number of deaths from COVID-19 in the world, in addition to seeing part of the population join the "*anti-vaccination"* movement, propagated by the head of state. It is estimated that around 120 thousand lives could have been saved in the first year of the pandemic alone, even without the availability of vaccines, if an effective policy based on non-pharmacological measures had been implemented (Werneck et al., 2021).

The WHO declared the end of the pandemic on May 5, 2023. On that date, 765,835,110 cases and 6,927,088 deaths had been recorded worldwide. In Brazil, in the period, 37,449,418 cases and 701,494 deaths were reported. There is strong scientific evidence that mortality from the new coronavirus is relatively lower in children and adolescents when compared to other age groups, such as adults and the elderly (Ludvigsson, 2020). Even so, children are susceptible to the psychosocial repercussions of the pandemic, with consequences in the affective, emotional and relational dimensions, which are reflected in behavioral changes (Pizarro-Ruiz & Ordóñez-Camblor, 2021).

Although children are less susceptible to developing severe clinical conditions due to COVID-19 infection, the psychosocial effects of the pandemic on this population can be devastating (Ludvigsson, 2020; Pizarro-Ruiz & Ordóñez-Camblor, 2021; Rico et al., 2022). A report by the National Health Council (CNS) and the National Human Rights Council (CNDH) revealed that, between March 2020 and April 2021, more than 113,000 Brazilian children and adolescents lost one or both of their primary caregivers due to COVID-19 infection. When considering children and adolescents whose main caregivers were grandparents, this number rises to 130,000. Data from *Imperial College London* (Hillis et al., 2021) indicated that between March 12, 2020 and June 26, 2022, an estimated 154.352 children were orphaned by one or both caregivers in Brazil. Based on these epidemiological data, Brazil was among the 10 countries with the highest number of children and adolescents orphaned because of the pandemic.

In many Western cultures, the topic of grief is often surrounded by taboos and discomfort, especially during childhood. Although specialized literature indicates that adults should be honest and open about the topic, many people feel uncomfortable and inept when discussing the subject (Paul, 2019). Although this discomfort is understandable, since it is common for the adult responsible for the child to also be grieving the loss, avoiding the subject can cause the child to become suspicious of the adults around them and to understand fatality as a terrifying experience. In addition, it is likely that this child will begin to view death as a subject to be avoided (Kübler-Ross, 2017).

Based on the literature on childhood grief, it is known that children, especially younger ones, have a low repertoire and few coping mechanisms to deal with the feelings and emotions caused by loss (Döveling, 2017; Sochos & Aleem, 2022; Stylianou & Zembylas, 2016). With the loss of a bonding figure, children are expected to experience feelings of anger, fear of being abandoned, guilt for having survived while others are gone, fear that something similar will happen again, in addition to possible regressions in their development (Klinger et al., 2021). Thus, when suffering the loss of a loved one, they are more likely to develop psychological symptoms and emotional changes related to grief, such as anxiety, depression, and high levels of stress, both in the medium and long term, in addition to, statistically, having a higher risk of suicidal ideation (Burrell et al., 2021; Rodway et al., 2022).

The specific circumstances of a death caused by COVID-19 during the pandemic seem to contribute to the difficulty in processing grief. The sick person is isolated from contact with their loved ones when they go to the hospital, and death often occurs quickly or unexpectedly. In many cases, cultural and religious rituals were prevented from occurring, which can also lead to difficulty in processing grief (Eisma et al., 2020; Stroebe & Schut, 2021). Understanding the situations that led to death, expanding the emotional and social support network, and strengthening family and community ties are strategies that have the potential to benefit children, since they can involve the construction of social and psychological resources that help them cope with the misfortunes generated by the pandemic (Lopes et al., 2021).

The support network usually involves people from the individual's surroundings, such as family and relatives, friends, neighbors, and other people in their community (Furukawa et al., 2022). These people are able to improve and influence the individual's well-being, as they have the potential to act as protective factors during grief (Juliano & Yunes, 2014). To

know how beneficial support can be, one can assess how connected the members of the support networks are and to what extent they have also been impacted by grief, since this can affect the functionality of the network (Aoun et al., 2019). In addition, children may need professional help to deal with the grief generated by the losses during the pandemic.

