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Death From COVID-19, Muslim Death Rituals and Disenfranchised Grief – A Patient-Centered Care Perspective

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Abstract

In Islam, religious directives regarding death are derived from the Quran and Islamic tradition, but there is a variety of death rituals and practices, lived by Muslims across contexts and geographies. This narrative study explored the dynamics of death and bereavement resulting from COVID-19 death among religious Muslims in Israel. Narrative interviews were conducted with 32 religious Muslims ages 73–85. Findings suggest several absent death rituals in COVID-19 deaths (i.e., the physical and spiritual purification of the body, the shrouding of the body, the funeral, and the will). Theoretically, this study linked death from COVID-19 with patient-centered care, highlighting disenfranchised grief due to the clash of health authority guidelines with religious death practices. Methodologically, this narrative study voices the perspectives of elder religious Muslims in Israel. Practically, this study suggests ways to implement the cultural perspective in COVID-19 deaths and enable a healthy bereavement process.

Keywords

COVID-19, Muslims, patient-centered care, disenfranchised grief, narrative

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Introduction

COVID-19 presented unprecedented challenges of uncertainties, isolation, patients dying alone in hospitals, hospices, or other care facilities without saying goodbye or having their loved ones paying last respects, thereby affecting experiences of death and bereavement (Fang & Comery, 2020; Ramsay, 2020). Furthermore, lockdown and social distancing have been restricting bereavement processes of emotional closeness and social connectedness, triggering overpowering sorrow and regret, resulting in disenfranchised grief (Doka, 1989; Holst-Warhaft, 2000; Valentine, 2009). Disenfranchised grief is a process in which loss is felt as *not* being "openly acknowledged, socially validated, or publicly mourned" (Doka, 1989). This experience of grief might pose difficulties in emotional processing, in distress expression, in social support, in obtaining compassion, all challenging one's coping with loss in one's ongoing life (Doka, 1993). When COVID-19 guidelines clash with belief systems and death rituals of religious people, they may refuse to comply with guidelines of hospitalization in severe COVID-19 (Boguszewski et al., 2020; Gabay & Tarabeih, 2021). Although religious beliefs and rituals are personal, they are also a social institution (Tobroni et al., 2020). The socio-cultural environment may impact the responses of individuals and communities to COVID-19 deaths and losses, as they process the loss and make meaning of it.

Responses to loss and death in the context of COVID-19 are both individual and societal, particularly for religious minorities and their members confronting restrictions to their traditional practices (Bear et al., 2020). Given the rich global landscape of religious cultures, previous studies called to explore the impact of death from COVID-19 on grief processes of members of religious cultures (Arslan & Buldukoğlu, 2021; Bear et al., 2020; Firouzkouhi et al., 2021; Stroebe & Schut, 2021; Walter, 2020). This qualitative study responds to these previous calls, exploring the impact of COVID-19 on Muslim individual and community grief in COVID-19 deaths.

Muslim Religious Beliefs and Practices

In Islam, all conduct is governed by the precepts of the Qur'an and the Sunnah law, directing Muslims in all aspects of human life, decisions, and commitments, including recommendations for responses to COVID-19 (Al Khayat, 1995). Islamic laws have five primary objectives: to protect life, to safeguard freedom of thought, to preserve the intellect, to preserve human honor and integrity, and to protect property (Al-Hayani, 2007; Ellison & Levin, 1998). The Qur'an accomplishes correctives and promotes wellbeing by laws forbidding a detrimental way of life and conduct and focuses on behaviors that promote wellbeing (moderate eating; abstention from liquor, tobacco, and other psychoactive substances; daily workout; praying; fasting; bathing and washing; breastfeeding; and more) (Atiyeh et al., 2008; Rispler, 1989).

Islam teaches that everything that occurs is from God, whether dutifulness or non-compliance, trust or disloyalty, ailment or wellbeing, riches or poverty (Al-Gorany, 2021).

Significant illness, miscarriage, and death are viewed as God's will, reflecting one's devotion and trust in God. Thus, death is regarded as a cleansing encounter, not a statement of God's anger (Atiyeh et al., 2008). Muslims consider adherence to Islamic teachings and to the Prophet Mohammed's recommendations as the only way to survive the pandemic. In Islam, there is a set of health directives to prevent the spread of disease, including: (1). Maintaining belief in God and the practice of prayer; (2) Commitment to quarantine and avoiding crowded places; (3) Attention to hygiene by washing hands with water and soap, maintaining hygiene of body, clothes, and environment; (4) Avoiding contact with people who are ill or suspected of being ill (Islamweb.net. 2020). The most profound directed life cycle rituals are those that mark the end of a life (Imber-Black, 2020). While Islamic principles, however, accept measures that reduce risk and offer a solution to pandemic health guidelines regarding prayers (i.e., individual prayers rather than in mosques), there are no such measures regarding religious death rituals Kamarulzaman and Saifuddeen (2010). Next, the demographics of Israeli Muslims.

