

# Living in a *Limbo*: A Sociological Study of Missing Funerals, Death Rituals, and Complicated Grief in COVID-19

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## Abstract

In the early months of the COVID-19 pandemic in India, due to strict lockdown, the family members of the victims of COVID-19 had to witness the dying and death of their relatives in solitude, improper funerals, and the absence of death rituals. After in-depth interviews with twelve relatives of seven deceased patients conducted more than a year after experiencing those deaths of loved ones, it was found that most of them had been struggling with long-term complicated grief without a sense of resolution. As funerals and death rituals, following the work of Van Gennep in his 'Rites of Passage', ensure the transition of grievors from a preliminal state by preparing for the imminent loss to a postliminal renovated stable state by reabsorbing them into the collective social and cultural conditions, the absence of that compels the mourners to get stuck in a liminal state, or limbo.

## Keywords

COVID-19, funeral, death rituals, rites of passage, prolonged grief disorder, complicated grief

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## Introduction

In all instances of gradual or sudden dying and death through illness, the family members and loved ones of the deceased individuals go through certain phases and expect some culturally held and socially established stages and mechanisms to help them deal with their griefs (Turner, 1969). Being able to present physically at the time of the death, caring until the last moment, dealing with the dead body ceremonially, and being occupied with the post-funeral social and religious rituals for a certain period assist the individuals to deal with their grief collectively. Death rituals, which start with the process of dying and then engage with the funeral and the ceremonies afterwards, are functional to provide a sense of closure, which in turn, ensures the collective solidarity to be re-established (Romanoff & Terenzio, 1998).

When the first wave of the COVID-19 pandemic claimed the lives of early victims in India, family members of those patients were not allowed to be present to meet the patients during hospitalisation, see the dead bodies, and perform the funeral rites. To make the crisis more acute, any post-funeral death rituals were also not allowed as there was a strict nationwide lockdown imposed that prohibited collective gathering. In all these cases of this study, the family members had admitted their close relatives to hospitals with apparently minor symptoms like fever, cough, asthma etc., and that was the last time they saw them as those hospitalised patients died within the next few days or weeks. The dead bodies were disposed of by the hospitals and local administrative agencies in some crematoriums and burial grounds assigned particularly for the victims of COVID-19. Almost no family members were allowed in funerals as all of them were, by then, home-quarantined because of their exposure to their COVID-19 infected relatives before hospitalisation. They were also not permitted to organise death rituals, which combinedly resulted in unremitted grief.

In this study, twelve close relatives of seven deceased COVID-19 patients, who died in solitude, and received no proper funerals and death rituals, have been interviewed a year after those deaths to investigate the dysfunctional impact of the absence of funeral rites and death rituals on their grief management.

### *Functions of Funerals and Death Rituals*

The term funeral indicates the ceremony in which the dead body or remains are generally present, whereas death rituals take place after the disposal of the physical dead body (O'Rourke et al., 2011). Death rituals and funeral services are there to reinstate the collective sense of meaningfulness in the face of the uncertainty of death, and that is why in all religious-cultural setups, every death is customarily followed by funeral rituals (ibid.). There is a uniformity in the functional element of it as rituals are 'cultural devices that facilitate the preservation of social order and provide ways to comprehend the complex and contradictory aspects of human existence within a given societal context' and it 'provides structure and order at times of chaos and disorder' (Romanoff & Terenzio, 1998). A proper funeral attended by family members and

people from the community provides an opportunity to publicly express the grief and mourn. As mourning is the culturally patterned way in which grief or other appropriate emotions are expressed (Kastenbaum, 1977), a funeral and the following rituals attended by close relatives and friends help to reduce the initial shock of losing a loved one and helps towards an acceptance.