Thus, it is essential to develop scientifically validated intervention protocols aimed at this population. There is already consistent empirical material in the international literature on the validity of psychosocial interventions with children who have experienced grief due to catastrophic situations. Ridley et al. (2021), for example, demonstrated the positive effects of implementing a *workshop* for children grieving due to the death of siblings or caregivers. The program was carried out in four sessions and used creative activities and discussions related to grief, aiming to reduce social isolation and promote coping skills through artistic expression and group discussion. The results obtained showed broad acceptability among the participants, mainly because they had met other grieving children and understood that they were not alone in going through this process.

In the same direction, Weber et al. (2021) showed promising results from the adaptation of *Family Bereavement Program* (a program that aims to promote resilience in children grieving the death of a parent and their surviving parent). Based on empirical studies that indicate that family communication is a protective factor for children grieving the death of caregivers, researchers tested the program called *Grief and Communication Family Support Intervention,* which aims to strengthen open family communication between the surviving caregiver and the children, as well as provide psychoeducational strategies on grief and promote healthy adaptation. The manual was found to be easy to follow and that families responded well to the sessions (three in total). In addition, participating caregivers stated that the intervention was useful and relevant, as it improved family communication and relationships.

Despite the scientific validity of the programs, there is a lack of interventions that have been conducted with children who have experienced grief, especially in Brazil and during the pandemic. This is partly because the pandemic was a rapid and calamitous event that took the world by surprise and caused radical changes in the way of life of the global population (Dinis-Oliveira, 2020). However, it should also be considered that care and attention to mental health issues of children and adolescents were neglected during the pandemic (Sá & Farias, 2022).

Considering the consequences and risks of grief in childhood, especially when the fatality occurred with people close to the children, as well as the role that the support network can play in the subjective and social strengthening of this group in the face of stressful events, this study aimed to evaluate the effects of a psychosocial intervention in expanding the perception of the affective and social support network of children who lost one or more loved ones as a result of contamination by covid-19.

Method

This research is part of a multicenter project entitled "Adaptation and Verification of the Effectiveness of a Mental Health and Resilience Promotion Program in Children Affected by COVID-19", funded by the São Paulo State Research Support Foundation – FAPESP (No. 2020/06073-3). This is a quasi-experimental study, based on the mixed-methods approach and with a cross-sectional design. The national research had as its main objective to adapt and verify the evidence of effectiveness of a psychosocial program to the Brazilian reality, more specifically for children severely affected by the COVID-19 pandemic. The participants were children aged eight to 12 years old, of all genders, recruited in five Brazilian cities: São Carlos (SP), Fortaleza (CE), Belém (PA), Brasília (DF) and Porto Alegre (RS). To participate in the research, children had to meet one or more of three inclusion criteria related to vulnerability during the pandemic. In each municipality, two Groups were randomly created (Experimental Group – GEx; Control Group – GC). To achieve the objective outlined for this article, a sample cut was made and, thus, only data derived from the São Carlos (SP) database and whose children had lost loved ones due to contamination by covid-19 were explored.

Participants

Eighteen children aged 8 to 11 ($M = 10$; $SD = 0.82$) participated in the study, including 8 boys and 10 girls. The sample was constituted by convenience and in a non-probabilistic manner. The children were recruited from a public school located in a medium-sized city in the interior of the state of São Paulo. The territory in which the school is located had the highest number of cases of COVID-19 in the municipality during 2020 (G1 São Carlos and Araraquara, 2020), data that could not be updated because a new mapping with this cutout had not been carried out. The region also presents alarming indicators of social vulnerability, indicated in the São Paulo Social Vulnerability Index (2010), including data alluding to the recurring manifestation of episodes of family and community violence against children and adolescents. The school was selected because its management demonstrated interest in the project and because of successful partnerships established with the research coordinator in previous years. Initially, a survey was conducted at the school to verify which children met the inclusion criteria for the study. Written invitations were then sent to families to learn about the proposal. All children who met the criteria and who returned the Consent Form from their guardians were invited to participate in the intervention.