Muslims in Israel

At the end of 2019, the Muslim population in Israel was estimated at 1.669 million, which is 18% of the population (Central Bureau of Statistics, 2021). Fifty-nine percent of the Muslim population live in cities, 33% of this population is in the age group of 0–14 and 4.5% is in the age group of 65 and over. The rate of labor force participation in 2020 was 52.4% among men and 25.3% among women. Fifty percent of households have a computer with connection to WIFI and 10% of the Muslim population have an academic degree (Central Bureau of Statistics, 2021).

Perceptions of the Pandemic Among Religious Muslims

Religious Muslims believe that the pandemic is God's will, thereby, abdicating responsibility for trying to contain it (Husni et al., 2020). Others consider COVID-19 to be God's punishment for wrongdoers and evil, believing the virus will not attack believers and pious worshipers who conscientiously carry out congregational prayers (Husni et al., 2020). Some believe that COVID-19 is a substance created by God that people can avoid by living healthy lifestyles, diligently reading the Qur'an, and praying in congregation (Husni et al., 2020). Others view COVID-19 as an ordinary phenomenon that occurs naturally and believe that there is no link between the outbreak of the pandemic and religion. The latter further believe that even if they are infected with the coronavirus, they must accept their fate. If they are infected, they may visit doctors and seek treatment, but they have no assurance that medical efforts will cure them. Instead, they self-introspect and blame themselves for the sins they have committed (Husni et al., 2020). Next, how religious Muslims have been coping with COVID-19.

Adaptation to COVID-19 Among Religious Muslims

Since the outbreak of the COVID-19 pandemic, governments around the world, have been communicating guidelines to all communities aimed at preventing the spread of the virus, through coercion, information, education, and persuasion. Since the outbreak of the pandemic, attitudes towards health guidelines among members of varied religious cultures are seen to be embedded in their world view, shaping their perspectives (Husni et al., 2020). These perspectives of members of religious cultures towards COVID-19 may entail different perceptions of the virus (Boguszewski et al., 2020; McCaulley, 2020). In Israel, since the outbreak of the COVID-19 pandemic in March 2020, Muslims have been adjusting certain religious rituals that are perceived as a form of leniency in worship, as some Muslim leaders have encouraged members to replace Friday prayers at the mosque with praying at home to comply with social distancing guidelines and help each other, in solidarity, to contain the virus (Bruns et al., 2020; Kooraki et al., 2020; Muhammad et al., 2020; Nishiura et al., 2020; Syamsuddin, 2021). Death by COVID-19 deprives the living of saying goodbye or grieving in traditional ways. (Imber-Black, 2020). The Quran and the Sunnah, however, do not have explicit answers for social issues that emerged since the revelation of the Quran and the teachings of the Prophet Mohammed (Rispler, 1989). Extensive research has related to the challenge of physical distancing in religious minorities (Gabay et al., 2021), but research is scant on one of the most highlighted issues in the Covid-19 pandemic, death rituals among Muslims (Gabay & Tarabeih, 2021; Tobroni et al., 2020).

Muslim Death Rituals

The Quran distinctly emphasizes that adversities confronted by individuals that are aimed at testing them as believers and making them more tolerant and patient so they can better cope with the ordeals they face (Afakseir, 2012). Islamic tradition seems to present ambiguous instructions for fulfilling death rituals. The discrepancy between the ritual directives and its actual practice is often confusing (Rappaport, 1999). Literature on dying and death rituals in Islam presents Islam as built around the central five pillars and the Islamic law regarding ritual practice (Venhorst, 2021). While Islam refers to the religious principles and regulations as derived from the Quran and Islamic tradition, there are diverse practices, lived by a variety of Muslims in a variety of contexts and geographies, causing tensions between the prescribed practice and the actual practice of death rituals (Venhorst, 2021).

The beliefs, feelings and practices around death are part of religiosity (Ho & Ho, 2007). Muslim religious directives view religious belief, spiritual activities, and practices as important assets for dealing with death. Islam teaches its followers to be patient, to have trust in Allah, to offer regular prayers, and to ask Allah for help in difficulties surrounding death (Saleem & Saleem, 2020). Islam doctrines teach that the whole life of a Muslim believer is a trial where one will be tested again and again, and

one's final destiny will be determined on the basis of one's performance. Thus, for a Muslim, death is the return of soul to its creator, Allah. The notion of the inevitability of death and life after death are never far from a Muslim's consciousness. Believing in the supremacy and kindness of Allah helps the individual accept death as a stage of life. Attitudes toward death are expressed consciously or unconsciously by personal attributes or through cultural, social and philosophical belief systems. Many religious institutions carry out death rituals which shape the culture and buffer death anxiety (Saleem & Saleem, 2020).

