

COVID-19 Ruptures And Disruptions on Grieving And Mourning Within an African Context: Lessons For Social Work Practice

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Abstract

Losing a significant other through death is a tragic experience worsened by the novel coronavirus disease 2019 (COVID-19). To curb this massive increase of deaths, the South African government introduced various rules to regulate the burial process. However, these COVID-19 regulations have caused major ruptures and disruptions on how bereaved families observe and practice cultural rites and customs following death within an African context. Consequently, many bereaved family members, particularly Black Africans, struggle with adhering to the regulations and funerals have been coined ‘super spreaders’ of the virus. The concerns raised in this article are twofold, namely, the impact of the Covid-19 regulations on how Black Africans grieve and mourn, as well as the involvement of social workers in formulating regulations that ought to be adhered to. This article explores the fissures and bricolages brought about by COVID-19, ultimately suggesting possible ways of dealing the losses ascribed to the pandemic.

Keywords

COVID-19, death, grieving, mourning, rites

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Background

The COVID-19 pandemic has resulted in significant day-to-day existential stress associated with the loss of loved ones, acquaintances and colleagues ([World Health Organisation, 2020a](#)). Death of a significant other is a tragic and difficult process to deal with. It threatens the well-being of those left to process the death in various ways ([Jones, 2016](#); [Makatu et al., 2008](#)). When people lose a loved one through death, they experience devastating psychological effects and physical reactions. During this period of loss, people draw on internal and external support systems to adjust to life without the deceased ([Johns et al., 2020](#)).

However, since the identification of COVID-19 as a pandemic, the social practices surrounding death and disposal of dead bodies throughout the world have been reshaped by legal, behavioural and social interventions to contain the outbreak ([Lowe et al., 2020](#); [Rani, 2020](#)). Many governments introduced different measures that have gained currency as levels of lockdown. For instance, in Hong Kong, the government suspended schooling, closed boarders, limited social activities and instituted special work arrangements such as working from home ([Li, 2020](#)). The United Kingdom, Ireland, Canada and India restricted the number of mourners who could attend a funeral. In many directives, mourners showing COVID-19 symptoms were prohibited from attending funerals ([Burrell & Selman, 2020](#); [Jahangir & Hamid, 2020](#)).

South Africa proclaimed several restrictions pertaining to funeral arrangements designed to curb the outbreak. For instance, movement between provinces to attend funerals was prohibited unless the person produced a special travelling permit acquired from a police station. The attendance of funerals during Alert Level 5–3 was limited to 50 people or less. It was prescribed that 50% of the capacity of any venue was the new norm, with people observing distance of at least 1.5 m from each other. In addition, night vigils were prohibited, and people required to wear masks and adhere to all stringent protocols ([World Health Organisation, 2020a](#)). However, during Alert Level one, only 100 or less people are allowed at a funeral while adhering to all health protocols such as frequent hand washing and sanitising with alcohol-laden aerosols.

Among other regulations, when a person dies due to COVID-19, their corpse as well the casket are wrapped in plastic straight from the hospital to the funeral parlour. Additionally, relatives do not view the corpse as was the common practice in paying their last respect to the departed. The burial service is limited to one hour only, and the casket is not kept in the house overnight as tradition would have it. During the burial service, the casket remains in the hearse. These measures are perceived as effective in reducing the spread of the virus and the numbers of deaths as funerals are viewed as the '*super spreaders*'. [Jaja et al. \(2020\)](#) contend that at a funeral, some families disobey the regulations, leading to surges in new cases of COVID-19 infection. During most funerals, social distancing is not always observed as mourners sit close to each other and exchange both gossip and pleasantries. Food and water are freely shared. Moreover, cultural practices such as the washing of hands in one basin after the burial becomes an explosive cocktail for guests to contract the virus ([Jaja et al., 2020](#)).

Death is a time marked with touch, hugging, handshakes and handholding, all of which have been a soothing balm for the bereaved. However, COVID-19 denies the grieving individuals this basic gesture of solace (Johns et al., 2020). The external support, which plays a major role during this period, has been significantly disrupted by the regulations the government enforced to curb death tolls and to control the spread of the virus. In the current context, families, friends and colleagues cannot visit loved ones dying from COVID-19 due to these restrictions. Likewise, travel bans deprive grieving individuals the opportunity to confer the proper good-byes or perform death-related rituals (Johns et al., 2020). The impact of these prescriptive measures should not be underestimated with regards long-term effect on the functioning of the grieving individuals. Burrel and Selman (2020) support that failure to participate in funerals, rituals and ceremonies has detrimental effects on the mental functioning of the bereaved, dissipating their mental ability to cope with and process their grief.