For this study, the idea of *Rites of Passage* as proposed by Arnold Van Gennep (1960) would be considered pivotal as that provides a significant framework for the functions of ritual. Based on his cross-cultural examination he has concluded that rituals assist the participants to shift from one state of mind and threshold of being to another. Rituals, which are essential for change in statuses, such as birth, death, initiation into a religion or community, or marriage sanctions, are considered by Van Gennep to be liminal, a term derived from the Latin word *limen*, which means the threshold (Reeves, 2011). In this regard, funerals and associated rites are the most common death-related liminal rituals. Van Gennep (1960) distinguished three phases of rites of passage as preliminal, liminal, and postliminal. In terms of death rituals, the preliminal rituals prepare the dying person or their loved ones for the threshold, i.e., the moment of death. This moment initiates the second phase, the liminal, which reflects the culture-specific beliefs of the journey of the departed soul to the next threshold, maybe to heaven or the next life. Lastly, the postliminal rituals that might include a memorial gathering, scattering the ashes into a river or sea, or hosting a luncheon, a repast is often concerned with a shift to the next threshold. These rituals often ensure a shift away from acute grief to acceptance for the bereaved (Reeves, 2011). All these three thresholds are correspondingly associated with the journey of the bereaved family members through three similar phases. The first phase, which is noted as separation, implies a symbolic behaviour of detachment of the individual or group either from an initial fixed social and cultural conditions, a 'state' or from both (Turner, 1969). The second phase, i.e., the intervening liminality, characterises the ambiguous social and cultural realm, the so-called 'limbo', that has few or none of the attributes of the past or coming state through which the bereaved person passes through to the third and final phase of reincorporation or reaggregation. In this phase, the bereaved individual gets reabsorbed into the collective social and cultural conditions but in a renovated status, in a reasonably stable state once more, and regains rights and obligations of a clearly defined and structural type (ibid.).

The clinical-psychological study conducted by DeVaul et al. (1979) has established similar three partially overlapping but distinct stages of grief. According to them, the process of grief starts with an initial period of shock, disbelief, and denial, then enters into an intermediate period of acute mourning which includes serious physical and emotional discomfort and social withdrawal, and finally, the process culminates into a period of the resolution, when the bereaved individual accepts that 'they have grieved and now can return to work, to re-experience pleasure, and to seek the companionship and love of others' (ibid.). The enquiry of this study focuses on this sense of unresolved grief, in which the postliminal phase of reincorporation or reaggregation, following Van Gennep's rites of passage, is incomplete. It would also probe

whether that lack of reabsorption into the collective social and cultural conditions is keeping the bereaved in a state of ambiguity, or limbo.

### *Complicated Grief and the Limbo*

The attachment between human beings, 'especially those to whom one is genetically related, is vital not only for survival but also for group cooperation and culture, and grief is a by-product of personal attachment' (Walter, 2017). So, as a basic emotion grief needs to be socially resolved for the continuation of survival. Unresolved grief primarily pinpoints the difficulty of dealing with the death of someone close, primarily a family member (Dixon, 1997). Comparably, in Kenneth Doka's (2002) idea of disenfranchised grief, the grievers experience difficulties in emotionally processing and expressing the acute sense of loss and often feel the right to grieve as invalidated as their loss is never openly or socially acknowledged, and publicly mourned. In a study of disenfranchised grief in COVID-19-related deaths, it has been concluded that 'limitations in self-efficacy, choice, and control not only changed the landscape of grief and grieving but pose a significant risk and added burden in the already arduous and painful grieving experience' as these deaths are 'in multiple ways lonely and dehumanised processes for patients and families' (Albuquerque et al., 2021). In this context, disenfranchised grief which the grievers experience because it does not get unrecognised or validated socially, Kauffman (2002) extends this external description of disenfranchised grief into the concept of self-disenfranchisement, in which the individuals find it difficult to recognise their own grief as being legitimate. He suggests that sometimes it is the sense of shame or guilt that would cause individuals to disenfranchise their grief (ibid.). This guilt or sense of shame can be the result of multiple factors. For instance, one study on the Ebola outbreak found out that the grieving individuals often go through a feeling of guilt for being absent at the time of death, or for being unable to provide comfort or express their love and care during the process of dying (Van Bortel et al., 2016). With this sense of shame or guilt the survivors can end up in a self-disenfranchisement by delegitimising their grief, and it seems for them the process of reabsorption into normalcy is impossible.

