

Waves of Grief: Fluctuating Restrictions, Treatments of Corpses and Experiences of Loss during the Covid-19 Pandemic

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ABSTRACT

With the advent of the COVID-19 pandemic, high mortality rates brought to the forefront the importance not only of the gestures performed and practices implemented on and about the deceased, but also, most importantly, of the entire sequence of funeral operations involved. The intensification of the work needed to take care of bodies in their biological

component, from a technical point of view, generated uncertainties on the possibility to also adequately take care of the social components relating to families and loved ones. This raises questions about the factors influencing the experience of grief in these circumstances, and the extent to which funerary practices determine the nature and characteristics of grief work. Based on two anthropological research projects conducted in France and Switzerland in the mortuary and funeral realms as well as with bereaved persons over the first eighteen months of the pandemic, this article aims at answering these questions. It argues that grief trajectories are strongly impacted by the way in which bodies were treated, as well as by whether the funeral was felt to have been conducted in a satisfactory manner. It also sheds new light on a series of factors pertaining to the temporality of the processes involved: dying circumstances; attitude towards restrictions throughout the entire process of caring for the body, and not merely at the funeral; the period in the pandemic during which a death occurred, i.e. during or between “waves.” In so doing, the article broadens the ways in which we think about temporality and death. [Keywords: funeral practices, grief, social restrictions, COVID-19, Switzerland, France

Introduction: grieving in times of public health crisis and social restrictions

Very soon after the COVID-19 pandemic started to spread throughout Western Europe, commentators were eager to alert public opinion to the risks of “complicated grief”—a controversial term referring to long lasting and painful emotions that induce trouble to recover from a loved one’s loss (see Eisma 2023)—as death rates were rapidly increasing and restrictions on the treatment of bodies as well as on mortuary and funerary practices were enacted. These warnings were mostly based on the fact that the series of interventions to be taken on or around the deceased were being either accelerated or slowed down, both in the public health and in the funerary realms. Facing an unprecedented intensity of workflow, professionals did have to take measures to safely carry out their public mission, i.e. to avoid a potential accumulation of dead bodies, to prevent further contagions, to protect their staff and to provide interment to the deceased; simultaneously, they had to weigh those against the quality

and the diversity of funerary services families would ideally have expected to receive (Clavandier et al. 2021). The services they could provide were limited, and at times severely impeded: no viewing or touching of the dead person; prohibition from performing some specific practices on corpses; restricted number of attendees during celebrations, when any were allowed; conditional access to cemeteries or crematoria, and physical distancing between family members to prevent contamination.

At the same time, commentators' remarks were not necessarily based on analyses of extended experiences of grief. They relied on the hypothetical outcomes that disturbed or even disrupted rituals and funerary activities in general were having—and still may have—on bereaved individuals and groups (Doka 2021, Fang and Comery 2021). However, as many anthropologists have shown, temporality—when broadly conceived through regeneration cycles (Bloch and Parry 1982), transitions towards the hereafter during a series of celebrations of death (Huntington and Metcalf 1979) as well as political claims on the construction of memories (Verdery 1999)—are key to understanding both collective and individual responses to death. This aspect should not be forgotten when appreciating the impact of restricted funerals on the course of grief (Egrot et al. 2022).

Furthermore, the intensity of the pandemic varied, not only over territories (political and institutional measures fluctuated both in nature and in the timing of their implementation across neighboring geographical regions), but also over time (in “waves,” i.e. periods of intensification of the pandemic). What are the factors influencing the experience of grief in these circumstances? To what extent do funerary practices determine the nature and characteristics of grief? Does the period at which the death took place—in addition to where it happened—play a role? And globally, how do the bereaved grieve a few months after a loss that occurred during a period characterized by series of fluctuating constraints?

Our article addresses these questions. It puts into perspective potential differences in grief trajectories due to death occurring at a specific moment in time, as well as to changing restrictions regarding bodies as rules evolved along with the pandemic over the first eighteen months after it was declared. In the first section, we critically examine psychological perspectives that emphasize the crucial role of the anxiety-inducing climate generated by high rates of mortality on issues of grief. We also bring up the political and social components of these issues that should be taken into consideration. After presenting some recent literature on

the impact of funerary practices on grief, we proceed to a description of the data that underpins this article. It consists in a series of 75 interviews conducted with bereaved persons in the context of a research program that also included two broader ethnographic studies, one financed by the Swiss National Science Foundation (SNSF) and the other by the French National Research Agency (ANR). Both studies document mortuary and funerary practices and responses to the COVID-19 pandemic, as well as the experiences of bereaved families and individuals during different “waves” in different regions of Switzerland, France and Italy.

Drawing here only from the points of view of the bereaved collected through our interviews, we argue that grief experiences are strongly impacted by the ways in which people died and their bodies were treated, as well as by whether the funeral held at the time was felt to have been conducted in a satisfactory manner or not by the bereaved persons. Consequently, our contribution sheds light on the fact that trajectories of grief are not only configured by the different stages of the social—and sometimes religious—treatment of the deceased, but also by factors linked to both the evolution of the pandemic and the attitude of the actors involved in it. These include dying circumstances, attitude towards restrictions throughout the entire process of caring for the body and not merely at the funeral, as well as the period in the pandemic during which a death occurred, i.e. during or between “waves.” Basically, we highlight the under-documented importance of the posture adopted both by professionals in the health or funeral sectors and by persons having lost a family member or close friend in the face of health restrictions in order to put their bereavement experience into perspective, especially at a time when funeral practices were impeded.

Rise in mortality, COVID-19 and conceptions of grief

The COVID-19 pandemic has generated a public health and funeral crisis (Clavandier et al. 2020), and caused very large numbers of deaths worldwide that have affected many populations (Borgstrom and Mallon 2021, Maddrell 2020). These deaths have occurred in “waves,” periods during which mortality rates have increased significantly across regions and countries.¹ Moreover, the crisis has laid bare the materiality of death and put the specific places where it is treated—morgues, crematoria, cemeteries—under the spotlight, thus reminding us of its inherently

political dimension (Clavandier et al. 2023). Have our relationships to death and mourning then been put into new perspectives? What ideas and hypotheses were available to measure the impact of this crisis on the early experience of mourning? Our objective is first to question certain ways of conceiving bereavement in the exceptional circumstances of the COVID-19 pandemic, as well as to highlight the ability of some bereaved persons to conceive of creating meaning in such a dramatic context; second, to put these conceptions under scrutiny using the empirical material we collected from persons who were bereaved during the first eighteen months of the crisis.