The following death rituals are shared by all religious Muslims, but there are subtle differences among groups (Aalulbayt Information Centre, 2005). When a Muslim is near death, frequently distracted by pain and discomfort, relatives around the dying person are called upon to recite verses from the Quran, provide physical comfort, and encourage the dying person to recite words of remembrance and prayer reminding them of God's mercy and forgiveness (Cheraghi et al., 2005; Sarhill et al., 2001). Relatives of the dying person should place her or him in a comfortable position facing Mecca (Cheraghi et al., 2005; Sheikh, 1998). Since devout and pious Muslims believe that death is part of God's plan and that one's duty is to accept whatever God sends, however difficult, they discipline themselves to show no emotion at a death, because weeping openly would suggest rebellion against God's will. Islam teaches that the dead body must be treated with gentleness and respect (Sarhill et al., 2001).

Upon notification of death, relatives of the deceased are encouraged to remain calm and pray for the departed as it is forbidden for those in mourning to wail excessively, scream, or thrash about. When a religious Muslim dies, the eyes and mouth should be closed, the feet tied together with a thread around the toes, the face bandaged so as to keep the mouth closed, and the limbs should be straightened (Cheraghi et al., 2005; Sheikh, 1998). The body should be covered with a clean sheet temporarily. A ritual of washing the body is performed by a same-sex Muslim as soon as possible. Nails are cleaned and shortened, and the body is shrouded in simple, unsewn pieces of white cloth (Cheraghi et al., 2005; Sheikh, 1998). Performing the rituals of bathing, shrouding the body, rubbing camphor oil on the seven parts of the body which are placed on the ground during prostration when praying (i.e., the forehead, palms, knees and toes), and helping with the burial are important religious acts. Calling a religious leader is necessary as a Muslim should be taken home or to the mosque to be washed (Sarhill et al., 2001).

It is a religious requirement that the dead be buried as soon as possible, and considerable family distress can be avoided by speedy issuing of the death certificate (Sarhill et al., 2001). If the person dies earlier during the day, the body will be taken to the local mosque or to the appointed cemetery to be washed and prepared. However, if the person dies late at night, the body will be kept at home with lights on or candles burning all night, resembling the pre-Islamic traditions. It is believed that the evil spirits will attack the dead if left in darkness. The Quran will be placed close to or on the dead person to both protect and bless the deceased (Sarhill et al., 2001).

A funeral prayer is held in the local mosque, and relatives and community members follow the funeral procession to the graveyard where a final prayer is said as the deceased is laid to rest. Events occur in rapid succession, and often the deceased will be buried within 24 hours; Muslims are always buried as cremation is forbidden (Cheraghi et al., 2005). If the dying patient is wealthy, his/her relatives may place a semiprecious stone like an agate with 14 prayers carved on it by handicraft specialists under the deceased's tongue after completion of funeral rites and before placing the dead person in the grave, to enable the deceased to answer questions properly when asked questions by the spirits (Sarhill et al., 2001). It is believed that life after death will continue such that the preservation of the body is absolutely essential (Parkes et al., 1997)

Authorities across countries face the need to care for people from various religions, who may comply poorly with hospitalization guidelines due to their theological belief. This qualitative study explores religious practices around COVID-19 deaths among Israeli Muslims unlawfully refusing to be hospitalized in a public hospital due to religious reasons. The patient-centered care approach (PCC) was adopted as the theoretical anchor of this study.

Patient-Centered Care

Patient-centered care (PCC) is the preferred approach of care in health (Lusk & Fater, 2013). PCC is associated with higher patient safety, higher quality of care, better clinical outcomes, higher patient satisfaction, higher life quality, higher well-being, and less suffering among patients (Jarrar et al., 2019; Rathert et al., 2013). While the biomedical model focuses on COVID-19 in the patient's body, the PCC model focuses on understanding the patient's perceptions, expectations, feelings, anxieties, as an individual (Venhuizen, 2019). PCC emerged out of the limitations of the conventional 'biomedical model. (Epstein & Street, 2011). PCC recognizes the patient's psychological and social needs, respecting each patient's cultural values, beliefs, and preferences (Lusk & Fater, 2013; Kitson et al., 2013; Voshaar et al., 2015). PCC advocates flexible healthcare, entailing a shift away from fragmented institution-centered care to integrated, patient-tailored care that aims at meeting patient needs (Delaney, 2018).

PCC shifts the emphasis from body care to total care; integrates health care and provides physical comfort and emotional support (Kitson et al., 2013). PCC considers the patient's point of view and circumstances and is characterized by high responsiveness to patient needs, beliefs, and preferences, using the patient's informed wishes to guide end of life activity (Jarrar et al., 2019; Rathert et al., 2013). This study explores the dynamics of death resulting from COVID-19, death practices and rituals among religious Israeli Muslims, and their grief process. The research questions are (a). What are the main causes of clashes over Israeli Muslim religious death rituals in cases of death from COVID-19? (b). What is the communal experience surrounding death from COVID-19?

Methodology

Ethical Approval

The ethics committee at the academic institution with which the second author is affiliated granted ethical approval for this study (IRB #1037). Participants signed an informed consent form regarding participation and publication. To protect anonymity and confidentiality, demographic data is presented only at the group level (Morse, 2007). The informed consent form stated that participation is anonymous and confidential, and that the participant may stop the interview at any stage.