Some recent works also used another clinical category of grief to assess the negative impact that the COVID-19-related deaths are leaving on their close relatives, and these studies also have warned about the probable prevalence of the Prolonged Grief Disorder (PGD) cases. PGD can be defined as 'a persistent and pervasive grief response characterised by longing for the deceased and/or persistent preoccupation with the deceased, accompanied by intense emotional pain including sadness, guilt, anger, denial, blame, difficulty accepting the death, feeling one has lost a part of one's self, an ability to experience positive mood and so on' (Tang & Xiang, 2021). In these cases, the grief response generally persists for an atypically long period following the death, which can be more than 6 months at a minimum, and the mourning period essentially exceeds the social, cultural, or religious expectations and norms and 'results in significant impairment in personal, family, occupational and other important

areas of functioning' (ibid.). In brief, the functional impairment of those bereaved individuals with PGD hinders the process of reabsorption into the social life in a renovated status, regaining a stable state once more, and obstructs the griever from entering the phase of reincorporation and reaggregation.

Some psychological studies particularly focused on the process of grief under pandemic situations characterised this as complicated grief, which Varshney et al. (2021) defined as 'an intense and prolonged, impairing form of grief wherein an individual gets indefinitely stuck in the incapacity to process the loss and move on in life, with a persistent yearning'. According to another study, while most individuals who lose someone typically 'adjust over a period of 6 to 12 months and finally develop a new sense of normalcy in their life', for some people, this process turns troublesome and prolonged, and these bereaved people 'get stuck indefinitely in grieving, preventing them from processing the death and moving on with life' (Gesi et al., 2020). This same study has raised a concern that there would be a rise in the number of cases of troublesome and prolonged grief, which they have categorised as complicated grief, as the result of the ongoing COVID-19 pandemic (ibid.). It must be mentioned that the term complicated grief has now been assumed as an umbrella term that covers all different categories of pathological grief (Larsen et al., 2018), which have been used in studies mentioned above.

As the individual experience of grief is 'neither just individual nor just an emotion - instead it is a deeply existential, relational and social emotion' (Lund, 2021), sociologically, complicated grief is also not a personal or individual struggle but a collective one, and it creates a social impediment which constricts the bereaved individuals from finding a renewed state of being which is existentially meaningful. The prolonged, impairing complicated grief, in which 'an individual gets indefinitely stuck in the incapacity to process the loss' (Varshney et al., 2021), is in this sense replicates Van Gennep's stage of intervening liminality, which is characterised as the ambiguous social and cultural realm, or the 'limbo'. Under complicated grief, like the liminal stage, the grievers find it difficult to get reabsorbed into the collective social and cultural conditions in a reasonably stable state once more to regain clearly defined structural rights and obligations.

## **Methodology**

### *Research Design*

In this study qualitative research approach has been used to understand the nature of grief experienced by the family members who lost their loved ones in COVID-19 during the early months of the pandemic in India when a strict lockdown and social distancing regulations were imposed which resulted in death in isolation in hospital, improper funerals without the family members, and absence of any death rituals. A qualitative research design has ensured a deeper comprehension as the experiential elements of grief have been analysed.

As this study enquires about individual perspectives and experiences of grief and addresses a sensitive topic, in-depth interviews with the family members were conducted with semi-structured questionnaires and in a descriptive conversational method. These interviews were recorded in audio format with their consent. The questions were mainly open-ended ensuring the non-directive nature of the interviews and descriptive responses. For example, participants were asked questions like: How did you feel not being present at the time of the death? How do you feel about the funeral process? Are death rituals significant to you? Are you having trouble with your sleep? Are you consulting any specialists for the sleep disorder or depression (if the participant informed that she/he was having emotional and physical trouble)?