As soon as the first COVID-19 cases were attested in Europe—end of January 2020 in Italy, February in France and Switzerland—and the World Health Organization (WHO) declared a pandemic on March 11th 2020,² many press articles underlined the deleterious effects that a particularly high number of deaths, coupled with the restrictive sanitary as well as physical (and social) distancing measures put in place to prevent and contain them, may have on the experience of individuals, in particular on that of the bereaved.³ Scientists and researchers also paid attention to these impacts, especially several psychiatrists and psychologists such as Ramadas and Vijayakumar, who summarize their view as follows: “The grief associated with death during the Covid-19 pandemic is disenfranchised and complicated, and has significant repercussions on the bereaved” (2020:136).

Interestingly, in other recent publications, the arguments put forward to support similar assertions focus mainly on psychological factors, not cultural ones. For example, Menzies and his colleagues (2020) argue that the COVID-19 pandemic causes an exacerbated fear of death. This fear, they suggest, is associated with the reinforcement of stereotypical defense mechanisms, resulting in an increase in aggressive behaviors. Consequently, a generalized climate of anxiety, enhanced by high numbers of deaths, would likely have an impact on grief and mental health at large: “our near-universal immersion in mortality salience heightens anxiety about death for all. This may complicate grief, as increased death anxiety has been associated with poor mental health in several reports” (Menzies et al. 2020:112).

According to this approach, it is the psychological factors, primarily anxiety generated in a specific context—potential contagion, risk of becoming ill and dying, uncertainty concerning relatives and loved ones,

isolation and distended social relationships—that are the cause of mental health problems resulting from the pandemic and, more globally, give rise to a public health emergency: “And worrisomely, the COVID context of dying presents a perfect storm of converging forces that greatly exacerbate the likelihood of prolonged and complicating grief in its aftermath” (Verdery and Smith Greenway 2020:112-13). If these concerns remain important in terms of the health management of the crisis on the one hand, and clinical intervention on the other, they do not, in our view, sufficiently take into account the contextual dimensions, be they historical, sociological or anthropological.

To put it succinctly, is grief necessarily disrupted during COVID-19? In order to address such a question when the circumstances of death are dramatic, even traumatic, or when the death rates are particularly high, two other types of arguments are worth considering. The first one concerns the socio-political component of the pandemic, especially in terms of changes in legal constraints over time and their potential consequences on the experience of mourning. The second is anthropological in nature, and relates to alterations in the course of funerary sequences and the ways in which they modify experiences of bereavement that are embedded in collective representations and practices of death. This approach enables us to question the presumption that “good grief” is impossible when rituals, whether secular or religious, associated with funerals take place in disturbed temporalities.

First, socio-political approaches to the pandemic emphasize that the COVID-19 virus, while it can affect and potentially kill any individual, is not equally distributed among different subgroups within a population. A book edited by Pentaris shows the importance of taking into account the differentiated consequences of the risks generated by the crisis on individuals: “In other words, COVID-19 and its impact on public health and social life are primarily surfacing social and health inequalities that are neither new nor surprising to policy makers” (2022:2). Several contributions to this book highlight the fact that relationships to death and mourning remain partly determined by normative elements linked to the socio-historical context. The authors demonstrate that not only are specific categories of people more at risk when exposed to the virus, but also that minorities are, and have been, particularly exposed to the crisis, especially when facing death and bereavement (Anyane-Yeboah et al. 2020). Commenting on the situation in the US, the authors stress the fact that such disparities result

from structural inequalities, such as “racism, neighborhood segregation, income, housing and education inequality, and poor access to medical care” (Anyane-Yeboah et al. 2020:479). Published in September 2021, a study conducted in Switzerland confirms the same tendencies (Riou et al. 2021). Taking into account the impact of increased social inequalities in times of pandemic thus serves to deter us from adopting the generalized notion that an anxiety-provoking climate contributes in an undifferentiated way to complicating the experience of bereavement.

Such a socio-political reading of bereavement also makes it possible to move away from an essentially egocentric conception of bereavement (Berthod 2015, Berthod 2018) because it draws attention to the material conditions that underlie grief, as well as the role of the arrangements for caring for the deceased and accompanying the bereaved. In the same vein, the study conducted in Iran by Bayatrizi and his colleagues (2021) on the consequences of constrained funeral activities in times of COVID-19 provides an interesting example. The authors base their approach on a transnational and post-colonial understanding of mourning. They show that many people who lost a loved one during the COVID-19 pandemic were unable to carry out the usual or expected rituals; these impediments were not only the result of health constraints, but were strongly reinforced by the economic sanctions that hit that country. Indirectly, this suggests that the bereavement experience of the Iranians interviewed in this study is determined by a set of non-psychological factors. In this context, it is the management of unevenly distributed resources due to international sanctions, exacerbated in times of pandemic, that is taken into account when interpreting the experience of death and bereavement.

According to this view, the dead can be schematically divided into two categories: the precarious and the protected. The former are perceived as “ungrievable” while the latter would be “grievable” (Butler 2004, Papailias 2019). This type of approach brings to the fore the importance—reinforced during the COVID-19 pandemic—of the distribution of material, social, and human resources in understanding any grief experience. It also highlights the fact that concrete arrangements for the care and treatment of bodies, as well as funeral activities, regardless of the cultural or religious context in which they take place, are determined by the distribution of resources. These arrangements play a role in the way the bereaved cope with the loss of a loved one.