The 18 (eighteen) participating children were randomly allocated to the GEx (n = 9; 6 boys and 3 girls; MI = 10 years and SD = 0.97) and GC (n = 9; 2 boys and 7 girls; MI = 10 years and SD = 0.73). The intervention sessions with the GEx took place between October and December 2022 and those with the GC between February and March 2023.

Psychosocial intervention model

The program adapted to the Brazilian context was originally developed by *Save the Children,* a Non-Governmental Organization (NGO) widely known for its actions to combat forms of violation and exploitation of the rights of children and adolescents. The NGO has offices in several countries around the world, with Brazil being the reference in Panama. The final version of the program was adapted by a team of Brazilian researchers from all macro-regions of the country following seven steps: i) complete translation of the manuals originally in English; ii) adaptation of the activities to the Brazilian reality and reduction in the number of sessions; iii) collaborative evaluation of the team involved in each of the activities described in the Brazilian version; iv) pilot application (feasibility study); v) reformulation of some meetings due to the inadequacy of the activities or lack of participation of children in the feasibility study; vi) analysis by judges external to the proposing team; vii) reformulations based on the considerations of judges with renowned knowledge in the area in which the study is located (Pessoa et al., 2023). The adapted program consists of eight sessions (each lasting 1h30-2h) and is divided into two parts. In the first, the proposal is to create a safe and welcoming environment so that children can express their feelings and thoughts, as well as strengthen bonds with peers who have had similar experiences (Sessions 1-3). In the second part, the content is limited to specific themes alluding to the catastrophe – in the case of the Brazilian context, the pandemic (Sessions 4-8).

The sessions consist of playful, artistic, and physical activities that aim to promote mental health and trigger resilience processes in children who have experienced catastrophes or disasters (such as the pandemic). In terms of pedagogical and philosophical principles, the program understands that resilience processes emerge when participants understand what a disaster is, understand the reasons that generated it, discuss the impact on their families and communities, develop positive expectations for the future, reflect on losses (affective and material), and mitigate feelings of guilt for the occurrence of the disaster or the loss of loved ones. The program was presented in a manual that describes the activities in detail, as well as presents suggestions for mediations that can be carried out by the professionals who conduct it. The team of researchers involved named the program ConViVer (in free translation: Coexist) (see more about this in Pessoa et al., 2023).

Instruments

As part of the verification of evidence of the intervention's effectiveness, several quantitative and qualitative instruments were used. However, this study will present data derived from the five-field map (FCM) technique, which aims to assess the structure and strength of people's emotional and social support networks. FCM was originally developed by Samuelsson et al. (1996) and was adapted to the Brazilian context by Hoppe (1998). This instrument consists of creating six concentric circles on a surface (paper or board), with the respondent represented in the center of the image. Around the participant's image, the researchers insert five other circles. The participant is asked to insert protective figures identified in their own context whether through drawings, collages or writing. The closer these protective figures are inserted to the center, the more effective the social support is perceived by them. The circles around the participant's figure are called "Levels" and range from 1 to 5, with 1 being the closest to the participant's figure and representing the strongest bond. The participant must insert their protective figure at the level they deem appropriate according to five fields indicated on the map which represent areas of their life such as family and friends. This technique allows the evaluation of the quantity and quality of relationships established by the child in their own support network. The literature has indicated that resilience and mental health promotion processes are associated with the availability of a regular and consistent support network (Pessoa et al., 2017).

Procedures

The project strictly followed the guidelines established by the National Health Council, through resolution 510/2016, and was approved by the Human Research Ethics Committee of the Federal University of São Carlos (CAEE: 56969322.7.0000.5504). The children's guardians signed the Informed Consent Form (ICF) and the children signed the Assent Form (TA). The words used, both in the documents and in the conversations, respected the cognitive resources of the guardians, as well as the level of psychological development of the children. Before starting the intervention itself and the other data collection procedures, the research teams committed to establishing a bond of trust with the children, since the sessions could mobilize content with a strong affective and emotional charge.