Despite the compelling rigidity of the regulations, they have caused major disruptions on how bereaved families observe and practice cultural rites and customs that accompany death within an African context. The concern raised in this article is how lockdown regulations have exerted an impact on grieving and mourning the African way. This article explores the disruptions brought about by COVID-19 and possible ways of dealing with loss through literature review. The Nwoye's African Grief perspective is used to contextualise this literature review. Adopting this framework is also befitting because there is dearth of published literature on traditional therapeutic approaches to managing loss and grief in African communities (McLea & Mayers, 2017).

Theoretical Framework

With the current Covid-19 restrictions, it is essential to recognise the disruption brought by the pandemic on ways of grieving and mourning, particularly amongst black Africans. This article draws its theoretical framework from the Nwoye's African Grief perspective on grieving and mourning. African grief work is defined as the patterns inscribed in traditional communities for successful healing of the psychological wounds and pain of bereaved individuals. Its target clients are members of the community burdened by the painful loss of a loved one (Nwoye, 2005; Sisoda, 1997). This perspective focuses on the spiritual, systematic and interactional nature of healing in grieving and the resources that the community makes available to bereaved individuals (Nwoye, 2005). African grief perspective has three interrelated objectives, namely, to engage in activities and rituals that mediate the impact of loss; to protect the bereaved from extreme suffering as a result of their loss. In the final objective, this perspective avails bereavement rituals approved by the community; rituals that help the bereaved understand and accept that grief has a definite beginning and ending (Makgahlela, 2016; Nwoye, 2005).

In most African communities, culture plays a significant role in the day-to-day routines of individuals. Moreover, culture is a vital aspect of identity, values, norms and

beliefs. Within this context, the reaction to death is influenced by how death is assimilated into a specific culture (Appel, 2011). Generally, Africans believe that death completes an elaborate life cycle. Death is understood as a rite of passage that allows the person's spirit to travel on to its next world away from the physicality of this life (Cebekhulu, 2016; Rugonye & Bukaliya, 2016). However, this passage only happens when proper rituals and rites are conducted, and the person has received a proper funeral. Failure to observe these rites lead to the deceased coming back to trouble the surviving and living family members (Rugonye, & Bukaliya, 2016).

Research Methodology

Using literature review, this article explores the disruption brought about by COVID-19 and possible ways of dealing with loss. Additionally, this article provides recommendations on how social workers could be used as resources during this difficult period.

Literature Identification

The literature review commenced by reading articles and research documents from various scientific sources and databases such as Google Scholar, Google, Elsevier, PubMed, Science Direct and EBSCOhost. Firstly, the literature search was performed using the broad keywords linked to the title COVID-19, death, grieving, mourning, and rites. The initial search yielded broad results, some of which did not relate to the title. Afterwards, the authors refined the search words based on a specific subtheme, namely, grief, bereavement and mourning, Impact of death on the surviving significant other, Benefits of rituals following death of a loved one. The subthemes helped to determine the relevance and the suitable articles to be reviewed.

Screening for Inclusion

To screen the articles for inclusion, only articles that were published in English over the 10 years period (2011–2021) were considered for assessment. The authors read the abstract of the saved articles to further decide on their relevance to the research title. Thereafter, these articles were saved under a specific file (Stroebe & Schut, 2021) and were further evaluated by reading and analysing the content.

Quality and Edibility Assessment

Only articles published in accredited publishers were included for review across various disciplines like health, human and social sciences, humanities. The two authors conducted parallel assessments of the saved articles. Commonalities and gaps in the assessed articles were noted and discussed. At the end almost a total of 100 articles were deemed appropriate and full texts were obtained for quality assessment. Subsequently,

75 articles were used for this article. This process involved backward and forward search where the authors continually assessed the relevance of the articles. The literature review addressed three main areas, namely, overview of grief, bereavement and mourning, the impact of death on the surviving significant others and the benefits of rituals following death of a loved one.

Overview of Grief, Bereavement and Mourning

While the terms grief, bereavement and mourning are used interchangeably, each conveys different aspects of encounter with loss (DeSpelder & Strickland, 2011). Grief is an individual personal response to loss, which has emotional, physical behavioural, cognitive, social and spiritual dimensions (Buglass, 2010). Bereavement expresses human emotions following death (Appel, 2011; Davies, 2017). Other authors describe bereavement as the experience that follows the death of a loved one (Gire, 2011; Kaneez, 2015; Mokhutso, 2019). Mourning refers to the activities through which a person responds to loss. It is also known as the outer physical demonstration in public displays and rituals intended to facilitate and guide the individuals on their journey through grief (Brennan, 2015). The experience of grief, bereavement and mourning is culturally embedded and understood according to a particular culture's norms, beliefs and traditions (Anderson, 2010). Death is characterised by a series of cultural rituals and rites of passage which at times continue for the duration of the mourning period, as long as the living dead is remembered and continues to influence the actions of the living. The mourning and grieving process cannot therefore be limited to some time span in a discrete sense. It is for this reason that Africans take time off when their loved ones die to perform rituals that eternally connect them to the deceased. Bereavement is an unavoidable and multidimensional experience for persons who lose their loved ones (Zhai & Du, 2020).