Sampling

Based on our experience of interviewing insular communities, we considered the unique aspects of the culture in shaping the design, sampling, and data collection. We considered values of modesty, speech codes, and the need for endorsement of Muslim religious leaders (Rier et al., 2008). Asking the Imam's endorsement for our study was the first step to facilitate agreement of religious Muslims to participate in the study. Without this endorsement, we would have had no cooperation from the community. Following the Imam's endorsement, moderators from the community explored the willingness of community members to participate.

Procedure

The Imam connected us to several moderators from the community, who contacted potential participants. We shared the purpose of the study with the moderators and asked them to distribute an invitation among community members, inviting them to participate in a study on the refusal of religious Muslims to be hospitalized in COVID-19 due to religious reasons. Those interested in participating shared their contact information with the moderators who then sent the information to the second author, a secular Muslim. The second author contacted each participant by phone, explained the goal of the study, scheduled a face-to face, in-depth open-ended interview with each participant, and sent participants an informed consent form through WhatsApp. Participants were asked to have a family member help them sign an informed consent form and email it to the second author. They were also asked to have a family member help them connect to the ZOOM link for the interview. We determined the study sample size using the information saturation approach (Malterud et al., 2016). Participants were 32 religious Muslim elders, 29 males and three females, age 73–85, with an average age of 79. The number of children at home ranged from 10 to 17. Participants were from four villages in Northern Israel: North Sakhnin, Arraba, Deir Hanaa, and Eilabun. Table 1 presents demographics of participants.

Table 1. Demographic Characteristics of Participants.

	Age	Gender	Personal status	Level of religiosity (Islam)	Years of ducation	Number of children
1	73	Male	Married	Religious	14	10
2	77	Male	Married	Religious	15	12
3	85	Male	Married	Religious	15	10
4	81	Male	Married	Religious	16	9
5	85	Female	Widow	Religious	14	11
6	82	Male	Remarried	Religious	15	18
7	74	Male	Remarried	Religious	13	17
8	78	Male	Remarried	Religious	15	16
9	80	Male	Married	Religious	16	10
10	81	Male	Widower	Religious	17	10
11	84	Male	Widower	Religious	15	11
12	84	Male	Married	Religious	11	12
13	83	Male	Married	Religious	9	10
14	81	Male	Married	Religious	8	13
15	80	Male	Married	Religious	9	12
16	78	Male	Married	Traditional/Religious	10	13
17	76	Male	Married	Religious	15	14
18	79	Female	Remarried	Religious	13	16
19	79	Male	Widower	Religious	12	12
20	77	Female	Widow	Religious	16	13
21	76	Male	Married	Religious	10	11
22	80	Male	Married	Religious	8	10
23	75	Male	Married	Religious	9	10
24	76	Male	Married	Religious	21	10
25	75	Male	Married	Religious	15	13
26	71	Male	Married	Religious	17	14
27	83	Male	Remarried	Religious	18	18
28	83	Male	Remarried	Religious	16	16
29	79	Male	Married	Religious	15	14
30	80	Male	Married	Religious	16	11
31	78	Male	Married	Traditional/Religious	15	13
32	78	Male	Widower	Religious	14	12
33	85	Male	Remarried	Religious	17	17

Interviews

The interview opened with a greeting and wishes for good health. The second author thanked the participants, read the information from the informed consent form, explained the goal and the methodology of the study, their right to stop the interview at any time. He promised confidentiality and anonymity, asked for their permission to

record interviews, and then asked participants if they were still willing to participate. The second author emphasized that there would be only one general question to which the participants may respond as they deem appropriate (Josselson, 2013). The interview began with a few minutes of casual conversation to help engage the participant and lasted about 45 minutes on the Zoom platform (Robert et al., 2020). The interview question was: "Please describe your thoughts regarding Muslims' refusal to be hospitalized, should you, God forbid, be severely ill with COVID-19." The atmosphere was pleasant, and the second author tried to avoid any verbal and non-verbal judgement. The second author recorded the interviews, which were then transcribed. To mask participants' identity, before transcribing the interviews, we assigned each participant a code.

Data Analysis

We performed thematic analysis, a qualitative method that fits well with our epistemology, with the research questions for identifying, analyzing, organizing, describing, and reporting the themes within data (Nowell et al., 2017; Saldaña, 2021). Thematic analysis is effective for exploring the perspectives of the participants, for highlighting similarities among them, and for generating unanticipated insights. (Nowell et al., 2017). We aimed at crystallizing thoughts of participants regarding the clashing of hospitalization in COVID-19 with Muslim death rituals. We independently familiarized ourselves with the data, reading it again and again, and generated initial code description using coding (Saldaña, 2021). Themes are units derived from patterns, such as recurring meanings, feelings, and perceptions (Taylor & Bogdan, 1984). We independently searched for themes and reviewed them. The data analysis process was iterative, reflective, and developed over time, involving constant moving back and forward between analysis phases.

