

Demystifying Discourses of Death, Burial and Grief in Light of the COVID-19 Pandemic

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Abstract

On January 8th, 2020, with the downing of Ukraine International Airlines flight PS752 in the outskirts of Tehran, Iran's capital city, Canadians mourned alongside surviving families – a pain that was not theirs – while facing the complexities of death, repatriation, and bereavement among its diverse populations. Paradoxically, this understanding soon became a lived reality for some Canadians in the wake of the country's state of emergency as a result of the COVID-19 pandemic. With the sudden cancellation of most international flights, some travelling Canadians succumbed to the virus abroad, leaving family members with the challenge of repatriating the deceased's remains. In addition, the imposition of social distancing regulations interrupted spiritual, cultural and religious funerals and memorial services for family members of over 12,000 Canadians who had lost their lives in the country to the virus. Bereaved family members were left with no option but to either delay burial, or mourn in isolation (Goodkind, 2020; Mercer, 2020). In times of adversary, our resilience and collective agency helped us practice new methods of grieving. At the present time, funerals have relied on virtual tools to provide a forum for collective mourning (Ahsan, 2020). Individuals have also relied on social media to share their pains and commemorate their loved ones. Professional bereavement services continue to explore virtual services.

Keywords: Grief; Covid_19, Death, Repatriation, Resilience.

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Introduction

On January 8th, 2020, with the downing of Ukraine International Airlines flight PS752 in the outskirts of Tehran, Iran's capital city, Canadians mourned alongside surviving families – a pain that was not theirs – while facing the complexities of death, repatriation, and bereavement among its diverse populations. In a short matter of time, the COVID-19 virus spread like wildfire worldwide, resulting in a global state of emergency. Compounding the global health governance's failure to adequately respond to the pandemic, in addition to the glaring gap in wealth and preventative health infrastructure, complex international politics, and leadership and operation of domestic states increased the number of global casualties (Hameiri, no date; Patrick, 2020). To contain the virus, many governments imposed a lockdown, which cancelled most international flights. As a result, some travelling Canadians found themselves stranded at international borders leaving their families in a state of uncertainty. Although as of November 30, 2020, the pandemic has claimed 1,467,273 lives, including those of 12,032 Canadians, there currently exists no rigorous data on the number of Canadians who have succumbed to the virus outside of Canada.

Grief in times of a disease outbreak extends beyond mourning for the loss of our loved ones. We grieve over the sudden loss of masses of people in a short time. We also grieve for the major shifts in our daily activities and livelihoods. The virus holds the potential of being transmitted within places and individuals that we trust and turn to in difficult times. We grieve over being isolated due to social distancing regulations. COVID-19 has posed serious concerns to individuals, families, and communities causing loss of control and mounting uncertainties pertaining to the waves of losses. We fear for our health,

wellbeing, and safety. We experience interruptions to academic progress and employment conditions, while losing our freedom of movement as well as sense of physical and social connectedness (Kuriansky, 2016; Canadian Mental Health Association, no date).

The purpose of this article is to demystify discourses of death, burial and grief in the face of COVID-19 pandemic. It is imperative to contextualize narratives of grieving individuals within the evolving conditions of the pandemic; where one's rights to burial, commemoration, grief, and access to spiritual, faith, or other forms of bereavement support are compromised. These experiences challenge our notion of conventional bereavement frameworks, urging the exploration of new approaches that enhance coping mechanisms and increase resilience. In addition, the Public Health and the National Interim Guidelines for Funeral Directors (NIGFD) on managing infection risks require funerals to apply various measures when handling the deceased during the COVID-19 pandemic (NIGFD, 2020). Knowledge of these discourses are pivotal, particularly for practitioners providing grief support.

The COVID-19 pandemic outbreak has taken a toll on the physical and mental health of many peoples where grief has become a new norm. While individuals grieve in different ways, catastrophic circumstances such as disease outbreaks where our sense of normalcy is interrupted, requires people to rely on and enhance resilience; not only in finding solace, but to move forward. This article will further explore factors affecting bereavement response, and highlights best practice strategies for practitioners providing bereavement support.

Death and Burial in Canada

Canada is considered to have one of the most well-developed public health care systems in the world (Radu, 2020) with no recent population health crisis leading to high mortality rates. As such, prior to the COVID-19 pandemic, many Canadians perceived death as a natural and final stage of life. Under the *Funeral, Burial, and Cremation Services Act* (2002, S.O. 2002, c. 33), Canadians are provided with the option of planning their end-of-life processes from pre-arranging details of disposition of their bodies, to funeral and burial. This includes the recent adoption of voluntary seizing of personal care, as well as the withholding or withdrawal of potentially life-sustaining treatment, and other legal options pertaining to end of life decisions (Government of Canada, no date). However, despite such progressive policies in the face of vast diversity that exists within the fabric of Canadian society, much of the existing literature on death, burial and bereavement is written within Anglo-Christian and western perspectives. In particular, much of the emphasis is placed in framing the discourse from psychological, ritualistic, cultural and religious perspectives (Kessler, 2019; Cheron-leboeuf et al, 2016; Granek, 2010). These discourses not only risk pathologizing grief, it further homogenizes certain values and culturalizes certain practices to various populations.