Impact of Death on the Surviving Significant Other

Death has a significant impact on family members' emotional and social functioning (Kristensen et al., 2012). Individual members of different religious and cultural backgrounds experience the impact of a death in the family in different ways. However, the ways in which these individuals experience, perceive and deal with death and bereavement are socially constructed by their cultural experiences and perspectives. Such experiences and perspectives cannot be universalised (Radzilani, 2010). For instance, a study on young widows established that losing a partner early in life may increase the risk of developing elevated levels of grief. On the contrary, older widows tend to cope better with death because they have more experience with death (Bar-Nadav & Rubin, 2016).

The impact of death is associated with excess risk of mortality, physical ill-health and negative psychological reactions and symptoms, including mental disorders (Shear et al., 2011). For instance, bereaved individuals are at risk of hypertension, diabetes and

pancreatic cancer, chronic pulmonary disease, stress and other mental health problems (Shear et al., 2011). Mourners deal with loss, stress, life adjustments, avoidance or distraction and they begin establishing new roles (Moore et al., 2019). In some instances, severe bereavement grief results in premature death (De Groot & Kollen, 2013). A study that strove to understand the impact of bereavement grief on the workplace verified that among 28,970 participants, 932 of these took bereavement leave in a bid to adjust and come to terms with their loss (Wilson et al., 2021).

Although any death of a loved one is emotionally devastating, death during the COVID-19 pandemic inflicts more pain because there is little time to prepare and adapt (Keyes et al., 2014). Grief is likely to be significantly complex owing to limits on visiting the sick or dying in hospitals. There are additional uncertainties related to the spread of infection and complications linked to the restricted conduct of funerals (Kelly, 2020). Circumstances surrounding death during the COVID-19 pandemic have the potential to inaugurate mental health problems such as depression, complicated grief and anxiety disorders (Eisma et al., 2020; Solomon & Hensley, 2020). Such deaths ascribed to COVID-19 generate risk factors (e.g., sudden death and/traumatic grief (Eisma et al., 2020; Johns et al., 2020; Solomon & Hensley, 2020). Death during the pandemic has the potential to cause prolonged grief disorders (PGD) which cause people never to get over the death of a loved one (Goveas & Shear, 2020; Johns et al., 2020; Zhai & Du, 2020). People with PGD have a sense of meaninglessness, and they are unable to accept such sudden death (Bryant et al., 2014).

Due to the excessive burden on the health care system, deaths attributed to the coronavirus have exemplified ‘bad deaths’ (Carr et al., 2020). The authors argue that COVID-19 related fatalities embody the attributes of a ‘bad death’, making them particularly devastating for bereaved kin, whose grief may be compounded by their own social isolation, lack of practical and emotional support, and high-stress situations marked by financial precarity, worries about their own or other family members’ health, confinement to home and the loss of routine activity that once structured their days. Consequently, death during COVID-19 is marked by physical discomfort, difficulties in breathing, social isolation, psychological distress, lack of preparation. Bereaved members also suffer the indignity of being without respectfulness and solemnity on the occasion of loss (Krikorian et al., 2020). During this period, bereaved family members might have heightened psychological symptoms when they did not have an opportunity to say ‘good bye’ to the decedent (Carr, et al., 2020).

Bad deaths are distressing because they challenge notions of an idealised death. They prevent family members from having meaningful conversations and resolving ‘unfinished business’. These bad deaths trigger pain in seeing a loved one suffer, and they induce family members into feeling guilty that they could not protect their loved one from the looming death (Li et al., 2019). Bad deaths are distressing under normal circumstances, and the pandemic has created a context in which the pain of loss is amplified by concurrent stressors. These stressors include social isolation, financial precarity, health concerns, worries about other family members, deaths of other friends and family, and anxiety about one’s own ever-looming mortality (World Health

(Organization, 2020b). This accumulation of stressors within a relatively short period can overwhelm one's capacity to cope with loss and death (Folkman, 2011).

Benefits of Rituals Following Death of a Loved One

The performance of rituals following death of a loved one continues to buttress the common understanding of a funeral (Parsons, 1999; Turner & Caswell, 2020). Funeral rituals constitute a significant rite of passage, marking the transition from life to death (Weir, 2020). They can legitimise grief, provide an arena where death is acknowledged and accepted, the mourners express emotions, maintain connections with family, friends and the deceased. Most importantly, such rites help the bereaved adjust their own functioning in the face of death (Hidalgo et al., 2021). In the African context, rituals represent cultural performances and rites of passage, which mark people's life experiences. Properly construed, rituals are an expression of people's thoughts, emotions, social organisation and cultural identities. They are, therefore, regarded as viable sociocultural methods of connections and dialogue (Baloyi & Makobe-Rabothata, 2014). For these reasons, rituals among Africans are inexorably important (Mokusto, 2019).

