

## ***Women's Narratives on COVID-19 Trauma***

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### **Abstract**

COVID-19 is a crucial moment in the world's history, not only because of the life/death challenges our society faces, but communication challenges to deal with fear, panic, and anxiety. Newspapers, TV News, Political Speeches are used to shape our thoughts about this pandemic. In this sense, it is important not only to evaluate them but most of all to understand people themselves and their personal perspective. Therefore, it is necessary to understand their behaviour, similarities, differences and heterogeneities, country, level of education, social position and to understand them simultaneously as individuals and members of society, with a cultural reference and value-sharing systems that portray a collective memory (Halbwachs, 1992). This paper focuses on a specific group – Women - through their own narratives, analysing the way they communicate their thoughts, feelings, and concerns towards this pandemic, analysing the content of their narratives. For this purpose, it was created a blog called WOMANITY at the beginning of March 2020 that gathered testimonies from women of different countries and backgrounds. “Humans are storytelling animals” (Alexander, 2012). In this sense, the central object of this project is on the way in which people and cultures represent and respond to the pandemic. To represent trauma is already to overcome it and transform it into memory, contributing to cultural referencing and collective identity and to the increase of lost social capital (Bordieu, 1986).

Keywords: Women, Communication, Narratives, Covid-19, Trauma

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## Introduction

According to Merriam-Webster, the word of 2020 was “pandemic”<sup>1</sup>, and according to the Washington Post<sup>2</sup>, “miss” is one of the verbs which better describes it. We all understand why. Humanity is living the exact same experience, in different parts of the world, where men and women try to survive lockdown, disease, death, and uncertainty.

Our societal, norms, practices, values, and rituals were damaged by an unexpected event, which destroyed our sources of support (Erikson, 1995). The result was a collective trauma, which occurs when an event disrupts many people in a specific period, devastating for individuals and groups, not only direct victims but also society as a whole.

Most of the literature about collective trauma focuses on the idea of the perpetrator, giving examples of some of the most studied cases in the world, the Nazis in World War II, Khmer Rouge in Cambodia, and slave owners as people to blame. In those cases, there was a real enemy, with a face to it. During the COVID-19 pandemic, we are fighting an invisible enemy and the unknown. The way in which each one reacts to it could be completely different depending on their personality, environment, and background. From isolation to surprise, from sadness to frenzy, and even enthusiasm, the different coping strategies are considerable. In this sense, it is important to understand people and their personal perspective, simultaneously as individuals and as members of society, with a cultural reference and value-sharing systems that portray a collective memory (Halbwachs, 1992).

In this sense, it is crucial to restrict this understanding to one of the most affected groups – women - who suffered devastating effects in their lives. “The damage is incalculable and will resound down the decades, into future generations.” stated UN Secretary-General António Guterres at the opening of the sixty-fifth session of the Commission on the Status of Women (2021). The list of consequences is long and listed on reports and studies that concluded the pandemic intensified existing inequalities between women and men in almost all areas of life. The European Institute for Gender Equality (EIGE) released new findings on the impact of COVID-19 on gender equality. During the first wave of the pandemic, employment for women reduced by 2.2 million across the EU, and those working in retail, accommodation, residential care, domestic work, and clothing manufacturing suffered even more. Work-life balance pressures have increased due to remote work and online schooling. In addition, the European Commission report on gender equality (2021) found, domestic violence rose 32% in France during the first week of the lockdown and in Lithuania increased by 20% in the first three weeks. According to the report, women spent on an average 62 hours per week caring for her children (compared to 36 hours for men) and 23 hours per week doing housework (compared to 15 hours for men) during the lockdown. Women in the paid workforce were often on the frontlines, tackling the pandemic with a rise in workload, health risk, and challenges to work-life balance.