The diversification of the Canadian mosaic in recent years has pushed the discourse for more inclusive approaches to burial. Today, many cemeteries have compartments devoted to diverse ethnic and religious groups where preferred rituals may be performed. The sudden spread of COVID-19 and the subsequent rise in deaths however, has once again challenged Canadians to shift the discourse, irrespective of preferred ideological, cultural or religious perspectives.

During public health emergencies, funerals are subject to regulations outlined by the National Interim Guidelines for Funeral Directors (NIGFD) in handling the deceased (NIGFD, 2020). These regulations not only have changed the course of burial proceedings, it has confronted many with new sets of challenges in dealing with death; from delay in burial to procedures of the disposition of the body (Ahsan, 2020; Gurney, 2020). Delay in burial risks the potential of contradicting the religious ideology of the deceased, as well as pre-arranging details of disposing of the body outlined by the deceased. As the Bereavement Authority of Ontario has outlined, COVID-19 has expedited a death response plan where funerals are provided with one-hour windows to collect the body from the hospital, only allowing a maximum of ten family members to attend the burial while practicing social distancing (Ahsan, 2020).

Repatriation of Deceased Canadians

With the spread of the COVID-19 pandemic, many countries around the globe have imposed lockdown measures and suspended international flights. This resulted in some travelling Canadians being stranded overseas. Although there are no rigorous statistics detailing the number of Canadians who have succumb to the virus abroad, their descendants are confronted with numerous challenges in repatriating the remains of their loved ones.

For the surviving families, the repatriation of the remains is a discursive struggle between the Canadian infection prevention and control measures with international law and the law of the homeland. These discourses hold imposing legal power over the wishes, needs, and rights of decedent's next of kin in permitting, delaying or preventing the transport of the deceased. At the present time, the Canadian government only allows the

repatriation of person deceased as a result of COVID-19 when the remains are cremated or is transported in a hermetically sealed container (Government of Canada, 2020). While the former option may contradict religious, cultural or spiritual belief systems, the latter option is subject to the restriction of international flights, which ultimately delays the repatriation process. Although many family members will come to terms with their losses, they may hold firm that their interment must return home. As such, delay in repatriation during the COVID-19 pandemic can significantly interfere with bereavement and add multifaceted layers of complexity to the healing process and bereavement.

Bereavement

Birth and death are two conflicting discourses-the former being celebrated while the latter is grieved. Grief is an expression of inner pain and an emotional reaction to the loss of a person, an event, or other significant circumstances. While everyone reacts to loss differently, people grieve both in solitude and collectively. Collective grief forms community and enhances resilience. Resiliency is the ability to adopt and bounce back despite adversary, trauma, disaster or other difficult circumstances (Walsh, 2015).

The bereavement literature in recent years has at times pathologize what are otherwise normal reactions to loss (Bonanno, Papa & O'Neill, 2001). This is partly due to the advancement of medical fields as well as institutionalization of end of life care, and professionalization of bereavement support. As Atul Gawande (2014) points out, modern medical advancements have confronted us with both the biological transformation of the life cycle as well as cultural transformations of how we conceptualize such course. For instance, while modern medicine has prolonged life expectancy, it has removed the

process of aging and dying within the home, relocating it within hospitals and long-term home care facilities.

Death in light of the COVID-19 pandemic and its social distancing regulations, has and continues to shift our notion of grief into a new dimension. Collectively, we mourn the interruptions to our sense of normalcy, witnessing the increased vulnerabilities of our communities and losing many older adults. Reports suggest over 80% of COVID-19 related mortalities in Canada have occurred within long-term home care facilities (MacCharles, 2020) with no family members by their side during those precious final moments. In addition, families were restricted from pursuing their religious, cultural and traditional burial and communal mourning ceremonies. This is compounded with the closure of many professional organizations offering bereavement support.

As Table 1: The Impact of COVID-19 on Grief Response shows, grief in the context of COVID-19 is complex. For instance, due to public health protocols re: social distancing, matters that historically have been managed by specific professionals, such as palliative care specialists, funeral homes, or religious figures, were performed by general healthcare practitioners or long-term home care facility caregivers on duty; some with little expertise in the end of life care.

However as indicated earlier, in times of adversary, resilience and collective agency pave way for the exploration of non-conventional methods of grieving. Front-line practitioners used mobile devices to support final closure both the deceased and their family members (Balasubramanian, 2020). To address the bereavement needs of extended families and acquaintances, funeral homes offered web-based services; providing a forum for collective mourning (Ahsan, 2020). Families relied on social media as a

means of commemorating memories of their loved ones, which in turn increases resiliency and the ability to overcome the pain of

distanced grief. Others relied on expressive art or by sharing their narratives on social media.