### Sample

For this study, a total of twelve close relatives of seven deceased patients, who died due to COVID-19 complications in some hospitals, have been interviewed more than a year after the deaths to understand the long-term impact of these specific nature of dying and death on the bereavement process and grief management. The purposive sampling technique has been used to find the participants mostly through personal contacts. Among those twelve participants, nine are Hindus, and three are Muslims who have provided a cross-religious understanding of the importance of funeral rites and death rituals. The participants have been equally divided in terms of their gender and with the age range of 18–70 (Table 1). The participants are spread across five cities in India, so interviews were conducted both by telephonic conversations and by face-to-face meetings when possible. Each interview lasted from the range of one hour to two hours and fifteen minutes depending on the diverse reactions

**Table 1.** Demographic Information of the Patients and Their Relatives Interviewed.

Patients Deceased	Age of the patient	Gender of the patient	Religion of the patient	Relative/s of the patient interviewed (n = 12)	Age of the relative
Patient 1	65	Male	Hindu	Daughter Wife	36 58
Patient 2	58	Male	Hindu	Son Wife	28 52
Patient 3	72	Female	Hindu	Daughter Granddaughter	53 27
Patient 4	46	Male	Hindu	Father	70
Patient 5	60	Female	Hindu	Husband Grandson	67 18
Patient 6	58	Female	Muslim	Son	36
Patient 7	61	Male	Muslim	Son Daughter	30 27

expressed by different participants to the emotionally demanding nature of the interviews.

### *Data Analysis*

After finishing all interviews, the recorded data have been transcribed, and translated where necessary. To ensure the validity of the transcriptions, the participants were requested to recheck the transcriptions and confirm. Once authorised by them, the transcribed data have been coded manually to search and review the general themes from those descriptive interviews. As interviews were conducted in three languages, i.e., Bengali, English, and Hindi, manual coding seemed most convenient. After that, the coded data have been further conceptualised and segmented by creating categories and subcategories. Once finished with this process, the analysis of the data segments has been done followed by the report writing.

### **Findings**

After interviewing all the participants, it has been found that the relatives of the deceased, who died because of COVID-19 in a hospital, have been suffering from acute grief which, according to them, would have been dealt with effectively if they had the opportunity to be present during dying and death, to take care of their dying relatives, and to arrange a proper funeral and death rituals. It has been also found that among those twelve participants two persons have been diagnosed with Prolonged Grief Disorder, three persons were under medication for grief-related depression and insomnia, and one person was considering psychological treatments one year after the COVID-19-related deaths of their loved ones. In general, from their responses, it can be assumed that their grief, and sense of guilt, are the result of three events related to those COVID-19-related deaths, i.e., dying in solitude, improper funerals, and the absence of death rituals.

### *Dying in Solitude*

All participants of this study univocally expressed their sense of guilt and regret not being able to be present there during the final hours and at the moment of death. As all these patients died during April-May in 2020 at hospitals, and no family member could visit them during their hospitalisation due to strict quarantine rules and nationwide lockdowns, all participants expressed grief for not being able to take care of their loved ones and see and touch them for one last time. All participants got information from the hospital over the phone, even the news of the demise. Five out of those seven deceased patients did not have any serious comorbidities according to their family members and they went to the hospitals just as a precautionary measure because they were showing mild to moderate symptoms of COVID-19. The last memories that participants possessed about them were not like patients with terminal disease

but with some 'flu-like symptoms' or 'simple cough and cold', as informed by most participants. So, grappling with the news of their death, where in most cases their condition had deteriorated quite rapidly, and without witnessing the series of events the family members were having a hard time absorbing it.