When we consider traumatic events in general, COVID-19 included, women are more likely to meet diagnostic criteria for post-traumatic stress disorder (PTSD), according to a 25-year research reported in Psychological Bulletin (2006) by American Psychological Association

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<sup>1</sup> Merriam-Webster. (2021, April 7). *Word of the Year*. <https://www.merriam-webster.com/words-at-play/word-of-the-year>

<sup>2</sup> Washington Post. (2021, January 10.). *2020 in one word*. <https://www.washingtonpost.com/graphics/2020/lifestyle/2020-in-one-word/>

(APA). The reason? The interaction between biological and social vulnerability (gender norms, roles and responsibilities socially determined), genetic and biological factors play a role in the higher prevalence of depressive and anxiety disorders among women (WHO, 2021). Levels of loneliness, depression, harmful alcohol and drug use and self-harm or suicidal behaviour are likely to rise due to effects of COVID-19 quarantine on people's usual activities, routines, or livelihoods (WHO, 2021).

### ***Narratives, Trauma and Resilience***

"Humans are storytelling animals" (Alexander, 2012) and narrative plays a central role in human communication and social interaction as a necessary strategy of human expression and a fundamental component of identity (Altman, 2008). It is an instrument of education, to acquire elements that form conceptions for the understanding of the world (Benjamin, 1983) and emerges as a form of transmission of collective memory (Halbwachs, 1990) and an instrument of heritage education, creating conditions for a pedagogical process based on listening through stories that allow the human being's reflexive capacity. Thus, narrative is a cultural form supported by the mnemotechnics of language and holds a social-historical significance, "contributing to reflection and wonder in society" (Benjamin, 1936).

Its practice is especially valuable in times of crises or trauma that can be relieved thanks to diverse narrative practices (Pellicer-Ortín, S., & Sarikaya-Şen, M. (2021). Trauma narratives raise important questions about the possibility of verbalizing the unspeakable, narrating the unnarratable, and making sense of the incomprehensible. "The lack of clarity and the existence of a communication vacuum and meaning deficit of a crises create a discursive space that is filled by narratives, often multiple and conflicting." (Seeger & Timothy, L., 2016). These trauma narrative answers five main questions about the trauma, what and why it happens, who makes it happen, when it happens and how people should respond to these events (Heath, 2004). They are influenced by the narrator point of view, culturally, ideological, psychological, and physically speaking. The form, structure, storyteller, audience, channel, and frequency, as well as probability and fidelity of the content, influence the meaning, lessons, and outcomes.

But the significance of trauma narrative has been theorized in different ways, some of them marked by scepticism, but to some extent, a shift has occurred since the 1990s. For example, Deborah Horvitz's readings of women's trauma writings (2000) identify "the protagonists' varying capacities to use art, especially narrative, as a method of 'working through' or healing from trauma" as a recurrent trope (18).

In this sense, this paper follows Horvitz's perception of narrative and its positive outcome, by focusing on the way women represent and respond to the COVID-19 event. Represent this specific trauma is already to overcome it and transform it into memory, contributing to cultural referencing and collective identity and to the increase of lost social capital (Bourdieu, 1986). The current pandemic presents itself as an intergenerational, intercultural trauma, with serious, large-scale political, social, psychological, and economic consequences. The historical and social context, and societal coping strategies will determine the impact of these consequences of trauma. Abramowitz (2005) found that community members who developed collective narratives resisted social disintegration and had fewer post-traumatic stress symptoms than communities with narratives of abandonment and isolation. Public narratives that emphasise overcoming and survival can contribute positively to a post-traumatic growth

of socio-cultural context (Tedeschi & Calhoun, 2004) as a source of resilience in response to adversity and trauma.

Narratives, together with other devices can be essential tools in community interventions aimed at psychosocial recovery. Particularly now, new technologies and social networks broaden the scope and gave the possibility to citizens to use them to seek information, discuss and share personal stories, while interacting with other users regarding issues related to the perceived crisis (Papa & Maniou, 2020), using social media for emotional support and recovery (Stephens and Malone, 2009; Austin, Fisher-Liu, and Jin, 2012; Gerbaudo, 2012)

## **Methodology**

### ***Aim and Scope***

*Womanity - Together* blog was born on March 2020th to draw attention to women's crucial role as doctors, nurses, mothers, wives, teachers, and professionals in this unique moment of our history. "Womanity" is understood as womanliness - the nature of a woman, her traits, features, and how she behaves facing trauma. The main goal of this project was to share stories, feelings and experiences from different backgrounds and cultures about the same traumatic phenomenon, to strengthen the sense of community and union of feelings, in an exercise of empathy and support to overcome such a difficult period. Recognizing similar situations in different countries is paramount to create empathy among human beings.