Linking funeral practices and mourning over time

Here we come to the second set of arguments and studies that pertain to shaping experiences of grief. These studies are more classically anthropological, insofar as they document how both trajectories of the deceased and trajectories of the bereaved evolve and are articulated at specific moments. These elements are to be considered in the long term, and include an examination of the context of collective representations of death and norms concerning the treatment of corpses (Hertz 1960, Thomas 1985, Robben 2004), as well as the ways ritual activities and dynamics are framed and experienced (Handelman 2008, Kreinath et al. 2004). It is on this perspective that we found the arguments developed in the rest of this article and formulate some hypotheses. The issue must thus now be defined as follows: given the constraints and restrictions imposed in multiple areas of life, what impact can modified funeral activities—which were hindered or even brutally disrupted at times (Hamid and Jahangir 2022)—have on the grieving process? To answer this question, it is hardly possible to isolate this issue from the psychological and political components mentioned above. Our analyses, based on our interviews with bereaved persons, will nevertheless remain focused on funerary practices and the interpretation of their implementation because those contribute—as we shall attempt to demonstrate—to shedding important light on conceptions of the experiences of mourning in times of pandemic.

From a Western perspective, it is common to think that not taking care of bodies, not attending funerals or not being able to organize them as desired, has a negative impact on the ability to grieve and, more broadly, on the mental health of individuals. In other words, funeral practices and the rituals that accompany them are considered, a priori, as protecting the bereaved, regardless of their social position or religious background; this is especially true when one favors a primarily psychological reading of events. As Gesi et al. write: “From this perspective, being prevented from holding a proper funeral for their loved ones might prevent COVID-19 mourners from gaining awareness of the reality of the death and from understanding and framing their loss, besides eliminating a significant important occasion of social support” (2020:3). The studies that have examined the effects of these funerary components on bereavement, however, fail to clearly confirm them, as noted by Burrell and Selman in their review of the literature on this issue, published as early as April 2020 in an effort to anticipate further implications of the pandemic:

“Overall, evidence of the effect of funeral participation on mental health or bereavement outcomes was inconclusive” (2022:373). Over the 805 consulted records, seventeen studies both qualitative and quantitative were examined in this review; these were not related to Covid-19, but to other dramatic life situations—war, genocide, unexpected death—and bereaved profiles—widows, parents, children, minorities, friends—in which and for whom the role of funeral practices was analyzed.

It appears that studies seeking to establish a link between funeral practices and bereavement generally tend to demonstrate their positive association. Nevertheless, the absence or impediment of such practices—i.e. circumstances in which individuals are unable to attend the funeral, see the body or pay their last respects as they would have wished—a does not seem to induce a systematic negative correlation, which would mean a worsening of mourning (Bolton and Camp 1987). Several studies, particularly longitudinal ones, mentioned in this review of the literature show that, on the one hand, mourning trajectories are not necessarily more complicated when it is not possible to attend the funeral or to see the body. On the other hand, other studies draw attention to the fact that the effects of funeral practices on mourning, described as positive, diminish or even disappear over time (Kissane et al. 1997). Basically, it is other elements such as the attitudes of both relatives and funeral directors during the organization and conduct of the funeral that play a significant role in the long term. The ability to choose whether or not to see the body, to attend the funeral, or to perform activities that are meaningful to loved ones also appears to have a significant impact on the grieving experience. These elements therefore lead Burrell and Selman to formulate the following hypothesis: “In the context of COVID-19, these findings suggest that restrictions to funeral practices do not necessarily entail poor outcomes or experiences for the bereaved: it is not the number of attendees or even the type of funeral which determines how supportive it is, but rather how meaningful the occasion is, and how connected it helps mourners feel” (2022:376).

This hypothesis is consistent with the findings of Rugg and Jones (2019) in the United Kingdom. Their research report is based on interviews with 50 people who detailed how they organized and participated in the funeral of a loved one; the situations involved do not fall under extraordinary circumstances, however, as the research took place just before the pandemic. These two authors nevertheless put forward elements that

seem essential to remember in order to analyze the links between funerary activities and mourning in the context of COVID-19. First, they focus on the aspects that mourners find most significant, in order to provide some insight into whether a “good” or a “bad” experience of a funeral has an impact on the well-being of the bereaved over the long term. Based on the “expert knowledge” of these mourners, they begin by acknowledging the difficulty of defining precisely what is meant by funeral “ritual.” They stress the importance of not limiting this notion of a ritual to a specific event in time, but to broaden it to the series of activities that unfold over a longer period: “In using a wider frame, it quickly became evident that the funeral service itself was not necessarily the most important thing” (Rugg and Jones 2019:6).

From this perspective, the elements that emerge as being the most significant for the bereavement experience in relation with the funerary process turn out to be more widely spread over the temporal scale: making sure that the wishes of the deceased were respected; feeling as a party to the decision-making process regarding the end of life and funeral choices; and receiving an appropriate funeral service, given the circumstances of the death. This last aspect is crucial—we postulate—when it comes to understanding the relationship between funeral practices and bereavement in times of pandemic COVID-19. In other words, encountering difficulties in any one of these aspects can have a lasting effect on the experience of bereavement. The approach proposed by Rugg and Jones (2019) therefore invites us to keep in mind that funeral practices, in general, are only one part of this intertwining double trajectory over time: that of the body and its treatment, from death to burial, and that of the relatives who experience loss on an individual as well as a collective level.

Our research is in line with an approach that takes such a broad perspective. Given the theoretical framework that we propose, we will analyze three aspects that are particularly related to the health and funeral crisis. In our opinion, these aspects not only make it possible to highlight the dual parallel temporal dimension of the trajectory of bodies and the trajectory of mourners, but also to question, or even relativize, the importance of a specific psychological factor on the mourning experience, to wit that of a global anxiety generated by the increase in mortality rates. Briefly said, in addition to the fact that cultural, social as well as religious (Fernández and González-González 2022) norms underpin grief regardless of the psychological dispositions of individuals, we wish to

explore how the posture of different actors—among them healthcare and funeral professionals—as interpreted by bereaved persons contributed to configuring their experience of grief (Charrier et al. 2023, in press).