The granddaughter of patient-3, a 72-year-old woman without any serious health issues, tried to explain the death of her grandmother with a reference from fiction when she said,

'I read somewhere about how it may seem that COVID-19 victims simply vanish like people in the online series "The Leftovers". In that, two per cent of the population of New York, mysteriously disappear from the earth, and those left behind grapple with their lives. I just finished watching the first season and during that time grandma had a like common flu and then tested positive for COVID-19. Because of her age, our family physician advised us to hospitalise her. My father and I drove her to the hospital, and she was taken inside by hospital staff. She walked inside refusing their advice to use a wheelchair. But we were not allowed as we were exposed to her and came back home to quarantine. Then after 7 days, she left us, and we could not once visit her as we were quarantined for 14 days. It felt like she just vanished all alone as I read.'

The father of 46-year-old patient-4 was struggling to gather his thoughts when he informed,

'I know there were doctors, nurses, and many others in those last hours as he passed away in the ICU, and technically he did not die alone, but he died being lonely, in absence of his loved ones, without being affectionately touched... and I cannot stop visualising those moments in my mind, even almost a year after'.

The daughter of patient-1, who had a postgraduate degree in psychology herself, stressed the importance of being surrounded by loved ones in the process of dying and stated that she believed, 'humans are tactile beings, and we feel good when we are physically touched with love or compassion, and more when we feel vulnerable.' She informed that she had been finding it hard to come to terms with the fact that her father died without this tactile warmth, without a hug, or holding the hand. She and her mother had been visiting a psychiatrist and she informed, 'I have been quite convinced that both of us are suffering from unresolved grief, and I was not surprised when mom got diagnosed with PGD'.

It was not only the abrupt departure, like being vanished or their deaths without being loved or warmth, that caused dismay to the survivors, as there were other concerns expressed by some participants related to death in isolation. The husband of the 60-year-old patient-5 expressed his concern from a religious angle. He informed that his wife had comorbidities, like high blood sugar and asthma, so he was aware of how fatal the virus could be to his wife, and he was not entirely shocked by the outcome. But he had this regret as he could not dribble a few drops of holy waters from the river



Ganges into her mouth before death, which according to Hinduism is supposed to be a sacred deed. Similarly, in Islamic tradition too, when a person reaches the moment near death, a few drops of plain water, along with *Zamzam* that is the water from the holy city of Mecca or honey are trickled into the mouth of the dying person, and she/he is laid in the direction of Mecca while surrounding people pray and recite the Holy Quran (Hamid & Jahangir, 2020). The son of 61-year-old patient-7 expressed this concern,

‘My father was a religious man, and he did his pilgrimage to Macca thrice. Even if I am not a religious person but I could not ever imagine that he would leave us so unceremoniously, without being surrounded by people, and prayers. It is the paradox of life as he was always the person to organise all these arrangements when somebody used to be near death in our family or neighbourhood’.

### *Improper Funerals*

Funerals are always intricately related to the process of grief management. The proximity to the body of the deceased, the ritualistic processes to pay the concluding tribute and express love to the last physical remnants of a person, and by ending of its journey in this world to initiate a culturally believed afterlife all depend on the successful completion of the funeral. In almost all cultures, the closest family members perform these rituals, which in turn helps them to negotiate with the pain of losing someone so close. It has been found in this study that all the participants continued suffering as they could not play any part in the funerals of their loved ones who died in hospitals. As all these family members were still under home quarantine, they could not see the dead bodies one last time or accompany their close deceased person to the burial or cremation grounds. This intense sense of grief was still pervasive among all the participants.

The husband of the 60-year-old patient-5 has shown a wall in his house full of framed footprints of his ancestors specifically taken after their respective deaths and expressed his frustration for not being able to do the same with his wife. In his words,

‘We have this tradition, which is very common in rural Bengal from where we originated, for generations and without any exception. This tradition started before the invention of photography and still I feel these original footprints as closer and more personal to that departed person than photographs... and I could not get the footprints of my wife’.