Table 1: The Impact of COVID-19 on Grief Response

| Description | Factors Affecting Grief Response |
|------------------------------------|--|
| COVID-19 Pandemic | <ul style="list-style-type: none"> ○ Sudden state of public health emergency ○ Increased socio-economic vulnerabilities ○ Imposition of social distancing regulations ○ Collective anxiety pertaining contracting the virus ○ Increased fears of dying or losing loved ones ○ Limited social, professional and mental health support |
| Hospitalization | <ul style="list-style-type: none"> ○ Lack of access to family members while hospitalized ○ The unavailability of social networks, mental health and/or end of life rituals and support system while hospitalized ○ Witnessing healthcare professionals wearing personal protective equipment, which can exacerbate fears of death ○ Impersonal end of life care ○ Death and grief in isolation |
| Social Distancing | <ul style="list-style-type: none"> ○ Social isolation and inability to have physical contact with loved ones ○ Interruption to access faith, cultural or religious rituals ○ Loss of freedom and daily routines including connecting with existing social networks for emotional support ○ Interruption to education, employment, and livelihoods ○ Increased gender-based violence |
| Multitude of Death & Final Closure | <ul style="list-style-type: none"> ○ Dealing with the loss of loved ones while simultaneously experiencing increased vulnerabilities caused by the pandemic towards self or other immediate family members ○ High number of mortality rate and loss among older adults particularly those living within long-term care facilities (without access or visitation rights) ○ Inability to offer comfort and emotional support during the end of life process |
| Repatriation of deceased | <ul style="list-style-type: none"> ○ Expensive process ○ Disruption of international flights ○ Complexity surrendering satisfying various national and international laws and regulations ○ A lengthy process which can delay burial and bereavement |
| Burial | <ul style="list-style-type: none"> ○ Possible delay in burial ○ The inability to attend funeral ○ Feeling of guilt for not proceeding with the pre-arranged funeral and ritual reception ○ Distanced and/or virtual mourning and grief ○ The inability to repatriate deceased in the face of death in distance |
| Bereavement Services | <ul style="list-style-type: none"> ○ Closure of bereaved services and therapy ○ Closure of all faith and religious based services ○ Public state of emergency and prioritization of essential services which limits access to mental health support ○ Lack of access to virtual modes of support |

Enhancing Resilience

Bereavement constitutes a broad array of contexts pertaining to the type of loss, coming to terms with the loss, and searching for meanings in life in order to move forward. Historically, in their lifetimes, elderly populations may have survived some forms of individual and collective trauma such as World War II. Some of Canada's diaspora communities have also experienced an array of individual and collective traumas caused by war, displacement, political unrest, as well as migratory challenges which included systemic barriers to integration. These individuals, regardless of their past traumas have come to terms with their losses in an effort to rebuild their future. It is therefore important to be mindful of the fact that, coping with the repercussions of the COVID-19 pandemic can trigger past memories, resulting in a form of re-traumatization. Ann Cvetakovich (2003) points to the importance of focusing on moving on while remembering past pains. If historical trauma is considered a catalyst for present loss, there cannot be a singular focus on a present loss, or a dismissal of the connection between the present behaviours of mourning and the memories or pains that are archived beneath that past (Cvetakovich, 2003). In this context, practitioners working with older adults in long-term home care facilities for instance, should rely on trauma-informed approaches by connecting the present to the past, in order to avoid silencing mourners in their struggles of being heard while enhancing their resilience.

It is further pivotal to use health promotion strategies in offering individual, group and virtual education about the mental health impacts of pandemic. The goal should be twofold. First, to destigmatize one's emotional reactions of anxiety, fear, feeling of hopelessness or depression, and second, to normalize mental health and bereavement support.

To respect diversity and to engage a broad array of multidisciplinary professionals and community members, we must include interpreters when required. Bereavement and mental health support is particularly pivotal for those undergoing COVID-19 testing or dealing with family members who tested positive in order to alleviate preventable stressors.

While literature on bereavement is proliferating, little evidence exists on the impact of contagious diseases, including COVID-19, on the overall population's mental health. Acknowledging individuals' way of grieving and comforting them in their own way can help families come to terms with and accept loss.

Concluding Thoughts

In working with bereaved individuals, knowledge about the causes of death and burial conditions are pivotal. This is particularly the case when analyzing death amid social distancing regulations due to COVID-19, where funeral and commemoration ceremonies either proceed in the absence of some family members, or are suspended. The extension of a formal and informal network of empathetic support is required while acknowledging the strength and resiliency of individuals and families dealing with loss. A trauma-informed approach can shed light on the everyday lived experiences of bereaved individuals. Health promotion strategies can further provide individual, group and virtual education to destigmatize people's emotions and moralize access to professional support; where practitioners working from within these perspectives understand that people react to death and cope with their losses in varying ways. Such conceptualization places bereaved individuals at the heart of empathetic support. Bereavement services must be language-accessible and

acknowledge the barriers individuals may face in receiving bereavement services. Given the state of the ongoing public health emergency and continued social distancing regulations, practitioners are required to explore nonconventional approaches to bereavement.

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