The first of these aspects emphasizes the importance of elements that prefigure funeral activities: the end-of-life circumstances, especially in social care, health care and hospital settings, and the age of the deceased. These elements recurred in the comments of the people we met when discussing their experience of loss. The second aspect concerns, on the one hand, the adaptability of professionals who take care of corpses and help organize funeral services and, on the other, family dynamics in a context of fluctuating restrictions. Here, funeral services are clearly embedded in the longer temporal scale that characterizes the trajectories of bodies. The third aspect relates to the medium- and long-term nature of bereavement, given that deaths during the pandemic occurred at very different times, not to mention in different regions. Not only were the trajectories of individuals—from the end-of-life phase to the sepulture—impacted by the fluctuation of constraints determined by “waves” of high hospitalization and mortality rates, but so were grief trajectories. We also suggest that the experience of mourning is configured by the ability of mourners to elaborate or create meaning despite disrupted rituality at the time of death. This capacity may be required due to dysfunctional infrastructure and breakdowns in the funeral industry (Mokhov and Novkunskaia 2021) and/or an increase in mortality rates due to a public health crisis such as the COVID-19 pandemic putting this industry under great pressure (Clavandier et al. 2021, 2023).

End-of-life and funeral constraints as perceived by bereaved persons

In both France and Switzerland,⁴ the first cases of COVID-19 were detected in February 2020. The governments of these two countries restricted large gatherings before completely (France) or partially (Switzerland) confining the population on March 16, 2020. Unprecedented measures of physical distancing, particularly introduced during lockdown periods, not only affected the health care sector but also the funeral sector: hospital wards and mortuaries; funeral centers and places for the preparation, storage and presentation of corpses; civil registry offices for the administration of death certificates; crematoria and cemeteries.

From the outset, restrictive measures were taken; they were subsequently reinforced or modified in ways that depended on local institutions, the territories and peaks in mortality rates. The primary goals of these measures were to protect the health system from being overwhelmed and to limit legal liability issues. Certain measures were sometimes applied only in cases of people who had contracted or died from COVID-19, sometimes generalized to all individuals and to all bodies regardless of their infectious status.

In France, the first measure reduced movements of the population to a strict minimum until May 11, 2020; a second and third lockdown were in effect from October 30, 2020 to December 15, 2020 and from April 3, 2021 to May 3, 2021 respectively. In the funeral field, the practice of “immediate casketing” (*mise en bière immédiate*) for deceased persons with COVID-19 or suspected COVID-19 was imposed throughout the country, while embalming was prohibited. This meant that the deceased had to be placed in a body bag and a closed coffin at the place of death before being transported, within 24 hours, and without the possibility of performing a mortuary cleansing, with a few exceptions.⁵ Bodies could not be viewed in open caskets at funeral homes. These measures remained in effect until January 2021, even if they became less strictly implemented, especially during the second period of lockdown. According to our observations, some arrangements made it possible for the families to see the deceased if they could come before the closing of the coffin.

In Switzerland, also on March 16, 2020, the federal executive government granted the Confederation power over the twenty-six cantons by declaring a state of health emergency. This declaration allowed the imposition of uniform measures throughout the country, including the closing of most establishments open to the public, except for essential services. Unlike in France, neither curfews nor strict lockdown measures were enacted, but the population was asked to refrain from moving around. Although the state of emergency was lifted on June 19, 2020, many constraints related to physical distancing remained in force and were tightened a second time between the end of October and mid-December 2020. They were subsequently relaxed, and no mandatory sanitary measures were in effect any longer after April 1, 2022. On the issue of the treatment of bodies, the Federal Office of Public Health issued directives on March 23, 2020, calling for casketing “as soon as possible,” a formulation that left room for interpretation. Embalming was not prohibited, and the use

of body bags was generalized. Decisions on these matters were left to the services of regional [*canton*] medical officers in charge of each public health department, to social and health care institutions, or to the undertakers themselves. Practices thus varied from region to region, and sometimes from institution to institution. While some places continued to forbid the bereaved from seeing the corpse during a prolonged period of time, elsewhere, early in the pandemic (for example from May 2020 in a funeral home of Geneva), it was possible to view the body either partially—by briefly opening the cover to reveal the face—or completely. However, overall, physical distancing measures and restrictions on funeral operations were broadly similar in both countries.⁶

It should be noted that the pandemic also modified the usual time frames for the care and treatment of the deceased. Relatives often had little or no time to be present at the time of a person's death, even when access to the facility was allowed. Bodies were quickly taken to a hospital morgue or a funeral center, where their great numbers had an impact on the intensity of professional activities dedicated to their care; bodies sometimes had to be stored in spaces not meant for this purpose (Clavandier et al. 2023). The wait for a cremation or burial was often lengthened, while the time available to families and funeral counselors was shortened, especially during the ceremonies. The number of people allowed to attend the funeral and burial, when possible, was also strongly reduced. Physical distance had to be maintained between relatives, as well as with the coffin.

In this article, we rely on the words of bereaved persons who faced a loss that occurred between February 2020 and December 2020. We interviewed them between two months and a year after the death of their loved one who was usually a parent, spouse, sibling, grandparent, aunt or uncle, or close friend. While the deaths were not always due to COVID-19, all were impacted by more or less restrictive measures in the end-of-life moments and during funerals. It should be noted that the recruitment of these mourners was also marked by the constraints associated with the pandemic and the restrictions in force during the research. In spite of this, we sought to be as close as possible to the realities of our subjects' experiences and to document them as soon as possible.

Some mourners were recommended to us by healthcare professionals, others by funeral directors, others still by word-of-mouth in our respective social circles. Interviews were conducted with persons who agreed to speak to us in these particular circumstances. During the first wave

of the pandemic (April-May 2020), they were conducted remotely, by telephone or videoconference; later they were conducted in person whenever possible. Collecting this data with a certain degree of urgency enabled us to document bereavement experiences at key moments in the development of the pandemic. It should be noted, however, that certain categories of the population—persons living in more precarious circumstances, immigrants or persons from minority communities and religious groups—remain under-represented, though not entirely absent from our corpus of data, most of our subjects being individuals of Swiss or French nationality, from the middle and upper classes. Many of them were familiar with or had participated in either Christian or secular funeral rituals. This point limits the scope of our analyses, which could be further explored on the basis of a more differentiated population of interviewees.

During the interviews, which were conducted in a very open and free manner, the bereaved mainly described the end-of-life care provided to their loved ones, the practices and issues encountered when taking care of the bodies, and the organization of funerals and related ceremonies, if any took place. We did not directly address their visions of the world and of death or their personal beliefs. It should be noted, however, that these elements were never raised spontaneously by our interviewees, whatever the references in terms of religious or more broadly of spiritual conceptions may have been (Utrainen 2020). Without minimizing the role that these views and beliefs are likely to play in mourning (Venbrux et al. 2013), we therefore limit ourselves in this article to analyzing the ways in which people associated their mourning experiences with the context of end-of-life care of their loved ones, with the treatment of their remains and with the funeral arrangements having taken place.