He also repented about not being about to perform the *mukhagni*, which means touching the mouth of the dead with fire at the beginning of cremation, which is performed according to Hindu funeral rites. Generally, it is one of the closest male relatives who performs this act. The granddaughter of patient-3 expressed similar regret,

‘Grandma was always specific about her *mukhagni*, she always used to jokingly say that even if she has a son, her *mukhagni* would be performed by only me as I was the dearest to

her... and I could not even see her face once, and still I could not come to terms with this fact'.

The son of 58-year-old patient-6 stated similar frustration about not being able to perform futural rites,

'In Islamic tradition, it is obligatory to give the dead body a ritual bath, then the body is wrapped in a fresh shroud and offered ritual prayers before burial. I am sure nothing of that sort was done at my mother's funeral at the government-organised burial ground... I often feel terrible and visualise that they might have just dumped my mother's body into a pit'.

He was also very concerned about whether it was a mass burial or an individual one as there was no way to confirm that as only the government personnel were present during those funerals.

The idea of probable disrespect to the dead bodies of COVID-19 patients also was amplified by several regional and national news reports, and social media video clips circulated during that period sometimes confirming gross mismanagement. The daughter of patient-7 has expressed such concern from a newspaper report she came across, which was published a few weeks after his father's death, describing a social media video clip that showed four government workers dumping the body of a 44-year-old COVID-19 patient into a deeper than ten feet pit in a burial ground in Puducherry with utter disrespect. She had searched for the video on YouTube and found out that the workers dropped the body on the ground from the stretcher beside the pit and the body rolled once before falling into the pit with the head facing down. Referring to this news and video clip which left a terrifying mental impression she informed, 'often in my nightmares I see my father's body is getting thrown away in that undignified manner in a mass grave somewhere at a dumping ground'. Those nightmares had become so frequent, vivid, and disturbing that she was scared to sleep and that led to insomnia and acute depression. She was currently under psychiatric treatment and got diagnosed with PGD by her psychiatrist. Another participant, the wife of 58-year-old patient-2, cited similar trauma she had been going through after watching a news report on television in June 2020. In that deeply disturbing visual, decomposed dead bodies, held with long pairs of tongs, were being loaded into a van at a crematorium in Kolkata. She informed that this hugely circulated video on social media created a lot of debate as there was an unverified claim that those dead bodies belonged to COVID-19 patients. She revealed how she could not stop visualising something similar and awful happening to her husband's dead body even thirteen months after his death and was considering consulting a psychiatrist on his son's insistence.

## *Absence of Death Rituals*

Like the shared experience of missing the funerals of their respective deceased relatives, all the participants also missed the chance to organise any post-funeral death rituals as any movement of individuals and social gatherings were prohibited during those early months of the pandemic break out. Unanimously all eleven participants expressed a deep sense of guilt and grief for not being able to perform those rituals stating two main reasons, one is religious, and the other is social. They all have also stated how loneliness due to the imposed lockdown during those early days and weeks of bereavement has added more misery to the grief as they could not meet anyone.

The son of patient-7 explained the effect of missing death rituals quite succinctly when he said,

‘After my father’s death, a looming void and silence had engulfed the entire family. Things happened so quickly, and it seemed so distant from us that we were like passive listeners of some horrible incidents that were happening to our father. My father went to the hospital on my bike with some fever and cough, and that was the last time we were involved in this process, next we got a death certificate, and that was all’.

His sister, who was also a participant in this study, aggregated and added,

‘At home, after the news of my father’s death, we had stopped talking to each other. My mom, brother, and I were in shock and there was no one to express our sorrow. And I was remembering at that time how after my grandfather’s death 6 years ago there were so many relatives, neighbours, and friends present to share the grief. Hosting them, taking care of logistics and everyday rituals, prayers used to exhaust us so much at the end of the day, that rarely we got time to be sad’.