Although the rituals may differ in various communities, they share a common ingredient of social connection (Weir, 2020). Funeral rituals provide an opportunity to collectively remember and acknowledge the deceased person and serve as a staging post for mourners (Holloway et al, 2013). Additionally, they have long striven to alleviate the intensity of grief (Becker et al, 2020; Jahangir & Hamid, 2020). Furthermore, funeral rites bring comfort and solace in the communion of the *socius* (Ude & Njoku, 2017). Rituals have an intrinsic therapeutic value that assists the griever to move on with life (Makatu, et al., 2008). Some mourning rites are targeted-at removing 'sefifi', which is a Setswana equivalent of misfortune (Manala, 2015). In her study on widowhood rites, Tasie (2013) categories the benefits of the rites performed towards the widow following the death of her husband. Firstly, these rites serve as the link between the deceased husband and the living wife. Secondly, such rites are imbue the widow with courage and bravery to cope with life through self-reliance.

There are commonalities regarding funeral rituals. In their study on widowhood rites, Kotze et al., (2012) found that despite the widows' different cultural identities, their experiences of mourning rites and practices in their societies are similar. For instance, sitting on a mattress until the burial is practiced in most communities (Khosa-Nkatini, 2019; Manala, 2015). After the burial, people from the gravesite wash their hands from a common container that has some specific herbs for cleansing. The ritual is followed by shaving the head of each of the family members. The head shaving is common practice in most African communities (Manala, 2015; Sulumba-Kapuma, 2018) to remove the 'dark cloud' brought by the death in the family. There is also a common practice of widows wearing black clothes and men putting a black cloth around their shoulder to show that they are in mourning (Khosa-Nkatini, 2019). These

rituals are regarded as the symbols of sorrow that the bereaved is expected to display ([Manala, 2015](#)).

Although there are commonalities of ritual rites in most African communities, funeral rites symbolise different aspects. For instance, the Batsotso people of Kenya shave the hair a day or two after the funeral. The burial occurs outside the compound, especially if the deceased was divorced or never married to send away the spirit of being unmarried is the surviving members also speak to the corpse. This ritual is performed on a man who dies at an old age but was never married. During this ritual, he is pierced with a thorn on his back and his manhood. This is done to encourage men to marry rather than die without a surviving spouse ([Stephen, 2014](#)).

In the Batswana ethnic group, when a person passes away, a cow is slaughtered on the eve of the burial and they cook the meat called '*mogoga*'. The cow meat is cooked without spices to indicate that there is no pleasure in consuming such meat as the family is mourning ([Tshoba, 2014](#)). The mourning period normally takes a year and at the end, one uncle leads the cleansing ceremony for the entire family ([Tshoba, 2014](#)). [Radzilani \(2010\)](#) writing on the Vhavhenda ethnic group argues that the mourning rituals are a public display of grief among the people providing an avenue for approval and validation by the community. Among Vhavenda, when death occurs, it is believed that the family members have been symbolically crushed by a mud wall and need to be released from this entrapment. This imaginary wall encircling the family symbolises bereavement ([Cebekhulu, 2016; Radzilani, 2010](#)). Among the Bapedi ethnic group, when death occurs the widow or widower is removed from the public into seclusion as prescribed by the rituals of de-contamination ([Kgatla, 2014](#)).

Discussion

The purpose of this article was to explore the disruption and fissures caused by the COVID-19 on grief, bereavement and mourning by using Nwoye's African Grief perspective. In line with previous research, this literature review identifies and clarifies the significance of grief, bereavement and mourning. The process of grieving is a critical human function ([Bonavita et al., 2018; Goodwyn, 2015; Sullender, 2010](#)). It encapsulates the acknowledgement of sadness and loss, and the reconfiguring of one's life to account for both its physical absence yet emotional presence ([Shear et al., 2011](#)).

The increasing number of COVID-19 infections has resulted in high death tolls recorded. This high number of bereaved individuals is compelled to deal with the loss of a loved one. The literature review shows that governments in various countries implemented prescriptive regulations to curb the spread of the virus and mitigate the high death rate. This has been seen, for instance, in prohibiting and limiting social gatherings, restricting the number of people attending funerals. As noted by [Stroebe and Schut \(2021\)](#), funerals during the COVID-19 pandemic have become sharply trimmed to very low numbers. There is often little opportunity to say farewell in accustomed ways or to observe the cultural or religious mourning practices.