We identified themes and patterns of perceptions that emerged from the data through six analytical steps: 1. We independently read and re-read the interviews and listed patterns of perceptions of clashes between death from COVID-19 and traditional rituals underlying the refusal to be hospitalized. 2. We identified all data that related to the patterns already classified. 3. We placed all data of a specific pattern with the corresponding pattern. 4. We combined related patterns and categorized them into subthemes to obtain a comprehensive view of the patterns that emerged regarding perceptions of death from COVID-19 vis-à-vis traditional rituals. We pieced together themes in a meaningful way to form a comprehensive picture representing the participants' viewpoint (Saldaña, 2021). 6. By referring to the theory of PCC and disenfranchised grief, we gained information that allowed us to make inferences from the interviews regarding how COVID-19 deaths clash with traditional death rituals and the perceived communal processes of grief. The themes and categories we generated conveyed the meaning that participants intended to make.

We independently identified links between the themes; produced a list of main themes which captured participants' main concerns; and presented evidence in words

from the interviews. We marked elements derived from patterns such as recurring meanings and feelings also as themes (Saldaña, 2021). By bringing together elements of perceptions, which are often meaningless when viewed alone, we were able to make sense for the specific context of the study. We pieced together themes in a meaningful way to form a comprehensive picture representing participants' interpretation of death and grief in COVID-19. The interviews revealed unanticipated themes, facilitating an in-depth understanding of the perceived reality among participants in this extreme health crisis. The unstructured interviews relied on the interviewee's subjective, spontaneous responses to the question, enabling an understanding of their perspectives without imposing any prior categorization which might narrow the field of inquiry (Josselson, 2013). Following data analysis, translation was done from Arabic to Hebrew and to English.

Quality Criteria

Since qualitative research encompasses the perspective of the researchers rather than objective reality, as the human instruments making judgments about coding, theming, decontextualizing, and recontextualizing the data, we ensured that the coding creates trustworthiness through credibility, transferability, dependability, and confirmability (Guba & Lincoln, 1994). Each author independently analyzed all interviews and identified themes and subthemes in the data. Each author independently identified links between the themes; produced a list of main themes which captured participants' main concerns; and presented evidence in words from the interviews. Any disagreements resulted in omission. We each recorded the study logistics, our methodological decisions, our personal values, our reflections after each of the interviews and our insights (Guba & Lincoln, 1994). We acknowledged our privileged position as secular academic researchers who enjoy a relationship of mutual trust with moderators from the Muslim minority, who distributed our invitation to participate in the study.

To support the transferability of the findings, we provided dense descriptions of the points of view of interviewees. To assure reliability, we analyzed all interviews independently, we identified themes and subthemes in the data and omitted a theme we disagreed on. Last, interviews were anchored within three contexts: the broad context, the micro-context, and the immediate context. The broad context is political tension between the Muslim minority and the government. The micro-context is the high infection and mortality rates among the Muslim minority. The immediate context was the "here and now", which may have also affected the interview content, particularly the neutral academic identity of the interviewer and his being Muslim.

Findings

All participants talked with pain about hospitalizations of friends and relatives in which there were no visits, no family members at the time of death due to fear of being infected with the COVID-19, death anxiety, and failure to perform religious rites at death.

Findings are presented by practices around death rituals, which are absent when members of the Muslim community die at the hospital. Practices are the purification of the body, spiritual aspects of the purification, the shrouding of the body, the funeral, and the will. The numbers in parentheses stand for the age of the interviewee.

Purification. Many respondents talked about the lack of the ritual of purification of the deceased as a disaster, inhibiting a respectful meeting of the deceased with God:

> *"The procedure of treating Muslim COVID patients does not honor the deceased in his final way. Purification is performed for Muslims in facilities designated for the care of the deceased but by family members or by the Imam" (Male, 85); "I do not know if the people who care for the body of the deceased read a prayer." (Male, 78); "By the customary process, according to Islamic Sharia, the family travels to release the body from the hospital and returns it home for the whole process of purification by the family. The washing of the corpse must be performed by a Muslim guiding the process, with only men washing a corpse of a man and only women washing that of a woman. The purification should be done solely by Muslims who know all the Islamic Sharia. Who knows who does the purification in the hospital, a Muslim, a Christian, a Druze, or a Jew? So we would rather die at home (Male, 82). Until now, families who were not willing to give it up, did the purification themselves at the hospital, it is sad, it's terrible" (Female, 82).*

Spiritual Aspects of Purification. Beyond the physical aspect of the ritual, there is a strong spiritual aspect of the purification involving the Imam and family reciting versus from the Qu'aran:

> *"The Imam reads verses from the 'Shahada', such as "I bear witness that there is no god to be worshiped but Allah, and that Muhammad is theMessenger of Allah". Anyone who admits that the 'Shahada' is true is Guaranteed a place in heaven. These are the last words of every Muslim before dying, so that God will forgive the person for all his sins. The family must remind the patient before dying to lift the right finger and say the verse" (Male, 79); "God needs to give permission for the soul to die at a predetermined time." (Male, 73); "No matter the cause of death, the time and place of death are set on your first day of birth, life is temporary and a probationary period for man. Death is when the soul transitions from the present material world to the pure spiritual world" (Male, 82).*

The Shrouding of the Body. Participants described the covering of the body in layers with a special fabric as part of their heritage which they expect to accompany the treatment of their body when they die:

> *"The deceased man will be bathed and dried only by his Imam and the family. Men will be wrapped in three sheets of cloth, a reminder for the sheets the Prophet was wrapped with after his death. Women will be wrapped in five sheets of cloth for modesty. It is despicable to wrap them in a black plastic bag, as if they are trash, as they do in the hospital. The*

plastic bag may tear when the body is lowered into the grave. We are supposed to meet the kings and God naked, in purity, to honor God" (Male, 79); "A deceased Muslim is supposed to wear white shrouds as a symbol of love or of a new life in heaven. At the hospital in COVID-19 the body is put in a black bag. A person is supposed to return to God as white and clean as on the day he was born, with the neck, arms, and legs bound as required. At the time of burial, the knots made earlier should be loosened, but those who die from COVID-19 are buried in a black plastic bag" (Male 82); "I made my death shrouds in green, symbolizing heaven. I sewed it and also made a pillow out of hair that I pulled out while combing my hair. I kept it for this day all my life to sleep on in the grave." (Female, 78); "I want to say goodbye to my family with dignity, at the hospital the family sees the body only at the time of death." (Female, 80); "I prefer to die at home and be buried when I die in the pure and modest garments that I wore while on Hajj in Mecca to observe the holiday. It is one of the most important deeds in Islam, in a hospital, they will bury me in a black bag, against Islamic Sharia. I will not disobey my God." (Male, 82).

The Burial. The interviewees viewed burial without saying goodbye to family, friends, and the community, as a disaster. Interviewees talked about burial without an Imam in attendance, the lack of prayers, and the time delay until the burial.

"The shocking thing is that people were buried without the participation of our Imam, who did not attend the burial ceremony. Before the burial the Imam asks all present to sit and then gives the deceased the answers to the questions that angels will ask him: Who is your Lord? What's your religion? What is your book? And who is your prophet? The Imam asks God to forgive the deceased and bring him to heaven" (Male 72); "A ceremony held by the guidelines of the Ministry of Health forbids approaching the body and the de ceased is buried as soon as possible. Sons cannot stay as customary near the grave of the deceased." (Male, 76).

Interviewees stressed the lack of prayers as lack of peace:

" I want to die according to Islamic Sharia by which before the funeral, family members go to the cemetery and dig a grave plot. When the funeral procession arrives, the coffin is placed on the ground. We accept death without an outburst of emotion because it is the will of God who forgives sins, especially if the declaration of faith ('Shahada') is said before the departure of the soul. At home the dying person lies on the right side and directs his face south to Mecca, requiring moving the bed. At the hospital there is no time and they do not understand the sharia." (Male, 79);"The participants in the funeral turn their faces towards Mecca and recite the funeral prayer. But this burial process doesn't exist in the pandemic. No one understands what they are doing." (Male, 80); "I want the Imam to read the Qur'an from beginning to end on the 3 days of mourning. The Divine rewards for the recitation of the Quran ascribing credit to the deceased on the Judgement Day. It is customary that the relatives of the deceased divide the reading among them. You need at least 30 relatives to do that, but in COVID there will not be enough people to recite the Qur'an." (Male, 85).

The time until the burial was also very concerning to participants:

> *"It is customary to bring the dead body for burial as quickly as possible at any time of day without putting the corpse in a refrigerator."* (Male, 80). *"The deceased will be buried only at his place of residence immediately after the body is purified. His eyes must be closed, his body washed and perfumed with incense. The dream of every religious Muslim is to die during the observance of the Hajj commandments facing the holiest place for Islam, Mecca, it is a death pure of all sins*." (Male, 83); "*I feel that we as a community do not insist on giving the proper respect before death. It is all in the hands of Allah even though the doctors determine how much time is left for the patient to live. We believe that the body belongs to God and any unnecessary suffering, like waiting in a refrigerator until the burial, must be avoided. Delaying the treatment of the body can break the bones when straightening the limbs. It is like breaking a living bone and it is forbidden by Islamic Sharia.*

The Funeral. Following the cleansing ritual, all family members can say their last goodbyes and ask for forgiveness, and the Imam from the Mosque says the final words of prayer. Death from COVID-19 in the hospital inhibits the performing of the ritual both by law and by practice:

> "*To die without the Imam of the mosque who prays for you is very difficult for a religious Muslim. When is he buried? What time? Who is to transport the body to the cemetery? The whole purification process should be done at home by the family and Imam but now the company caring for the body just brings the corpse to burial*"(Male, 82); *When death is from COVID-19, it is strictly forbidden for relatives to touch the body before the burial, it is shocking, there is no asking for forgiveness, nor reading verses from the Qur'an. I never thought that can happen. The body arrives in a windowless closed ambulance. It is prohibited to climb into the ambulance. Staff who transport the corpse protect themselves from head to toe, informing the cemetery staff that this is a corona patient, and no purification processes is performed."* (Male, 79); *"My friend's son had not seen his father for more than a month and a half, when they arrived at the hospital, they found him dead, with a long beard which he never had. They could barely recognize him. He was neither clean nor well-groomed, there was a puddle of blood under his sheet. The disrespectful funeral was limited to 10 people.…It is shocking to say a last goodbye to someone who did so many good deeds for all the village, with just a few people accompanying him in his last journey, instead of thousands….* [Quiet]. *The silence and restraint at such funerals are horrible. I cannot stop thinking about it. It is no longer possible to die with dignity*" (Male, 85); *"Instead of people coming to comfort the family, family members are each alone for the bereavement process*, *lonely, in their own pain."* (Female, 78).

The Will

Participants reported that the deceased leaves a will that may be difficult to share if they are hospitalized:

> *"The will of the deceased is to unite the family members and take care of the property and lands after death. Death in the hospital means that only sons will say their goodbyes as in Islam, daughters are considered weak, do not control their emotions when they see father or mother dying. The men are the strong figure in Muslim society*" (Female, 78); "*The male adult in the family, the father or husband, must be notified of the death. Notification to a person younger than him or to a woman harms the accepted family structure." (Male, 79). " In Islam, every dedicated Muslim is required to complete the pilgrimage to Mecca, at least once in his life. Many Muslims save all their lives to afford the journey to Mecca. Since due to the situation, a lot of religious Muslims did go on Hajj, they may ask a son, as part of the will, to do it in their name. You cannot do that if you die in isolation at a COVID-19 ward at hospitals. You cannot ensure that you fulfill your religious duty as part of the will"* (Female, 78).

Discussion

This qualitative thematic study explored death from COVID-19, death rituals, and grief and bereavement among Northern Israeli religious Muslim elders. This study makes several contributions. Theoretically, this study links death of Israeli Muslims from COVID-19 with PCC, highlighting disenfranchised grief due to the clash of health authority guidelines with religious death practices. Methodologically, this narrative study gives voice to the perspectives of elder religious Muslims in Israel. Practically, this study suggests recommendations to implement PCC in COVID-19 deaths and implement the cultural perspective to enable a healthy bereavement process.

Disenfranchised Grief Due to Lack of Death Rituals Due to COVID-19 Deaths Among Israeli Muslims

Findings indicate that due to COVID-19, funerals and ceremonies have been significantly altered with no normal face-to-face interactions. Funerals were limited to a few mourners, with no reciting of prayers, and no opportunity to position the body facing towards Mecca. Findings also indicate that burial practices changed profoundly in COVID-19 deaths, without the purification and shrouding of the body, without permission to look upon the face of the deceased before burial, with the emotional difficulty of having the body of the deceased packed in plastic bags and taken to the cemetery for burial without clergy praying for the deceased. Findings show that death from COVID-19 deprives the deceased of a chance to say goodbye properly; because of the highly contagious nature of the virus, spouses, children, siblings, and friends were forbidden to enter the hospital. Death from COVID-19 left families and friends with

guilt, sadness, distress, feelings of neglect, the sense of the body being attended to as dehumanized treatment, and disenfranchised grief.

Findings suggest that the refusal of ill Muslims to be hospitalized stems not only from their preference to die in their natural environment rather than in isolation at the hospital, but also from fear of being deprived of the traditional death rituals. This denial of traditional practices is perceived as infringing upon communal structural duties and as jeopardizing forgiveness and a peaceful welcoming by God. Bereaved people suffer as they witness the clash between official procedure and their religious practices accompanying the "bad death" of their loved one. This clash may cause additional pain and loneliness due to the increased social restrictions due to COVID- 19 further compounding the poor quality of the dying experience.

Theoretical Implications

Findings extend the existent knowledge regarding death in pandemics. Religious Muslim individuals and families are unable to follow traditional, religiously mandated "rules and practices," they are unable to practice death rituals in burial and funeral services, unable to grieve with social support and therefore, disenfranchised grief takes place at the family and the community level (Doka, 2002; Ramadas & Vijayakumar, 2021; Wallace et al., 2020). Funerals during the COVID-19 pandemic are emptied of memorial activities for the community as a supportive social network, conversation with other mourners, and sacred site of religion, all emptying meaning for the bereaved (Alcorn, 2020; Hamid & Jahangir, 2020; Imber-Black, 2020). The marginalization of the bereaved from religious minorities who must grieve alone may further exacerbate coping difficulties. Public recognition of some people's loss and grief may also be neglected during the pandemic, as not everyone's loss and grief can be acknowledged due to the proliferation of deaths. As such, feeling unentitled and unsupported to publicly share and cope with grief may exacerbate disenfranchisement (Davies, 2017; Doka, 1989; Horowitz & Bubola, 2020; McCann, 2020; O'Rourke et al., 2011).