It is also worth noting that our study takes place in a secular context.⁷ Funeral homes and crematoria, whether managed by public services or private companies, arrange the spaces dedicated to the presentation of the deceased and to funeral celebrations—when these are not organized in a religious building—according to the wishes and religious affiliations of the families concerned. In view of the very large amount of data collected, we cannot reproduce here either the breadth or the depth of even one, let alone several of these accounts. Our ambition is therefore limited to highlighting a selection of aspects that can be meaningfully articulated with our theoretical perspective. We first identified the most recurrent issues in relation with the successive stages of the treatment of the deceased

when people were asked to comment on their bereavement experience. We then focused our analysis on the capacity of the bereaved to create meaning despite health and distancing restrictions.

Preconditions of grief

Several elements contribute to prefiguring the mourning experience of some of the people we met; these include, in particular, the restrictions limiting the possibilities of accompanying a loved one at the end of his or her life, and the age of the deceased. These elements, which may be combined, are present before the death of the loved one and therefore precede the treatment of the body and the organization of the funeral. First, we note that mourning cannot be dissociated from the conditions in which death takes place. When the first cases of COVID-19 were reported, it was indeed the restrictions of access to people at the end of life that left the most significant traces, as social and physical encounters were severely limited in time and number.

In some situations, the phased implementation of these restrictions was particularly difficult. Fabienne, for example, a 30-year-old woman living in French-speaking Switzerland, describes the obstacles she faced in accompanying her 62-year-old mother from the time she was admitted to a palliative care unit for cancer treatment in January 2020—just before the pandemic—until her death. Unrelated to COVID-19, her mother's death occurred in early April of the same year, when the mortality rate was at its highest during the first “wave”:

It happened in stages, because at first we didn't have too many concerns. And then, it's true that they [the care staff] told us fairly quickly that they were stopping hospital visits. For people who were at the end of their lives, there were always free visits, as usual [...] And, afterwards, what was the hardest was that, one day, without warning, they told us that visits were prohibited. We found out on a Tuesday evening at 8 p.m., and that was it. Visits were over. (Fabienne, F-CH, March 2021)⁸

Noting a lack of communication on the part of care staff, Fabienne has strong feelings about the limitations she experienced in accompanying her mother at the end of her life. One year after her death, she states:

It was a big pain, a big anger anyway. We would have liked them [the care staff] to tell us at least in the morning and say, “here, you can come and say goodbye” to the person. And there, we really insisted to have, a

few days later, ten minutes. And then we, her children, were able to have ten minutes alone with her [...]. All of us, but each in turn. Ten minutes without physical contact. They were quite adamant about that. I found it horrible because someone who is going to die, you can hold them in your arms I think. The way it was done, at that time, was really very difficult for us. (Fabienne, F-CH, March 2021)

The extremely strict implementation of restrictions to visits to a person who was dying generated incomprehension in Fabienne: “We were there saying to ourselves, ‘But it’s not possible, my mother is dying, I’m never going to see her again.’ I found it horrible. It was really very violent.” To this was added a feeling of helplessness, reinforced by waiting at a distance, or with only very little contact. For Fabienne, this lack of contact was also evident at her mother’s funeral; this led her to make the following reflection: “I realize that what was taken away from me when they stopped visits [at the end of life] and then at the funeral, I’m not going to get it back, in fact. I was really robbed of a part of my grief.”

It should be noted that the constraints were not limited to access to health care institutions. It was also difficult to move some patients out of their rooms into more appropriate settings, or to let them go out for a few hours to see their loved ones. These restrictions on movement were of concern to Sylvie, aged 66. She recounts the conditions under which her 92-year-old father died of COVID-19 during the second “wave” in early November 2020, after she had requested with insistence to be able to say goodbye to him:

I said goodbye to my father in the presence of his hospital roommate who was there doing the crossword puzzle in the next bed [...]. Did my father recognize me? Did he understand what I said to him? It was really hard, in terrible conditions. It was really hard. (Sylvie, F-FR, December 2021).

A mere curtain had been drawn between her father’s bed and his hospital roommate’s bed. Sylvie notes that, at such a time, the lack of privacy has an impact on her experience of grief: “I still have those images [in my mind], in that grim room with that gentleman doing his crossword puzzle next door. Even today, it’s been two months, I still have those images.” She thus emphasizes the harshness of the conditions that constrained the way in which her father was accompanied, contributing, for her, to the impression that her father may have felt abandoned in hospital, despite the presence of professionals—with whom contact was also restricted:

It's all the more frustrating that he went like that, all alone and in a state of bewilderment. I think he didn't understand what was really going on, and why he was all alone. It was the thought that he had been abandoned. I don't know. I don't know if the care staff, the care staff really explained it to him. I don't know [...] What's hard is to know that he left on his own, that we couldn't talk with him, that he couldn't talk with us, that we couldn't hold his hand. (Sylvie, F-FR, December 2021).

As a further indication of the crucial importance of these constraints on the bereavement trajectory, some people chose not to hospitalize their loved one at the end of life. Indeed, we collected stories of bereaved people who, when they had the necessary resources and information at their disposal, kept a patient at home even when they had contracted COVID-19. In November 2020, for example, a nurse decided to care for his father, who was over ninety years old and had already been hospitalized during the first lockdown for heart failure. This choice allowed him to have some control over the time of his farewell to his father and to provide a funeral washing and grooming for his father's body; this was especially important in France, where the measure of "immediate casketing" was in force.

This type of situation also highlights the importance of the age of the deceased in the narratives of the bereaved. The latter recognize that their loved one, especially the very elderly, had had a full life and explain that— independently of the COVID-19 pandemic—their death would not have come as a surprise; yet they point out that cognitive problems and issues in managing communication at a distance, via a telephone or a tablet, reinforced difficulties and negatively impacted their opportunities for providing support even further. Several bereaved persons expressed a feeling that their loved one was not cared for with appropriate dignity in the institutional context of the time.