In a second phase, a study of these testimonies was put into place to understand women's perception and to understand how women represent and respond to the same traumatic event as a narrative rather than a simple evaluation of facts. It is a duty of memory as recalled by the Italian writer and chemist Primo Levi, a prisoner at the Auschwitz concentration camp (Ricoeur, 2003) to pass on a legacy to future generations.

### ***Participants and Procedure***

Women from around the world, from twenty different countries, particularly from European countries, participated in this study that analysed testimonies between April 2020 and April 2021. The result was 70 testimonies from women between 20 to 60 years old, from different cultures, political and social backgrounds, and jobs in various fields, but most of them were teachers or health workers. They lived together with their families (husband and children); some lived with a partner, and a few of them lived alone. Diversity was the primary goal to underline the extension of a global problem that affected everyone, young and old, poor, and rich, maybe in surprising ways and to find common patterns. The testimonies were gathered by email/blog submissions, published in the participants' mother tongue so they could better express themselves, English, French, Portuguese, and Spanish. The prompt was simple, "please, send us your testimony and lived experience during this special moment - write whatever you feel is important to you". In most cases, the length of the texts was the same with three paragraphs.

The data was analysed through content analysis, that followed the common procedure of pre-analysis (choice of material, data collection, hypothesis formulation, goals) and study of the material (coding and developing categories). In this last step, a selection of the information was made, through the removal of unnecessary or repeated information. The result was 292 entries, fragments of each narrative. Content analysis was then used to identify intentions,

communicate trends, determine psychological or emotional state, and reveal international differences in communication content, and revealing patterns in communication content. Then two types of analysis were put into place, conceptual analysis of the frequency of concepts, and a relational analysis by examining the relationship among concepts, capturing the emotional and psychological state of the writer.

Next, seven types of themes were selected: feelings/emotions (164 entries); routines (50 entries); facts (35 entries); life lessons (19 entries); political opinion (16 entries); religion (2 entries). Women exposed their feelings, fears, anxieties, and expectations in a higher percentage when compared with facts (such as routines, information about their countries, or even their own needs). Three of the emails received showed appreciation for having this platform available and confessed they cried during the process, which was perceived as a personal exercise.

## **Findings and Results**

### ***State of Mind and Paradoxes***

Most of the testimonies showed a negative and a positive approach simultaneously, reflecting a puzzled state of mind. Different feelings arose, but “miss” and “fear”, were the most referred ones, with 48 entries and 42 entries each. Missing family and friends, missing in the sense of physical distance, translated into “I miss to hug them and kiss them”, even when coming from people who admitted they had never been keen on physical contact. This specific aspect is related to cultural attributes, more prevalent in testimonies from southern European countries such as Portugal, Spain, Italy, and in Latin America, such as Brazil, and Colombia. Besides, some of the respondents are living abroad away from their families and country and forced to stay separated for a long time and missing important festivities or special moments.

The lack of connection made them lose control and guidance during lockdowns and especially when difficult situations happened, such as depressions, miscarriages, job losses, among other issues. An animal therapist, 33 years old from Belgium recognized that,

*“not seeing my family and friends in Belgium was very difficult, especially when I had a miscarriage, and did not have the support I wanted and needed so badly”*

Missing routines and old habits, going out with friends, going to restaurants and museums was mentioned several times by single women or married ones with or without children. This feeling was not related with the context, but with their own personalities and previous life. During lockdowns, this was extremely difficult for most of them. They found these activities as a getaway from their lives, so they suffered immensely and were a source of friction with their families, arguing more with their partner or even children. An IT Consultant, 24 years old from Poland expressed herself clearly and resume these feelings all at once.