The fieldwork was carried out in several stages, which included, in summary, the pre-test phases with both groups

(GEx and GC), intervention with GEx, post-test with both groups and intervention with GC. The intervention sessions with GEx occurred once a week, totaling approximately two months. The intervention with GC was carried out two months after the post-test.

Before data collection began, training was organized for the teams involved in research in the various cities. This training included content related to the application of the different research instruments, as well as the management of the activities that made up the program. In this space, there was also a fruitful discussion about ethical issues relevant to the execution of the research.

Subsequently, contact was made with the school to organize the recruitment of children who met the inclusion criteria. Invitations were sent and authorization (signature of the informed consent form) was requested by the guardians so that the children could participate in the research and intervention. There was also careful communication to the children about the project and that, in order to participate, they would need to indicate full agreement through the TA.

Next, the instruments were applied in the pre-test stage with both groups (GEx and GC). Data collection took place in small groups, in an appropriate environment, with lighting and privacy, so that participants could feel safe and comfortable. After the pre-test phase, the GEx and GC were randomly selected to begin the intervention itself. The program activities were developed at the school itself, during the same shift as the classes. The room was prepared in advance to adequately accommodate the children, and all the materials and resources needed for each session (paper, graphic pieces, colored pencils, markers, glue, scissors, among others) were organized in advance by the local research team.

In the week following the end of the intervention, a post-test was conducted with the GEx and GC, which consisted of applying the same instruments used in the pre-test phase. The aim was to verify possible changes caused by the program in the MCC data. To ensure ethical principles, after data collection with both groups in the post- test, the intervention was also offered to the GC. The data compiled with both groups allowed for the performance of intergroup comparative analyses.

It is worth noting that the researchers explained how each stage of the MCC worked, so that the children could accurately understand all the instructions. The children were asked to select the people they could trust and count on the most (in the face of challenges and adversities) in each of the following areas: (1) *family and relatives,* 2) *friends,* 3) *school,* 4) *institutions,* and 5) *community.* The researchers used a recording sheet to store the data and later incorporate it into spreadsheets. For the MCC to be filled out in a playful way by the children, faces of people with different phenotypic and *ethnic* characteristics were provided, so that the children proceeded to glue them into the concentric circles.

Data Analysis

The data collected with the instrument (MCC) were analyzed considering the total number of people included in the map, the number of people in each field and their level of proximity in relation to the central circle. This analysis was done to compare the results obtained by applying the MCC before and after the intervention with the two groups (GEx and GC). In this analysis, it was possible to evaluate, for example, the quality of the links by the proximity factor. This indicator is made possible by means of a formula in which the number of people represented in the first level is multiplied by eight; in the second level by four; in the third level by two; in the fourth level by one; and, finally, in the fifth level, it is multiplied by zero. Secondly, the sum of these multiplications is divided by the total number of people mentioned (Siqueira, 2006). The result of this calculation varies from 0 to 8 points. Values between 0 and 2.6 are of low strength, between 2.7 and 5.3 are of medium strength and between 5.4 and 8 are of high proximity strength. Thus, the more people the participant attributes to the first level, the greater the proximity factor (Siqueira, 2006). It should be noted that this research did not investigate the presence of conflicts and ruptures in each of the relationships with the people represented in each field.

The groups were also characterized in relation to their main descriptive measures and their respective deviations. Then, the groups were compared at the pre- (T1) and post-intervention (T2) moments, using the robust t-test for truncated means and dependent samples of Yuen (1974). Next, the values of the differences (GEx^2-GEx^1) and (GC^2-GC^1) were calculated and compared using Yuen ‘s robust t-test. The robust version of Cohen’s d for the size of the explanatory effect δt (Algina et al., 2005) was calculated to estimate the magnitude of the differences between the means. Values of | δt | around 0.20, 0.50 and 0.80 were considered small, moderate and large, respectively (Cohen, 1988).

Results

GEx children (n = 9) reported, prior to the intervention (T1), having a total of 131 relationships (M = 14.55 per child). After the intervention, the total number of relationships in the group increased to 127 and to an average of 14.11 per child. As can be seen in Table 1, the fields with the most people mentioned in the GEx pre-test were family and relatives (58 relationships) and friends (30 relationships). The least mentioned fields were community and institution, respectively, with 9 and 12 relationships mentioned by the GEx children. Despite being one of the least mentioned, the Institution field was the only one to register, in the GEx pre-test, a strong strength of bonds (5.83). The other fields presented average strength

of closeness.