This review highlights the importance of funeral rituals following the death of a loved one. [Lowe et al. \(2020\)](#) concur that tradition, rituals and ceremonies following death continue are important therapeutic protocols. Among others, this review demonstrated that funeral rituals are used to communicate with the deceased, alleviate the pain of loss and bring closure and healing. It is worth noting that within the African context, rituals performed in various communities share a common ingredient of social support and connection. [Aoun et al. \(2018\)](#) indicate that following the loss of a relative or a friend, social support acts as a buffer against psychological morbidity by reducing grief symptomatology and facilitating psychological adaptation. Subsequently, this social support enhances the social connection between the immediate family and the broader community.

Failure to observe the rituals may have a heightened detrimental impact on the social functioning of bereaved individuals. Notwithstanding the significance of the lockdown regulations to curb the spread of the virus, the measures implemented have set in motion much more devastating effects on the bereaved individuals and communities. This article has demonstrated that, generally, death of a loved one affects the physical, social, emotional and psychological well-being of bereaved individuals. The findings of this review suggest that the COVID-19 pandemic has disrupted rites of passage and created significant fissures in the communities' capacity to deal with death. As noted by [Gold \(2020\)](#), the fatalities from the COVID-19, quarantined in life and isolated in death have cumulatively left the family members bereft of traditional bereavement practices, support and guidance through these unexpected tragic episodes of family tragedy. The social isolation brought by the government's regulations has further shredded physical support from the family, friends or physically present spiritual support reflecting severe societal disruptions. Such distancing intensifies feelings of loneliness. For some individuals, the regulations have wrenched autonomy, leaving instead a feeling of freedom lost. There is the possibility that people may experience feelings of social injustice and sordid isolation (due to lack of equality of care across socio-economic status groups) ([Stroebe & Schut, 2021](#)).

Considering the impact of COVID-19 on the well-being of the bereaved, its complications and disruption of the known grieving and mourning rituals, a skillful force of practitioners is needed to help the bereaved deal with the loss of a loved one. As this review illustrated, most deaths during the COVID-19 are often premature, unexpected and shocking, placing the bereaved at risk of developing prolonged grief disorders. Additionally, death of a loved one can result in depression, anger, guilt, hypertension and diabetes among others. Another way a pandemic such as COVID-19 disrupts the process of bereavement is by impacting families' ability to hold funerals and other ceremonies. Funerals play a key role in mourning, bringing together those who remember the deceased to celebrate their life, and creating a supportive network for the bereaved family. Restrictions during the pandemic mean that funerals carried out in this unprecedented time are unlikely to match the emotional burdens of the bereaved nor the solemnised rituals anticipated by the deceased ([Selman et al., 2020](#)).

When a situation of risk for a community occurs, whether it is a disaster, social or health emergency, the involvement of specialised professionals is necessary (Cifuentes-Faura, 2020). In this context, social workers could perform multiple functions in a society (Fernandez et al., 2012). For instance, arranging a funeral during the pandemic requires sensitivity (Burrell & Selman, 2020) and cultural competence. Therefore, with their expertise, social workers are better placed to provide mental health care support, physical, emotional and practical support to the bereaved individuals. Johns et al. (2020) argue that although doctors and nurses are on the frontline in hospitals, social workers could equally play an integral role in supporting those affected by COVID-19 related deaths and in acting as a conduit between patients and their families. Social workers could respond to multiple needs and concerns after death and potentially mitigate the negative outcomes of bereavement.

Social workers have always provided services to bereaved individuals, families and communities. However, with COVID-19 contributing to increasingly difficult circumstances to grieving and mourning, social workers need tools and resources to mitigate that grief for the bereaved such that they cope with and process grief (Wallace, 2020). Considering the economic impact of COVID-19 on most households and the pain of losing a loved one, a 24-hour toll free help line could be utilised to support the bereaved individuals and families. Worden (2018) acknowledges that the levels of pain experienced vary but the pain is inevitable. Social workers help the bereaved validate and normalise the pain experienced.

During bereavement, social workers focus on three areas, namely, the external, internal and spiritual (Worden, 2018). In the external area, the social workers' role is to help the bereaved adjust to a new environment. This is unique to the individual as a loss may impact roles and lead to the development of certain skills needed to move forward without the deceased. The internal area focuses on adjusting to one's own sense of self and how loss shapes one's self-definition, self-esteem and sense of self-efficacy. Additionally, in this task, the social worker should help individuals move towards redefining the loss and making meaning for present life. The spiritual area of adjustment focuses on the ability to make sense of the loss along with implications on what life looks like without the presence of the deceased member. The remaining family members need to engage in reconstructing new bonds acknowledging the gaps left by the deceased (Worden, 2018).