*“I miss my family, friends, country, my previous life, and old routines. I miss my family a lot, especially my mother”*

Fear was another predominant feeling. Fear of losing someone; fear of losing hope. The fear of the unknown, however, dominated the testimonies during the first lockdown in April-May 2020. What they feared the most was to think about the possibility of their family members

being infected. Some testimonies reflected serious consequences, namely obsessive-compulsive behaviour. A Financial Director, 40 years old, from France, acknowledged,

*“Then the fear happened (...) I was petrified of the unknown. (...) There have been times where some fear of this unknown situation has taken over.”*

Women did not know how to react, and the media did not help this state of mind. The news with statistics, crowded hospitals, or scary situations worldwide emphasised a state of vigilance and alertness that influenced them negatively. After the first two weeks of lockdown, women decided to stop watching the news for self-preservation.

A 38-year-old entrepreneur from Russia confessed that for her the biggest damage of the pandemic was the strong media involvement that put “this blunt fear into people’s head. The fear that prevents from thinking, and as a result, people become easier to manage and to manipulate”. The attitude towards their own situation depended on the participants’ condition, if they were infected, they would try to rationalise the situation, and their role in the pandemic itself. Health workers working directly with COVID-19 patients would be very rational and professional. A statement prevailed among all of them in this study: this situation would change health workers; they would not be the same after the pandemic. An extreme situation that tests the psychological capacity of even the most experienced. A doctor working with COVID-19 patients, 27 years old, from Portugal depicts,

*“It was unbelievable, nobody knew if they were doing their best, but nobody ever gave up or gave in, because in the end the important thing is always the well-being of the patient”*

As stated above, even though most of the testimonies showed concern and fear, they also showed hope and lessons learned from the experience. At the time of the writing, women tried to find ways to cope with the situation and being hopeful, showing a mixed feeling testimony. A teacher, 35 years old, from Portugal, mother of two expressed her positive attitude towards this difficult context:

*“Covid brought me, like to everyone, so many hard moments: loneliness, fears, anxiety, but I believe that it also made me look at life differently. I went from superwoman to a survivor.”*

### ***Routines and Concerns***

Under lockdown, a work-life balance was proven to be difficult to achieve and this was often stated in the testimonies. Women mentioned a strict daily life, taking care of children, chores, remote work. To be able to overcome these issues they focused on others and forgot about themselves and their personal needs and desires. This was obvious since the most written words in the testimonies were family and friends, with 55 and 49 times written, each. When mentioning their needs, they underlined the difficulty in combining several roles, such as mother, professional, wife, and woman. It brought them to despair, tiredness and in some cases, depression. A researcher, 35 years old, from the United States confessed,

*“I’m also tired of being engaged all day in this. (...) But time went by, we had to re-educate ourselves, in the same space and without breaking trying to be the mother, the professional, the teacher, the housewife, the wife and without forgetting, but*

*always last, the person I am. Every day, at the end of the day, it remains and always with the doubt or demand that it could have been given more or been better.”*

Some testimonies from southern Europe still show the obligation to serve the house and the family as a given, as showed in a testimony of a 42-year-old engineer, from Portugal.

*“All by myself and I went on autopilot because it had to be that way, for the family, I didn't think much and didn't complain. Now I look back, and it was heavy for me, but at the time, I did not feel it.”*

A common concern during the lockdown was the ability to combine remote work with family and online schooling. In fact, online schooling was an issue itself, usually seen as non-productive and inefficient from mothers' perspective and with serious long-term learning effects. According to the respondents, younger students felt a lack of motivation and interest alongside with internet issues and lack of teachers' preparation due to the sudden change of teaching methods.

However, remote work was seen as a positive outcome, saving time in commuting, which led to more time spent with family, and to being more productive. This fact follows the world tendency to change work habits, where remote work is becoming a trend. A trainee 26 years old, from Venezuela,

*“At a work level, although it seems strange, I loved remote work; even my bosses said that I am more productive at home”*

Also made possible for people to move to the countryside to improve their quality of life. A lawyer and an English Teacher moved to the Azores Islands, and both agreed it had a positive outcome.