The wife of patient-2, who was alone during that time as his son was stuck in Pune where he worked, said how painful it was being isolated and not being able to share the pain or meet people. Her son was more confused and perplexed as he was far from this unfortunate chain of events,

‘I got a call from my dad informing me that he was hospitalised, and I talked to him over the phone for the next couple of days and he sounded all right. Three days after that mom called and informed me that he was gone. I moved to Pune six months ago, and barely had friends there... and I was numb for the next few months until I could come back. Still, I feel it is so unreal, and still, I am struggling to adjust to this fact. Now I am consulting a psychiatrist and considering booking an appointment for mom also as still, as she is struggling emotionally and physically’.

Some participants were more specific about the religious objectives of death rituals and how their loved ones were deprived of the chance to reach a better afterlife. The 70-year-old father of patient 4 has expressed,

‘First losing a son is devastating, and I was not sure how to console my daughter-in-law and grandson. Then I feel that I have failed as a father because I could not arrange a proper *śrāddha* (Hindu death rituals) for my son. Still, I feel his *atman* (soul) is not free. I will die with this repentance and this infinite grief’.

He has also informed that on the repeated insistence of his daughter-in-law he was getting treated for his depression and insomnia. The daughter of patient-1 has informed that his father was a very religious person, and so has been her mother, therefore missing the death rituals means a lot to them. She said that her mother, who got diagnosed with PGD, had not slept well for a year, and had to be convinced to consult a psychiatrist. She agreed to take the medicine only after her daughter, the participant, promised to take her to Gaya for *pindadaan*, a Hindu delayed death-ritual that guarantees the liberation of *atman*, which again got postponed due to the second wave of COVID-19 in India. She informed, ‘last time we consulted the psychiatrist after this plan got postponed, he has recommended visiting Gaya the moment situation improves as only that may help her to come out this state of acute grief in which she has got stuck’.

## Results and Discussion

The participants of this study had been struggling with their sudden loss and suffering from various forms of complicated grief. Some have already been diagnosed, half of them were going through treatments and the rest of them expressed various manifestations of psychosomatic disorders, and pathological grief, induced by those COVID-19-related deaths of their loved ones. Although only two among those six patients, who visited psychiatrists, are formally diagnosed with PGD by their respective psychiatrists, ten out of those twelve participants’ grief responses were persisting an atypically long period, more than a year to be specific, resulting in ‘significant impairment in personal, family, occupational and other important areas of functioning’ which were symptoms of PGD (Tang & Xiang, 2021). All of them expressed their persistent grief as the result of three aspects of those processes of dying and death, other than the already painful experience of sudden losses of their loved ones. Firstly, they all feel guilty that their relatives died alone and without care and love in absence of their family members. Secondly, they feel their deceased relatives did not receive a proper funeral and were even anxious about probable disrespect during the process of government-organised funerals. And thirdly, they all felt a sense of distress as they could not arrange proper death rituals or social congregation which would have ensured a properly believed afterlife for the deceased, and helpful for the saviours to deal with their grief better. In a study conducted in Kashmir, similarly, it has

been found that due to the COVID-19 pandemic the normal process of mourning was altered, and it was coercing the bereaved to mourn in isolation and that robbed mourners of a conventional farewell and funeral as well as the comfort of near one's physical presence due to the imposed lockdown (Hamid & Jahangir, 2020).