During the current COVID-19 emergency, most services have been shifted from the traditional face-to-face to online interaction. Social workers, through the national and provincial Departments of Health and Social Development, can use the media space such as television, radio and social media platforms to make the public aware of the services available to them during this difficult period. Moreover, social workers should collaborate with undertakers on grief mitigation and adopt a proactive approach in supporting the bereaved families. In this instance, social workers should capacitate the undertakers on how to prepare family members for burial proceedings. Brochures with contact details and services available to the bereaved should also be developed and

made accessible in all public spaces such as malls, retail stores, restaurants, tuckshops, schools, public transport, clinics and hospitals.

Through all these various methods, education on the grief journey should be a focal point. As indicated by [Therivel and Kornsky \(2018\)](#), it is important to educate clients on grief triggers (sights, sounds, smells, locations) that may bring back sad memories and that progressing through grief is not a linear process, but consists of progression and regression. Clients should be made aware that these experiences are not a setback but rather markers of progress towards healing. Consequently, social workers could encourage those grieving to express their grief and reach out to others, online or via telephone, letters or videos. Although these methods cannot replace face-to-face conversation and physical affection, they nevertheless enable connection in the interim ([Burrell & Selman, 2020](#); [Cifuentes-Faura, 2020](#); [Gates et al., 2020](#); [Lowe et al., 2020](#); [Selman et al., 2020](#)).

In this process, individualisation and respect for diversity are important. Social workers must be empathetic and mindful of their presence and approach when assisting clients during this time. Often, this requires patience and sometimes giving the clients space to process the loss and to share it openly ([Gordon, 2013](#); [Yousuf-Abramson, 2020](#)). Above all, the desired outcome of social work intervention is to enable clients to acknowledge their loss, accommodate and integrate it into their regular life functioning healthily. The desired outcome is not that they move on or forget the loss but that they include the loss and its impact into their day-to-day functioning so that the loss exerts a less negative impact on their social functioning ([Therivel & Kornsky, 2018](#)).

Conclusion

Literature review was undertaken to explore the disruption of COVID-19 on grief, bereavement and mourning by using Nyowe's African Grief perspective. COVID-19 inaugurated challenges in observing funeral rituals and ceremonies. In addition, it brought difficulties and limited support for the bereaved individuals. Failure to observe the rituals exerts a negative impact on the bereaved individuals thus affecting their mental and psychological health. In this regard, social workers could help mitigate the impact of grief on the bereaved. Additionally, a more culturally sensitive approach is required to help the bereaved adopt new ways of conducting funerals and ceremonies. Considering that the COVID-19 is unsettling and disruptive, more research is required on how it has affected different aspects of life. Frontline workers such as social workers should be at the forefront of this research. Importantly, a collaborative approach in research is required to mitigate the impact of COVID-19 on the social functioning of individuals, groups and communities.

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References

- Anderson, C. A. (2010). *Childhood traumatic grief: What educators need to know* (pp. 1–19). University of Pittsburgh, School of Education.https://www.sbbh.pitt.edu/Booklets%20113%20fall%22010/Childhood%20Grief_Anderson.pdf
- Aoun, S. M., Breen, L. J., White, I., Rumbold, B., & Kellehear, A. (2018). What sources of bereavement support are perceived helpful by bereaved people and why? Empirical evidence for the compassionate communities approach. *Palliative Medicine*, 32(8), 1378–1388. <https://doi.org/10.1177/0269216318774995>
- Appel, D. L. (2011). Narratives on death and bereavement from three South African Cultures. *Journal of Psychology in Africa* 23(3), 453–458. <https://doi.org/10.1080/14330237.2013.10820651>
- Baloyi, L., & Makobe-Rabothata, M. (2014). The African conception of death: A cultural implication. In L. T. B. Jackson, D. Meiring, F. J. R. Van de Vijver, E. S. Idemouidia, & W. K. GabrenyaJr. (Eds.), *Toward sustainable development through nurturing diversity: Proceedings from the 21st international congress of the international association for cross-cultural psychology*. https://scholarworks.gvsu.edu/iaccp_papers/119
- Bar-Nadav, O., & Rubin, S. S. (2016). Love and bereavement: Life functioning and relationship to partner and spouse in bereaved and nonbereaved young women. *OMEGA-Journal of Death and Dying*, 74(1), 62–79. <https://doi.org/10.1177/0030222815598035>
- Becker, C. B., Taniyama, Y., Kondo-Arita, M., Yamada, S., & Yamamoto, K. (2020). *How grief, funerals, and poverty affect bereaved health, productivity, and medical dependence in Japan* (p. 0030222820947573). *OMEGA-Journal of Death and Dying*.
- Bonavita, A., Yakushko, O., Morgan Consoli, M. L., Jacobsen, S., & Mancuso, R. L. L. (2018). Receiving spiritual care: Experiences of dying and grieving individuals. *OMEGA-Journal of Death and Dying*, 76(4), 373–394. <https://doi.org/10.1177/0030222817693142>
- Brennan, M. (2015). Loss, bereavement and creativity: Meanings and uses. *Illness, Crisis & Loss*, 23(4), 291–309. <https://doi.org/10.1177/1054137315590958>
- Bryant, R. A., Kenny, L., Joscelyne, A., Rawson, N., MacCallum, F., Cahill, C., Nickerson, A., Aderka, I., & Nickerson, A. (2014). Treating prolonged grief disorder: A randomized clinical trial. *JAMA Psychiatry*, 71(12), 1332–1339. <https://doi.org/10.1001/jamapsychiatry.2014.1600>
- Buglass, E. (2010). Grief and bereavement theories. *Nursing Standard (Through)*, 24(41), 44–47. <https://doi.org/10.7748/ns2010.06.24.41.44.c7834>