*“I have been fortunate enough to be able to continue working a full schedule and teaching English online. This pandemic has allowed me to be closer to my parents while working online”.*

*“This is how, after 20 years living in a European capital, we moved to an island. We are delighted with this move (...) our daughter grows up in a freer and healthier environment, we have increased our income, reduced expenses, and we have more quality time together”*

Also, the travel restrictions allowed women to rediscover their own countries, exploring them with family and friends. It did not matter the size of the country or features, women from different parts of the world showed this desire, namely in Romania and East Timor.

### ***Perspectives and Opinions***

Facts about one's country, statistics, and description of hospitals and their conditions were also mentioned, alongside political views or the participant's thoughts on governmental decisions. Lack of leadership, inadequate social measures, and media manipulation causing increased fear, were mentioned in countries where the political scenario was unstable for different reasons, mainly due to polarising country leaders, such as in the United States or

Brazil. Economic deprivation was hardly mentioned only in specific cases and countries, such as Angola, Brazil, and the United States. A teacher, 34 years old, from Brazil,

*“It also arose a significant crisis of governance and health management in most of the countries which was particularly noticeable during the second wave of pandemic. And unfortunately, people had to pay for these failures.”*

And a Lawyer, 35 years old,

*“I feel hostage to this pandemic and with the feeling that we are in ongoing trials by those who govern us. It has been plain sailing, in absolute misgovernment, with a growing sense that we cannot count on some support in a solid and robust way. (...) They forgot we are humans and not robots”*

The media and its effects were prevalent in many testimonies: “I am tired of conflicts related to the pandemic, fake news, media, politics. That has been extremely tiresome.” At first, they were the link to the outside world, but when the days went by, the negative influence on mental health at the first lockdown was notorious. There was a common understanding of the effect of media on mental health and individuals' routine. No matter which country or region, the media did not help to overcome the situation. A clerk, 42 years old, from Portugal confessed,

*“At first, I was hooked on the news; I wanted to know everything about what was going on in the world, to see if it brought me any peace of mind. It didn't... so I hung up”*

On the other hand, social media had a crucial role in connecting with others, not only for work reasons but also to communicate with friends and family. A special report by Datareportal (July, 2020), showed a monumental increase in online and digital activities<sup>3</sup>. This factor was a turning point in this pandemic, indeed, social media enabled communication and diminished loneliness. A student, 21 years old, from Switzerland,

*“There are solutions that already help us a lot and connect us more, even when we are not together, such as FaceTime, Zoom, among others.”*

Religion and God were not mentioned as expected since religion is central to the culture of Brazil and Angola (countries represented in the study). Surprisingly, considering the importance of religion in this country, only five in Brazilian testimonies mentioned this topic.

*“There were many moments of reflection, learning, adaptation, and more than ever, hope and faith in God. ”*

### **General Overview**

As previously mentioned, a binomial negative/positive message was presented. The most referred words were negative words such as “miss, fear, tired, worried, isolation, difficult,

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<sup>3</sup> Datareportal. (2021, January 10). *Digital2020: July Global Statshot*. <https://datareportal.com/reports/digital-2020-july-global-statshot>



death, loneliness” while “learn, lucky, hope, and value”, were the most positive words presented.

Two conclusions resulted from this analysis. First, the most prevalent feelings in these testimonies are not related to country or culture. Instead, the same perspective on the pandemic was shared by all women who participated from the United States, East Timor, or Angola. This could possibly be related to personal experience, personality, or social/economic position. Still, this fact remains to be proven through other studies, psychological, financial, or different samples.