These examples cannot represent the diversity of all bereavement experiences, nor do they reflect the multiple parameters likely to prefigure them, such as socioeconomic position or religious background. Nevertheless, they tend to demonstrate that the intertwining of the temporality of caring for the deceased and the temporality of mourning begins well before the time of the funeral. Generally speaking, and certainly with even greater intensity in times of pandemic, this entanglement clearly starts with the conditions of accompaniment towards death.

Altered rhythms of caring for corpses

Turning now to the realm of funeral activities, we wish to highlight two elements that play an important role in defining the intertwining of the trajectories of bodies and those of the grieving process during the COVID-19 pandemic. The first concerns the accelerations and decelerations in the care of the deceased throughout the chain of funeral operations. The second element, that is correlated to it, concerns the attitudes of all types of professionals, including staff in the health, administrative and religious fields, with regard to the implementation of restrictions. More than the actual content of funeral ceremonies or ritual gestures that could not be performed, it is the uncertainties due to the altered rhythms of caring for the body of the deceased person that emerge from the narratives of the bereaved.

On the one hand, there is a rush to remove bodies—especially those diagnosed with or suspected of having COVID-19; on the other, there is an increase in the time required to store and manage corpses in a funeral home, especially when mortality rates are high. Various people report experiencing what they called jerky—stop-and-go—sequences, or successions of stages in caring for their deceased loved one that become stretched out in time. In particular, after the death, they sometimes had to wait several days before obtaining information and knowing what to do, as Clara, who lost her 87-year-old mother in early November 2020, notes: The problem for me was that she died on Saturday. On Monday, I called the funeral home. The lady was very kind and gave me an appointment for Friday. It's true that this is quite long. And during this time we didn't know what to do, we didn't have any idea of the steps we should be taking. It's a long time that left us a bit in the dark. Usually it goes faster, so there is less time to be in the dark. (Clara, F-CH, August 2021)

In France as well as in Switzerland, these delays have raised questions, as exemplified in some comments that were reported to us: “If the corpse is not in a funeral room, where is it? Is he in a refrigerator? Where is he? This week has been hellish,” or “I almost have the impression that he could be forgotten there, in the crematorium.” These delays generated waiting periods—also noted in relation to the burial itself, the recovery of cinerary urns or the clothing of the persons who have died in a health care institution—combined with limited times for exchanges with professionals and reduced durations of ceremonies. Aged sixty, Maria expresses it very well when she describes the organization of the funeral of her mother, who

was over eighty when she died of COVID-19 in mid-April 2020 in the region of Grenoble:

There's no time to look back, no time to think. We're caught up in it and then we say to ourselves, 'Did we do the right thing?' Everything is moving fast and there are so many people that we don't have much time. So it's a bit complicated to manage. (Maria, F-FR, December 2020)

In ordinary times, family members have the opportunity to see the deceased at the place of death and, if they wish, to participate in washing and dressing the body. Funeral directors also have more time to give information about funerary choices and arrangements, and to schedule ceremonies according to families' requests. During the pandemic, restrictions made it complicated to organize the funeral; this was sometimes difficult to live with. For her part, Gabriella recalls the funeral of her grandfather, who died before his seventieth birthday, organized in April 2020, in Ticino:

I have to say that I experienced that ceremony as extremely traumatic, because I wondered if I should have gone in the first place. Because I pushed so hard to get it, and it was so terrible for me because we got there, and then six minutes on the clock it was over! Six minutes on the clock! (Gabriella, I-CH, May 2021)

In addition to these changes in the pace of care for the deceased, there were difficulties in gathering relatives, who were sometimes in quarantine, ill from COVID-19, living in another country with closed borders, scared of becoming contaminated, or considered vulnerable. It was impossible to bring forward or to delay a ceremony so that a parent, child or spouse could attend, even while restrictions on the number of people were in force. These difficulties required negotiations in families and decisions about who would or would not be able to attend. Some relatives were able to cope with these situations, while others struggled to find meaning in the ways in which the ceremonies were to be implemented; still others chose to postpone the ceremony or opted for a later meeting between relatives in memory of the deceased.

Most of the people interviewed, however, emphasized that they understood the complex situation facing funeral professionals as well as health professionals. Lara, who lost her brother in November 2020, in an interview conducted in August 2021 in French-speaking Switzerland, states the following: "the conditions were deplorable, but everyone did what they could, so I have nothing to reproach anyone." At the end of

the day, the perception of how the body of the deceased was treated depends mainly on the mourners' appreciation of the adequacy of a funeral management system in times of crisis and the willingness of the professionals to show some flexibility despite numerous constraints. This finding is consistent with Burrell and Selman's discussion of the crucial role of funeral directors, as the latter help "the bereaved to create funerals which are personal, meaningful and expressive of collective grief and support despite the current restrictions associated with COVID-19" (2022:376). In other words, sticking to the letter of the measures—this is the second element we wish to emphasize here, also considering that measures were constantly changing and were, at times, difficult to interpret—without taking into account the specificities of each case generated misunderstandings and frustration, as in the case of Fabienne, whose situation was mentioned in the previous section:

Me and my husband had to stay two meters away from each other. And I tell myself that I lost my mom and I didn't get a hug on the day of her funeral, and I'll never get that back. That's the big thing, the pandemic aspect and all that, I can understand it, I can hear it, but for example, the two meters of distance with my husband, that I didn't have someone to hold my hand on the day of my mom's departure, that, I didn't understand [...] The priest lacked a lot of common sense. (Fabienne, F-CH, March 2021)

The rigorist posture adopted by some professionals, motivated in part by fear of contagion, institutional obligations and protocols, at least as described by our interviewees, was reported as salient at the time of the funeral and rubbed off on the grieving experience. Conversely, when a funeral agent tolerated small transgressions, such as not strictly enforcing physical distances, or when a religious officiant "forgot to count people" during the ceremony, as noted by a bereaved person, mourners felt that they had more control over the funeral sequences and found them more meaningful. These findings are convergent with those of Rugg and Jones (2019), although they show different configurations because of the altered rhythms of funeral sequences due to the pandemic. Some gestures simply could not "be shared or performed" during a farewell ceremony for the body, as Daria sums up about the behavior of her family members during the funeral of her grandmother, who died at age 87, held in French-speaking Switzerland during the first "wave:"

They [her mother and aunts] hugged each other. Maybe not as much as they normally do, but still. There is something quite instinctive. It's impossible to give condolences to someone without hugging. (Daria, F-CH, February 2021).