- Burrell, A., & Selman, L. E. (2020). *How do funeral practices impact bereaved relatives' mental health, grief and bereavement. A mixed method review with implications for COVID-19*. Omega. (Westport).
- Carr, D., Boerner, K., & Moorman, S. (2020). Bereavement in the time of coronavirus: Unprecedented challenges demand novel interventions. *Journal of Aging & Social Policy*, 32(4–5), 425–431. <https://doi.org/10.1080/08959420.2020.1764320>
- Cebekhulu, L. M. (2016). Understanding the experiences of young widows in rural KwaZulu-Natal: University of Kwazulu-Natal. [Masters dissertation].
- Cifuentes-Faura, J. (2020). The role of social work in the field of education during COVID-19. *International Social Work*, 63(6), 795–797. <https://doi.org/10.1177/0020872820944994>
- Davies, D. (2017). *Death, ritual and belief: The rhetoric of funerary rites*. Bloomsbury Publishing.
- De Groot, M., & Kollen, B. J. (2013). Course of bereavement over 8–10 years in first degree relatives and spouses of people who committed suicide: Longitudinal community based cohort study. *British Medical Journal*, 347, f5519. <https://doi.org/10.1136/bmj.f5519>.
- DeSpelder, L. A., & Strickland, A. L. (2011). *The last dance: Encountering death and dying* (p. 704). Mayfield Publishing Company.
- Eisma, M. C., Boelen, P. A., & Lenferink, L. I. (2020). Prolonged grief disorder following the Coronavirus (COVID-19) pandemic. *Psychiatry Research*, 288, 113031. <https://doi.org/10.1016/j.psychres.2020.113031>.
- Fernandez, T., de Lorenzo, R., & Vazquez, O. (2012). *Diccionario de Trabajo*. Alianza Editorials.
- Folkman, S. (2011). Stress, health, and coping: an overview (pp. 3–11). *The Oxford handbook of stress, health, and Coping*. Oxford University Press.
- Gates, T. G., Beazley, H., & Davis, C. (2020). Coping with grief, loss, and well-being during a pandemic: A collaborative autoethnography of international educators during COVID-19. *International Social Work*, 63(6), 782–785. <https://doi.org/10.1177/0020872820949622>
- Gire, J. (2011). How death imitates life: Cultural influences on conceptions of death and dying. *Online Readings in Psychology and Culture*, 6(2), 1–22. <https://scholarworks.gvsu.edu/cgi/viewcontent.cgi?article=1120&context=orpc>.
- Gold, J. M. (2020). Generating a vocabulary of mourning: Supporting families through the process of grief. *The Family Journal*, 28(3), 236–240. <https://doi.org/10.1177/1066480720929693>
- Goodwyn, E. (2015). The end of all tears: A dynamic interdisciplinary analysis of mourning and complicated grief with suggested applications for clinicians. *Journal of Spirituality in Mental Health*, 17(4), 239–266. <https://doi.org/10.1080/19349637.2015.1047919>
- Gordon, T. A. (2013). Good grief: Exploring the dimensionality of grief experiences and social work support. *Journal of Social Work in End-Of-Life & Palliative Care*, 9(1), 27–42. <https://doi.org/10.1080/15524256.2012.758607>
- Goveas, J. S., & Shear, M. K. (2020). Grief and the COVID-19 pandemic in older adults. *The American Journal of Geriatric Psychiatry*, 28(10), 1119–1125. <https://doi.org/10.1016/j.jagp.2020.06.021>