Table 1

Number of relationships (rel.), approach factor and percentage of relationships per child

		Family and Relatives			School			Institution			Friends			Community		
		Rel.	Factor	%	Rel.	Factor	%	Rel.	Factor	%	Rel.	Factor	%	Rel.	Factor	%
GEx	T1	58	3.95	6.4	22	4.82	2.44	12	5.83	1.33	30	4.93	3.33	9	4.44	1
	T2	42	5.17	4.66	30	4.6	3.33	16	5.3	1.78	29	5.65	3.22	10	4.7	1.11
GC	T1	61	4.69	6.78	48	4.44	5.33	11	4.45	1.22	20	5.10	2.22	7	4.0	0.78
	T2	58	4.52	6.44	40	4.8	4.44	15	3.8	1.67	32	4.53	3.55	11	6.09	1.22

In the results obtained in the post-test, the field most cited by GEx remained family and relatives, with 42 relationships, but the school field became the second context with the most people cited (30 relationships). The least cited fields remained the same, with 10 and 16 relationships in the community and institution, respectively. The strength of the bonds in the friends' field in the post-test (Factor = 5.65) went from average to strong. Although there was a significant change in the family and relatives' field (T1 = 3.95; T2 = 5.17), this and the other fields maintained a strength of proximity considered average.

On the other hand, children in the control group GC ($n = 9$) reported, at the first moment (T1), 147 relationships ($M = 16.33$), *while 156 relationships (M = 17.33)* were identified in the post-test. Despite this change in terms of the number of people mentioned, it was found that there was a decrease in the strength of ties in the field's family and relatives, institution and friends (although this change did not imply changes in the strength of closeness in these fields, which remained classified as average). Both at T1 and T2, the fields most mentioned by the GC were family and relatives, with 61 relationships in the first test and 58 in the second, and school, with 48 relationships at T1 and 40 at T2. The fields with the fewest people mentioned remained the same at both moments evaluated: community (T1 = 7; T2 = 11) and institution (T1 = 11; T2 = 15). Regarding the proximity factor, in the pre-test phase the strength of the links in all fields was classified as average. There was a change in the post-test in the community field for the GC, which now had great proximity strength.

In the analysis by level of proximity, described in Table 2, it was observed that most relationships were at Level 1 for both groups. However, it is possible to see that while the percentage of relationships at this level increased from 39.69% to 50.39% for the EG after the intervention, in the CG this number fell from 44.90% in T1 to 41.67% in T2. In the same direction, a decrease in the number of relationships at Level 5 was observed in both groups, but more substantial changes were identified in the GEx. At this last level, the percentage of relationships fell from 12.98% to 3.94% in the GEx, while the decrease in the CG was from 17.01% to 10.90%. The joint analysis of the data in Tables 1 and 2 suggested that there was a decrease in the number of people indicated in the support network of the GEx children between the T1 and T2 phases. However, the data revealed that there was an improvement in the amplification of the perception of the strength of proximity of these people.

Table 2

Distribution of relationships (rel.) by level of proximity

		Level 1		Level 2		Level 3		Level 4		Level 5		Total	Average
		Rel.	%	Rel.	%	Rel.	%	Rel.	%	Rel.	%		
GEx	T1	52	39.69	31	23.66	22	16.79	8	6.11	18	13.74	131	14.56
	T2	64	50.39	31	24.41	19	14.96	8	6.30	5	3.94	127	14.11
GC	T1	66	44.90	26	17.69	16	10.88	14	9.52	25	17.01	147	16.33
	T2	65	41.67	36	23.08	21	13.46	17	10.90	17	10.90	156	17.33