During the “waves”.... and between them

Many bereavement experiences clearly are marked by the sometimes abrupt changes of pace in the processing of the body that altered the expected sequence of funeral operations. These changes have had an impact on the organization and holding of funeral ceremonies, resulting in very short delays or, on the contrary, long waiting periods. The interviewees' narratives also indicate that the ways in which measures concerning hygiene and physical distancing were enforced played a role in their perception of the meaning of these ceremonies and in the feeling of having had some—or no—control over them. All these elements have an impact on the manner in which mourning is experienced. However, the COVID-19 pandemic did not evolve in a uniform manner, either geographically or in terms of timing. This last point seems central to us, as it enables us to qualify, or even to limit direct associations made between an anxiety-provoking climate generated by a high mortality rate and complications in the grieving process.

Frequent changes in approaches and regulations created uncertainty, as it was not always clear which measures should be applied—and with how much leeway—at any given time. Moreover, as months went by, individuals lived through several phases of the pandemic; this enabled them to compare their experience of end-of-life support and funeral care not only with information from their family and friends or from the media but also, most importantly, in relation to the deaths of other relatives that occurred either during the same ‘wave’, or during several “waves,” or even between two “waves.”

The concept of “luck,” or relative good fortune, was actually often used by our interviewees; in our opinion, this notion served as a comparative measure of their grief. Antonio, for example, is a funeral director in Ticino, where the pandemic appeared first in Switzerland. Having lost his own father (not to COVID-19) just before the first partial lockdown measures, he notes that his funeral had been “among the last ten” that still seemed

dignified to him, in contrast to what followed when he himself was on the front lines of funeral operations:

I went back into these funeral rooms for the first time, where my father had been three or four days before, so there was also a bit of emotion. But it also helped me. Because life goes on, and because we were lucky; because, as I said before, we were still able to have a really dignified funeral for him. (Antonio, I-CH, August 2020)

For her part, Béatrice, sixty years old and living in the region of Lyon in France, lost her spouse from COVID-19 as well as her mother, who died on the day of her husband's funeral, "at a time when it was panic everywhere." She tells us that she was not able to see her husband again between his admission to the hospital and the burial, a period of about two weeks. She recognizes that the situation was difficult to manage for all professionals involved and that other families were going through exactly the same thing; this explains the fact that she does not feel full of anger, or "revolted" to use her own words. She points out that checks that constraints were being applied were not systematic. She was able to organize the funeral as she wanted, with the casket in view and the funeral home decorated for visitors as she had wished:

We were relatively lucky with the burial, because afterwards I saw—I get a daily newspaper—I read an article at one point about how people had buried their dead. There are people for whom it lasted fifteen minutes in front of a grave, in the presence of two or three. We were lucky. And I know that I owe it in part to the mayor and the fact that he knew who was being buried. He knew I wouldn't do anything, so they left us alone. (Béatrice, F-FR, January 2021).

Unlike her spouse, Béatrice was able to accompany and see her mother at the end of her life, while she was in hospital after contracting COVID-19. She was therefore able to compare treatment at a time when constraints on the presence of relatives in end-of-life situations in a hospital context had been somewhat relaxed. For her mother's funeral, Béatrice notes that she was, again, lucky to have been able to organize a ceremony in accordance to her wishes:

It's the same thing, we were lucky enough – probably unlike other people – to have met the priest who said 'but I don't want something by halves. We'll do it if you want'. So okay, let's go ahead and do it. So, I think I've been lucky every time I've met people who haven't closed the doors. (Béatrice, F-FR, January 2021).

Still others emphasized the good fortune of having escaped being subjected to some of the COVID constraints, like Carina who, in an interview conducted in December 2020 about the death of her 89-year-old grandmother at the beginning of October 2021 in France, before the second “wave,” says she was “very lucky, because it was just before the curfew.” We believe that these frequent mentions of the notion of “luck” are specific to the pandemic context. They correspond to the mourners’ reading of the evolution of the crisis and its phases that serve to structure their experience of loss.

This enables us to highlight one last element concerning the relationship between the articulated temporalities of caring for people at the end of life, death and subsequent mourning. The fact that some individuals lived through several “waves” enabled them to acquire knowledge and accumulate experience pertaining both to end-of-life care in health care institutions and to the context of organizing funerals and holding a ceremony. Several interviewees explained that their loved ones were hospitalized for reasons other than COVID during the first “wave.” Faced with the restrictive measures in force, this first hospitalization may have weakened individuals who returned home during the summer and then fell ill with COVID-19 before dying during the second “wave.” These successive hospitalizations enabled some family members to better anticipate the support their relatives would need and, for example, to dare to insist on being physically present alongside the health care staff. The tactics used also depended on the fluctuations of the measures in force in different types of institutions and in different areas.

The experience of the bereaved may thus have been shaped by successive encounters with the measures in place, at different times in the context of supporting the same relative. It may also have been shaped by the loss of several loved ones, either during a single “wave” or during several “waves.” We suggest that this could lead to “comparisons,” indicating that grief is not lived only in function of a particular loss, but of an entire context, or even of a succession of losses. Though this issue deserves attention independently of the pandemic, it certainly stands out more strongly in this context, as Gabriella, who lost her grandmother in the second “wave” after losing her grandfather in the first, suggests:

With the grandfather, the clothes and all that, no, we couldn’t do anything, but with the grandmother we chose the dress, we managed to take things that we wanted to put in the columbarium, an envelope

to put in the funerary niche. It was a bit quieter. There was less of that confinement feeling, where you can't do anything. We had that time to decide on the dress, as well as the date of the ceremony and other things. (Gabiella, I-CH, May 2021).