Even one year after these deaths, which were 'lonely and dehumanised processes for patients and families' (Albuquerque et al., 2021), this extraordinary bereavement process in isolation kept on adding more predicament to the already arduous and painful grieving experience of losing someone close. More alarming was how the bereaved individuals have still been struggling in accepting the reality and that was getting manifested by recurring pathological conditions, like nightmares, sleep disorders, loss of appetite, and vivid visualisations about mistreatments of the dead bodies of their deceased relatives. As their process of grief in which their loss could not be 'openly acknowledged, socially validated, or publicly mourned' because of the solitary nature of mourning and absence of social gatherings and death rituals, their instances replicated Kenneth Doka's (1989, 2002) concept of disenfranchised grief. Whereas in a normal process of grief, they were supposed to go through an initial period of shock and disbelief, then enter a transitional period of acute mourning and sometimes social withdrawal, and finally into a period of resolution in which the griever was supposed to accept that they have grieved enough and 'now can return to work, to re-experience pleasure, and to seek the companionship and love of others' (DeVaul et al., 1979), these participants were still struggling to find a resolution. Whereas most individuals typically 'adjust over a period of 6 to 12 months and finally develop a new sense of normalcy in their life' (Gesi et al., 2020), this study confirmed people who had lost their loved ones due to COVID-19 during those strict lockdown periods were mostly sufferers of complicated grief and had been stuck indefinitely in grieving which was preventing them from processing the loss and moving on with life. The continuation of their grief, which was impairments wherein 'an individual gets indefinitely stuck' and dysfunctional turned them into a victim of complicated grief in general (Varshney et al., 2021).

From a sociological perspective, death rituals start from the process of dying. Even in the preliminal state, which prepares the dying person or their loved ones for the threshold, the moment of death (Van Gennep, 1960), prayers and reading out from religious scriptures are often practised. Participants have expressed their grief for not being able to read Quran, perform prayers, or put some drops of holy water from Ganges or Macca into the mouths of their dying relatives. The intervening liminal state, which reveals the culturally held beliefs of the passage of the departed soul to the next threshold, is often related to the successful completion of funeral rites where the dead body occupies a central role. For instance, it has been observed that *mukhagni* for the Hindus, or giving the dead body a ritual bath, wrapping it in shroud and offering prayers before burial for Muslims are essential rites of supposed passage to the next threshold, and participants of this study missed the opportunity to perform these rituals. Not only that, the postliminal rituals, which generally include memorial gatherings, a luncheon, a repast (Van Gennep, 1960), or a *śrāddha*, were

completely absent from these deaths during the early months of the COVID-19 pandemic in India. Missing this third phase, in the successful completion of which the bereaved individuals get reincorporated and reaggreated into the collective social and cultural conditions in a renovated and reasonably stable state once more (Turner, 1969), for the participants was critical as almost all of them have found themselves stuck indefinitely in grieving, which reflects the second phase, i.e., the intervening liminality, an ambiguous social and cultural realm, the so-called 'limbo'.

### ***Limitations***

This study has been conducted with a small sample size, which demands more future research with a larger sample for more generalisable results. Secondly, the participants are suffering from complicated grief for a little more than one year since losing their loved ones, for a better understanding of their grief a more delayed study could have been more accurate. Thirdly, this study is focused on a sociological understanding of grief from the aspect of the absence of death rituals, but to assess the proper long-term psychosomatic disorders experienced by the griever some psychological studies are necessary.

### **Conclusion**

It has been found in this study that the majority of the bereaved family members, who have lost their close relatives in COVID-19 specifically in the early months of the pandemic when strict lockdown and stringent social distancing rules forced them to mourn in isolation, have been still struggling to come to terms with their grief. Death of their loved ones in solitude, improper funerals in their absence, and missing death rituals only have added more misery to the already toilsome grieving experience of losing a close relative suddenly. Rituals related to death, which begin from the process of dying, ensure a smooth transition from a preliminal state by preparing the individual for imminent loss to the postliminal phase of reincorporation or reaggregation by reabsorbing the bereaved into collective social and cultural conditions in a renovated and reasonably stable state. Missing the moments of dying and death, the chance to honour the deceased person and to bid farewell with a proper funeral, and post-funeral collective death rituals have resulted in a condition where the mourners have been finding themselves stuck in endless grief without resolution, or in limbo. This endless grief, even more than one year after losing their close ones, only re-establishes the importance of death rituals in overcoming the liminal state.


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