Table 3 presents the descriptive measures of each group, in the pre and post intervention period, by MCC dimension. Yuen 's (1974) robust t-test for truncated means indicated that the GEx, compared to itself, presented a moderate increase in the dimensions family (robust version of Cohen's d for the measurement effect $\delta t = 0.56$; p = 0.11), institution ($\delta t = 0.36$; p = 0.22), friends ($\delta t = 0.33$; p = 0.20) and Total ($\delta t = 0.59$; p = 0.03), but not in the school ($\delta t = 0.08$; p = 0.85) and community ($\delta t = 0.02$; p = 0.95) dimensions. On the other hand, the GC variations between the pre- and post-intervention period were considered to be of low magnitude (δt between 0.07 and 0.29), indicating stability in this group between T1

and T2. Regarding the pre- and post-intervention differences between the GEx and GC groups, the means show that the effect size in favor of the GEx was of moderate magnitude in the family dimensions (δt = 0.4; p = 0.26), institution (δt = 0.53; p = 0.07), friends (δt = 0.41; p = 0.07), community (δ t = 0.33; p = 0.45) and total (δt = 0.64; p = 0.11).

Table 3

Score by dimension (according to the formula) of the control (GC) and experimental (GEx) groups in the pre- and post-intervention

Variables	GC[1]	GC[2]	GEx [1]	GEx [2]	Diff (GEx[2]-GEx[1])- (GC[2]-GC[1])
Family					
Mean (95% CI)	5.2 (3.6, 6.7)	4.9 (3.3, 6.6)	3.8 (3.2, 4.5)	5.0 (3.5, 6.5)	1.4 (-1.4, 4.2)
DP	2.1	2.1	0.9	1.9	
Mdn (Min, Max)	4.7 (2.0, 8.0)	4.5 (2.5, 8.0)	3.7 (2.9, 5.4)	4.5 (3.0, 8.0)	
School					
Mean (95% CI)	5.3 (3.3, 7.2)	4.8 (2.9, 6.8)	4.4 (2.1, 6.7)	4.6 (2.8, 6.3)	0.05 (-1.7, 1.8)
DP	2.5	2.5	3.0	2.3	
Mdn (Min, Max)	4.7 (1.9, 8.0)	4.7 (0.0, 8.0)	5.0 (0.0, 8.0)	4.7 (0.0, 8.0)	
Institution					3.7 (-0.4, 7.8)
Mean (95% CI)	3.5 (0.9, 6.2)	2.2 (-0.1, 4.5)	3.6 (0.8, 6.3)	5.8 (3.2, 8.4)	
DP	3.4	3.0	3.5	3.4	
Mdn (Min, Max)	2.0 (0.0, 8.0)	0.0 (0.0, 8.0)	4.7 (0.0, 8.0)	8.0 (0.0, 8.0)	
Friends					2.1 (-0.3, 4.4)
Mean (95% CI)	5.1 (2.4, 7.9)	4.1 (1.6, 6.6)	4.4 (2.0, 6.7)	5.8 (4.1, 7.6)	
DP	3.6	3.2	3.0	2.3	
Mdn (Min, Max)	8.0 (0.0, 8.0)	3.8 (0.0, 8.0)	4.5 (0.0, 8.0)	5.6 (2.5, 8.0)	
Community					-0.46 (-3.8, 2.0)
Mean (95% CI)	2.4 (-0.4, 5.3)	3.8 (0.9, 6.8)	2.5 (0.1, 4.9)	2.6 (0.0, 5.1)	
DP	3.7	3.8	3.1	3.3	
Mdn (Min, Max)	0.0 (0.0, 8.0)	4.6 (0.0, 8.0)	1.0 (0.0, 8.0)	0.0 (0.0, 8.0)	
Total					1.2 (-0.3, 2.6)
Mean (95% CI)	5.3 (3.8, 6.9)	5.2 (3.8, 6.6)	4.3 (3.6, 5.1)	5.4 (4.2, 6.5)	
DP	2.0	1.8	1.0	1.5	
Mdn (Min, Max)	5.5 (2.5, 8.0)	4.3 (3.5, 8.0)	4.3 (3.0, 6.4)	5.2 (3.3, 8.0)	

[1] pre-intervention; [2] post-intervention

Discussion

The results of this investigation demonstrated that there was a decrease in the number of people mentioned by the GEx children between T1 and T2, but there was an increase in the proximity factor of some fields. While the GC children indicated fewer people in Level 1 of the MCC (which suggests stronger support networks) in the post-test phase, an increase in people indicated by the GEx in this same field was noted after engaging in the intervention. Furthermore, in the friends' field, for example, there was a change from medium strength (T1) to high strength of proximity (T2). This may have occurred because the children developed new relationships with peers or even strengthened existing ones during the program, so that they began to have a more positive perception of the type of help they can receive from friends.