From our point of view, these elements—seemingly anecdotal—are revelatory of the way in which the experience of bereavement is interwoven with the ways in which the end of life of a loved one and the care given to his or her body after death have been experienced. The notion of luck, mentioned on several occasions, helps us to understand how mourners position themselves in the face of an anxiety-provoking climate of mortality and try to give meaning to events despite adverse circumstances. The acknowledgment, repeatedly heard, that professionals tried to do their best in a context that is difficult for everyone also emphasizes the fundamental importance of the professionals' posture when attempting to understand the connection between funeral gestures and practices on the one hand and the grieving process on the other. This is why it is important not to focus solely on the funeral arrangements themselves when attempting to comprehend the potential complications of bereavement in times of COVID-19.

Conclusion: rhythms of grief

Forty years ago, anthropologists Bloch and Parry (1982) pointed out that funerary ritual is one of the main means of associating death—through the specific treatment of the deceased—with a principle of regeneration of the community of the living. In this perspective, “the bad death represents the loss of regenerative potential” (1982:16); it corresponds to a relative lack of control over the contingencies of biological death. With the advent of the COVID-19 pandemic, it seems clear that the high mortality rates brought to the forefront the importance not only of the gestures and practices pertaining directly to the care of the deceased person's body but also, most importantly, of the entire sequence of funeral operations involved. The intensification of the work needed to take care of the bodies themselves and the technical precautions that had to be taken put into question the possibility to also adequately take care of the social components relating to grieving families and friends.

As we noted in the first part of the article, the emphasis was quickly placed on the potentially negative associations between funeral sequences modified by the practical necessities of taking care of a large

number of bodies and experiences of mourning. Initially, this emphasis did not necessarily allow for taking into consideration either the longer time required to apprehend these experiences or the capacity of the bereaved to elaborate meaning in pandemic times. This might be partly explained by the fact that several approaches, notably psychological, focused on the anxiety-inducing climate generated by the central place that death has taken in the context of the pandemic, and emphasized it in order to explain the difficulties that people who lost a loved one during this period may be experiencing. Other approaches have shown, however, that this anxiety-provoking climate is by no means uniformly distributed, and that many inequalities between social groups—particularly minorities—need to be considered in order to understand the relationships between death, funeral ritual and health crisis. A certain adaptation, even habituation to feelings of fear, likely to generate feelings of fatalism, must also be taken into consideration.

On the basis of our interviews with bereaved persons, we have tried to show the importance of broadening the analytical perspective on funeral practices to two elements: the first concerns the conditions of end of life, and of support and presence provided to the dying; the second pertains to the processes enabling bereaved persons to retain some capacity to choose the gestures or ceremonies to be performed, even when constraints and restrictions are in force. The first element refers to a normativity that has shifted in its focus, at least in the secular countries concerned by our study, towards questions related to the end of life rather than those of the treatment of bodies in order to define a “good death” and consequently to exploit its regenerative potential, to use Bloch and Parry’s terminology (1982). This tends to lengthen the duration of the intermingling of temporalities that must be taken into account to comprehend the relationships between the experience of mourning and the treatment of the deceased. Basically, this allows us to place funeral activities and practices on a continuum, centered around the person who is dying and becomes the deceased, in parallel with the experience of the grieving process. The second element tends to bring to light the fact that the acts performed, particularly of a symbolic kind, seem to be less decisive in determining the appreciation of funeral practices and gestures by the bereaved than the relational dynamics that underlie them, as Rugg and Jones (2019) suggested in the study they concluded in the United Kingdom.

Finally, integrating these elements into the analysis of bereavement processes in the long run seems crucial to us. This is particularly true in the context of the COVID-19 pandemic where the succession of “waves” linked to high mortality rates was combined with numerous fluctuations, in different areas and over time, of restrictions and physical distancing rules. The temporality of the pandemic and its succession of phases may thus have changed the tactics and stances of the individuals concerned, and have contributed to modifying the rhythm of mourning experiences, both on an individual and on a collective level. Further studies could be carried out to discuss these hypotheses, especially at times when the funeral industry is under pressure. As Mokhov and Novkunskaya state, “any failures in the life-cycle rituals in infrastructure require being smart, demonstrating the ability to handle them, and using the necessary social connections to solve them” (2021). At the very least, our material leads us to cast serious doubts on theses that posit a “complicated” grieving process for all mourners. It should also invite us to think of the funerary register in terms of the social and temporal logics that organize and encompass it. ■

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Endnotes:

¹See “Estimation of excess mortality due to COVID-19”, published May 13th 2021, *IHM – Measuring what matters*, on-line, <http://www.healthdata.org/special-analysis/estimation-excess-mortality-due-covid-19-and-scalars-reported-covid-19-deaths>.

²“WHO Director’s General’s opening remarks at the media briefing on COVID-19.” <https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19-11-march-2020>.

³Two examples taken from the French and the Swiss Press: “Ne pas assister aux obsèques, c’est terrible [Not attending the funeral is terrible]”, *Le Dauphiné Libéré*, April 13th 2020; “Le confinement sabote le processus de deuil [Confinement sabotages the grieving process]”, *Le Temps*, April 2020.

⁴Although our study also focuses on Italy, we do not refer to it in this article, mostly because of issues of time lag relating to the data collection, that was carried out mainly in the summer of 2021.

⁵Usually, when a person dies in a health care or social care institution, he or she remains in the room or treatment room for at least two hours. Care commonly referred to as “funeral cleansing” is frequently provided by caregivers (nurse, nursing assistant), sometimes in the presence of family members, particularly in the context of the palliative care approach.

⁶For a synthetic information on the timeline of the development of the pandemic and the legal measures taken to contain it, see the articles “Pandémie de Covid-19 en France” and “Pandémie de Covid-19 en Suisse” on wikipedia.org.

⁷The two countries are secular, with diverse religious representations. These are mostly of the Judeo-Christian tradition, and to a lesser extent Muslim or even Buddhist. For France, see <https://fr.statista.com/themes/3234/la-religion-en-france/#topicOverview>; for Switzerland, see <https://www.eda.admin.ch/aboutswitzerland/en/home/gesellschaft/religionen/religionen---fakten-und-zahlen.html>.

⁸All names are pseudonyms. In brackets, we refer to the bereaved person we met, the original language of the interview, the country (F for French, and I for Swiss Italian; FR for France and CH for Switzerland), and the date of interviewing.

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