Similarly, to previous pandemics, the COVID-19 pandemic also amplifies the conflict between individual needs and public health needs for social restrictions (Bahadur, 2020; Bigelow & Hollinger, 1996). Findings echo previous research regarding feelings of humiliation due to improper purification, physically and spiritually, no shrouding, lack of burial rituals, and small funeral, all causing maladaptation, loneliness, and unhealthy mourning (Firouzkouhi et al., 2021; Venhorst, 2021). Moreover, our findings also support previous studies on death rituals and practices of Muslims during COVID-19 in other countries (Dessing, 2001). The COVID-19 pandemic disrupts traditional accepted processes of grief (Davies, 2017; Doka, 1989; Horowitz & Bubola, 2020; McCann, 2020; O'Rourke et al., 2011).

The absence of an ongoing traditional structure for mourning creates ambiguity and distress (Doka, 1989). Disenfranchised grief in bereaved families and the community may cause moral distress or secondary traumatic stress (Arslan & Buldukoğlu, 2021; Doka, 2002). Risks due to disenfranchised grief are expected at both the individual and

societal level during and after the COVID-19 pandemic: mental distress, dysfunction, poor health (Bigelow & Hollinger, 1996; Doka, 1993; Holst-Warhaft, 2000). Among members of religious minorities, when communal grief and loss are disenfranchised, effective bereavement is disrupted and polarization may deepen, further alienating the community from the general society. Findings contrast with previous research that suggested a negative relationship between religiosity and death anxiety (Saleem & Saleem, 2020; Wen, 2010). We found that fear of death was more related to the disenfranchisement of grief and infringement on traditional death rituals, rather than of death itself. Bereaved people from minority religious cultures may feel degraded, powerless, isolated, contradicting the essence of the PCC approach.

The PCC approach calls to understand the refusal to be hospitalized from a socio-religious perspective and actively support respect for diversity through multicultural alternatives to death rituals (Husni et al., 2020). Significant challenges and risks when dealing with death and grief could be expected at both the individual and societal level as COVID-19 may cause not only severe physical damage, mental distress, disorder, dysfunction within society, but also disrupt the lives of individuals and society (Bigelow & Hollinger, 1996; Holst-Warhaft, 2000). In the context of PCC, just as healthcare delivery to the living is culturally adapted, religious death rituals may also be culturally adapted through flexible regulations that enable various cultural and religious core death practices to be performed within the constraints of the pandemic.

Practice Implications

Health authorities have an important role in providing the cultural needs of dying religious Muslims and their loved ones. In a growingly diverse global religious landscape, the honoring of the deceased should be fundamental, particularly since much knowledge has been developed regarding the virus (Mortazavi et al., 2021).

Health authorities are called upon to develop a dialogue between Imams, undertakers, funeral directors, and family members, as essential to devising respectful, safe alternatives to traditional rituals of death and effective bereavement. It is of utmost importance that families feel able to honor their dead to prevent their experiencing considerable guilt because they were unable to perform the proper religious rituals. Communities should be able to support and express solidarity with the bereaved family (Aly, 2010). Bereavements in their community should be facilitated while still maintaining physical distancing measures. Prayers for the deceased may be organized via technology platforms. A collaborative effort should aim at establishing rituals that adhere to Sharia regulations during the pandemic. Successful modifications will acknowledge the symbolic act of the practices and enable respectful bereavement. Modifications of the washing, shrouding, burial, and funeral have an important role in supporting PCC. Congruent to PCC, governmental bodies and professional organizations are called upon to adopt more flexible approaches toward traditional rituals to support the bereaved (Albuquerque et al., 2021).

Potential interventions are to (a). Avoid feelings among the bereaved that the loss is not acknowledged by the community. Validating emotions of the bereaved and gaining awareness of potential coping skills that accord with their religious values and beliefs. (b). Brainstorm for strategies of maintaining closeness and communication among a close-knit small Muslim support network. (c). Help members access resources to help them plan for practical needs after the death. (d). Provide access to grief support. (e). Enhance self-care of elders in this challenging time. (e). Promote contact with other people going through the same experience to provide comfort, create a sense of belonging, and reduce isolation. The identification with other mourners of COVID-19 victims could also help them enfranchise their grief, further contributing to developing mutual understanding and a sense of belonging in the face of meaninglessness and isolation. (f). Community members may join together to create platforms for members of all age groups to express their sorrow for collective loss and individual deaths, restoring their social religious identity. The development of community-based support for all age and gender groups may provide an invaluable model for mutual understanding and support among bereaved people with similar backgrounds and experiences.

Directions for Future Studies

Future studies may explore the experience of Muslim religious clergy in COVID-related deaths. Also, future studies may test how the suggested interventions affect the grief process of family members and of communities.

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