It is important to emphasize that having a broad emotional and social support network can be essential in the face of stressful events, such as the grieving experiences experienced by children (Lytje et al., 2022). However, as also discussed by Aoun et al. (2019), the perception of social support received during the grieving process can be very diverse. Thus, it is not necessarily about the number of people, but the quality of the bonds established and the subjective perception that the child has of these protective figures (Nascimento et al., 2016). It is therefore suggested that psychosocial intervention

programs of this size aim to apply support networks, but also direct efforts to strengthen those that the child already has.

The correlation analyses employed showed that there were moderate changes in the field's family and relatives, friends and total in the GEx, when comparing the data from the group itself collected before and after the intervention. In the same direction, when comparing GEx and GC between periods T1 and T2, moderate changes were also identified in the family and relatives, institution, friends, community and total fields. Since there was stability in the GC between the pre-test and post-test phases in the GC and evidence of satisfactory results in the GEx, it is considered that these findings attest to the validity of the program for expanding the affective and social support network of children who experienced grief due to the COVID-19 pandemic. However, it is also relevant to say that the school field was the only one that did not present statistically significant changes or changes in the strength of closeness before and after the intervention.

Despite the decrease in the total number of relationships reported in the family and relatives' field, it was possible to note that there was a strengthening of the perception of support received by children in this field. It is reiterated that the quality of bonds is more important than the quantity of bonds established (Nascimento et al., 2016). This data is not restricted to the MCC literature, since the quality of family bonds has proven to be more important than their quantity also in the face of other stressful events (Benca-Bachman et al., 2020), for the promotion of mental health during the COVID-19 pandemic (Tso & Park, 2020), as well as for the support of children grieving the loss of their caregivers (Wray et al., 2022).

According to the systematic review by Wray et al. (2022), the most useful types of support for grieving children come from people who were already known to the children before the loss. This highlights the importance of strengthening the support network in the family and relatives' field, since these are the relationships that children tend to be most exposed to since birth. For a child, the grieving process can take years and occurs, to a large extent, in the family context, especially when the loss was of someone belonging to the family itself (Tracewski & Scarlett, 2022).

The field of institution refers to institutional contexts that go beyond school, such as religious, security, and health institutions; however, it is the people who work in these institutions who may or may not play important roles in children's lives. Previous studies have already pointed out that spirituality and connection to religious activities can be important components in the elaboration of children's grief (Ludik & Greeff, 2020; Pandya, 2017), especially in cultures that mostly follow the same belief (Łęgowska & Krakowiak, 2018), as is the case in Brazil, where 70% of the population considers itself Christian and 89% believes in God (Institut Public de Sondage d' Opinion Secteur [IPSOS], 2023). Beliefs and spirituality can offer meanings of existence in the face of death, helping to accept it and deal with loss in healthier ways (Łęgowska & Krakowiak, 2018). Despite recognizing the importance of spirituality during the grieving experiences that children go through, it is important that they have other institutional contexts to access, if they feel the need.

Health professionals, such as therapists and professionals working in different institutions, can also be perceived by grieving children as important protective figures. The perception of social support received by them, according to the literature, can occur through services offered directly to the child when the loved one was in the terminal phase or when the child perceives that these professionals offered comfort to their family members in the face of imminent death (Aoun et al., 2019). According to Wray et al. (2022), the support of such professionals is understood as beneficial by children when relationships are established honestly and through assertive and consistent communication. Such resources, according to the authors, help promote their well-being and help build internal mechanisms for coping with pathological grief.