The second conclusion stems from the moment when the testimonies were written and whether they were shared at the beginning of the pandemic, in 2020, or later in 2021. Indeed, perspectives diverged depending on their time frame. During the first lockdown, surprise, shock, disbelief, and fear of the unknown were the main predominant feelings. Women shared they felt as if living in a different dimension, out of their reality or even worse inside a fictional narrative. A scientific advisor from New York, 42 years old, confessed that,

*“I am still in shock that our life has changed in the USA (...) ”I never in my lifetime thought I would live through what is going on in the world”*

Several lockdowns and strict rules that were extended over time translated into tiredness, sadness, and most of all exhaustion. A general tendency towards depression and anxiety was shown. Three testimonies shared stories in which severe mental illness had to be addressed in hospital context. Distance from family and friends was one of the major influences on mental health, especially during special events or difficult moments such as miscarriages, birthdays or relationships breakups, pregnancy. Nevertheless, in some cases, testimonies showed an entirely different perspective, with more adaptability over time. In the long run, women began to relax and understand the situation from another perspective. A teacher, 35 years old, from Portugal,

*“In this new confinement, I already feel calm (since I'm no longer stepping on unknown territory), and I promised myself to do different things”*

The most challenging issue for all women was to merge work, family, chores, and personal time. This fact aligned with the studies presented in the first part of this chapter and with so many of the statements from women in media from around the world, “If I want to be a good mother, I am a bad worker. And vice versa.”<sup>4</sup> Following recent studies from the EIGE (mentioned at the beginning of this chapter), work-life balance pressures have increased for women, especially those with children aged 0-5 years old.

Nevertheless, we could also observe how the human being tries to survive even in the harshest of circumstances, while focusing on the most positive aspects of a difficult situation, as stated in many of the testimonies: “we cannot control everything”; “value what we have” “we are lucky to have work, and the family is well and healthy”; “life is precious.” Curiously, most of these accounts arose from single people without children, who mentioned optimistic aspects such. “Time for transformation”; “Let us find in discomfort our voice, in the hope of

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<sup>4</sup> Publico. (2021, January 10). *Eu se quiser ser boa mãe, sou má trabalhadora. E vice-versa.*  
<https://www.publico.pt/2021/02/06/sociedade/noticia/quiser-boa-mae-ma-trabalhadora-viceversa-1949637>

being able to experience the true meaning of the great word humanity"; "It has also made me value what I have much more".

One of the most inspiring aspects of this analysis was that, besides sharing common feelings and thoughts, they all tried to show and use everyday situations to express their feelings and reactions, thus providing even more powerful narratives emanating from an increased sense of reality.

## **Conclusion**

This chapter sought to understand the central role of narrative and communication as an agent that conveys collective memory (Halbwachs, 1990) and gives it meaning, to help for its interpretation, acceptance, inclusion, and recovery of society in the present, while aiming to learn how to build the future.

As such, this project made perfect sense to prove how communication through a blog could be a powerful tool in overcoming trauma. This blog and research were a small step into building a narrative to help the healing process of women. It served as a portrait, of our times, as well as a confirmation of the studies and statistics presented in the first part of this study which show how, women are being pressured to do and be more. Notwithstanding, the study has a small sample and lack diversity regarding nationality, social/economic, and cultural status. We consider it to be a starting point which will be improved and enlarged, always aiming at helping women of today and women of the future.

The testimonies presented showed a general negative tone where feelings of missing, loneliness, anxiety were presented, increasing the risk of as a medium and long-term effect for women who have lived through this period, along the way, the infected ones, the health workers, the mothers, professionals, and so on. This should be avoided or minimised at all costs, due to the enormous percentage of society who will be affected. The World Health Organisation mentions that psychological issues need to be taken into considerations during the COVID-19 pandemic for the general public (2020). Many authors have also stressed the need for psychological first aid to be provided to the patients admitted in the Covid wards (Lietal, 2020; Xiang et al, 2020).

It is assumed that the story of trauma should only be told in the third generation, perhaps 70 years after the event. "The social contract of silence can only be broken after a long period, and it is now your generation and your children generation that will have the opportunity to rewrite the social contract of history and memory." (Winter, 2018). But COVID-19 cannot wait that long; its harshness and influence on society at the beginning of the 21st century cannot repeat the same attitude towards world past traumas. COVID-19 puts everything to the test in a community where information and communication technologies are a powerful tool, pushing a new attitude towards trauma and rethinking difficult memories and the past. Undoubtedly, forgetting will never be the best medicine.

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