Regarding the community field, the literature has also highlighted the beneficial effects that this context can have on the lives of children who have lost loved ones. The community, which goes beyond the notion of territoriality (Castells, 2003 as cited in Oberg, 2018), involves people who are part of the children's social context and who face similar daily challenges, which can contribute to the establishment of relationships based on reciprocity and mutual support. The community can reduce social isolation, facilitate the expression of grief, and promote coping skills for the misfortunes generated by loss, as evidenced in the research by Ridley et al. (2021). Children need to know that, despite the death of loved ones, there are other people who are part of their community who can protect them and offer the support they need (Brinich, 2023).

Regarding the field of friends, whose intervention proved to be able to qualify the proximity factor, there are also important records in the literature on the subject. For Lytje et al. (2022), the social support received by adults in the face of grieving experiences seems to play a more relevant role, especially for younger children. However, older children turn to and rely on their peers to deal with the loss of loved ones. Children who receive support from friends tend to demonstrate a feeling of gratitude when their friends can demonstrate understanding and gestures of support, even though death is still unknown to some, due to their young age. In addition, sharing affective memories of grieving children with other children who already knew the deceased person seems to have a positive effect, as they feel safer when talking to close friends or friends they already knew before the fatality, without fear of being teased or hurt (Lytje et al., 2022; Wray et al., 2022).

Paradoxically, the school environment was the only one in which the intervention did not produce statistically significant changes, despite the intervention having been conducted in this context. The closure of schools during the pandemic promoted a distancing that seems to have weakened students' bonds with the school community (Maiya, 2021). The scientific literature on children's grief and its interface with the school is still incipient. Figueiredo (2022) and Lytje (2017) highlighted the lack of preparation of schools and professionals to deal with children's grief, which is a serious

indicator given the many deaths that have occurred in the context of the COVID-19 pandemic. The school may have to deal with grief directly, when grief is experienced due to the loss of someone in the school community, or indirectly, when it is experienced only by a student or employee (Figueiredo, 2022). In both cases, it would be important for this topic to be addressed openly and respectfully in the school context itself. However, according to Lytje (2017), it is common for the school community to neglect the subject, precisely because they do not know how to address it properly. This can lead to feelings of isolation, institutional disaffiliation and, in some cases, lead to the emergence of humiliating and degrading situations that are characterized as *bullying* (Lytje, 2018).

Lytje 's (2017) research indicated that 98% of Danish state schools have grief response plans that are highly supportive and easy for teachers to implement. However, some of the challenges are when teachers implement excessive care, such as constantly asking how children are doing or giving clear privileges to grieving students. This can be aggravated when grief is forgotten in the long term, as it can make the child feel isolated and unsupported. Regarding the feeling of isolation, it is not uncommon for children to experience it as soon as they return to school, since their loss makes them feel different from their peers (Wray et al., 2022). It is suggested that further research be conducted in the national context to evaluate the role of schools in the grieving process, as the present study did not show that the proposed intervention program strengthened the perception of support received by children in the school context.

Final Considerations

This study aimed to evaluate the effects of a psychosocial intervention on expanding the perception of the emotional and social support network of children who lost one or more loved ones due to COVID-19 infection. In summary, the results showed that the intervention was able to increase the strength of proximity in the friends' field, as well as increase the frequency of people mentioned in Level 1 of the MCC. In addition, the averages showed that the effect size in favor of GEx compared to GC was of moderate magnitude in the dimension's family, institution, friends, community and total.

Among the methodological limitations, it is worth noting that follow-up measurements were not performed, so it was not possible to verify whether the positive results obtained were maintained over time. Furthermore, the results cannot be generalized, so it is recommended that this study be replicated with other populations to check whether the positive effects are similar in other realities.

The proposed intervention program allowed, among other benefits, children to define what affective and social support networks are and to identify people in their development contexts who exercise or can exercise protective and caring functions. By appropriating these concepts, children became more discerning in selecting people, which explains, albeit partially, the fact that the number of people on their maps decreased and, at the same time, the strength of proximity in some areas increased. It is hoped that the findings of this investigation will inspire new intervention models that help to strengthen the subjective feelings of children who have lost loved ones, whether due to the COVID-19 pandemic or even in other life circumstances.

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