- Hidalgo, I., Brooten, D., Youngblut, J. M., Roche, R., Li, J., & Hinds, A. M. (2021). Practices following the death of a loved one reported by adults from 14 countries or cultural/ethnic group. *Nursing Open*, 8(1), 453–462. <https://doi.org/10.1002/nop2.646>
- Holloway, M., Adamson, S., Argyrou, V., Draper, P., & Mariau, D. (2013). “Funerals aren’t nice but it couldn’t have been nicer”. The makings of a good funeral. *Mortality*, 18(1), 30–53. <https://doi.org/10.1080/13576275.2012.755505>
- Jahangir, M. S., & Hamid, W. (2020). Mapping mourning among Muslims of Kashmir: Analysis of religious principles and current practices. *OMEGA-Journal of Death and Dying*, 0030222820911544. <https://doi.org/10.1177/0030222820911544>.
- Jaja, I. F., Anyanwu, M. U., & Iwu Jaja, C. J. (2020). Social distancing: How religion, culture and burial ceremony undermine the effort to curb COVID-19 in South Africa. *Emerging Microbes & Infections*, 9(1), 1077–1079. <https://doi.org/10.1080/2221751.2020.1769501>
- Johns, L., Blackburn, P., & McAuliffe, D. (2020). COVID-19, prolonged grief disorder and the role of social work. *International Social Work*, 63(5), 660–664. <https://doi.org/10.1177/0020872820941032>
- Jones, E. (2016). *Lived experience of young widowed individuals*. Utah State University
- Kaneez, S. (2015). Grief, traumatic loss and coping following bereavement: Case study of women. *The International Journal of Indian Psychology*, 2(3), 17–23. <https://doi.org/10.25215/0203.004>
- Kelly, B. D. (2020). Coronavirus disease: Challenges for psychiatry. *The British Journal of Psychiatry*, 217(1), 352–353. <https://doi.org/10.1192/bjp.2020.86>
- Keyes, K. M., Pratt, C., Galea, S., McLaughlin, K. A., Koenen, K. C., & Shear, M. K. (2014). The burden of loss: Unexpected death of a loved one and psychiatric disorders across the life course in a national study. *American Journal of Psychiatry*, 171(8), 864–871. <https://doi.org/10.1176/appi.ajp.2014.13081132>
- Kgatla, S. T. (2014). Rituals of death enhance belief and belonging: Analysis of selected elements of northern Sotho death rituals. *Online Journal of African Affairs*, 3(6), 81–86.
- Khosa-Nkatini, H. P. (2019). *Liturgical inculcation of Tsonga widows' mourning rituals*. [Doctoral dissertation. University of Pretoria].
- Kotzé, E., Els, L., & Rajuili-Masilo, N. (2012). Els“Women mourn and men carry on”: African women storying mourning practices: A South African example. *Death Studies*, 36(8), 742–766. <https://doi.org/10.1080/07481187.2011.604463>
- Krikorian, A., Maldonado, C., & Pastrana, T. (2020). Patient’s perspectives on the notion of a good death: A systematic review of the literature. *Journal of Pain and Symptom Management*, 59(1), 152–164. <https://doi.org/10.1016/j.jpainsympman.2019.07.033>
- Kristensen, P., Weisæth, L., & Heir, T. (2012). Bereavement and mental health after sudden and violent losses: A review. *Psychiatry: Interpersonal & Biological Processes*, 75(1), 76–97. <https://doi.org/10.1521/psyc.2012.75.1.76>
- Li, A. C. M. (2020). Living through COVID-19: A Perspective from Hong Kong. *Journal of Humanistic Psychology*, 60(5), 672–681. <https://doi.org/10.1177/0022167820938487>
- Li, J., Tendeiro, J. N., & Stroebe, M. (2019). Guilt in bereavement: Its relationship with complicated grief and depression. *International Journal of Psychology*, 54(4), 454–461. <https://doi.org/10.1002/ijop.12483>

- Lowe, J., Rumbold, B., & Aoun, S. M. (2020). Memorialisation during COVID-19: Implications for the bereaved, service providers and policy makers. *Palliative Care and Social Practice*, 14, 1-9. <https://doi.org/10.1177/2632352420980456>.
- Makatu, M. S., Wagner, C., Ruane, I., & van Schalkwyk, G. J. (2008). Discourse analysis of the perceptions of bereavement and bereavement rituals of TshiVenda speaking women. *Journal of Psychology in Africa*, 18(4), 573–580. <https://doi.org/10.1080/14330237.2008.10820236>
- Makgahlela, M. W. (2016). *The psychology of bereavement and mourning rituals in a Northern Sotho community*. [Doctoral dissertation, University of Limpopo].
- Manala, M. (2015). African traditional widowhood rites and their benefits and/or detrimental effects on widows in a context of African christianity. *HTS: Theological Studies*, 71(3), 1–9. <https://doi.org/10.4102/hts.v71i3.2913>
- McLea, H., & Mayers, P. (2017). The grief and trauma project: A group work approach to restoring emotional and spiritual health to women in bereaved and traumatised indigent communities in the western cape, South Africa. *Social Work*, 53(4), 423–444. <https://doi.org/10.15270/53-4-590>
- Mokhutso, J. (2019). *African traditional bereavement rituals amongst Methodist Church members in Mamelodi*. [Doctoral dissertation, University of the Free State].
- Moore, J., Magee, S., Gamreklidze, E., & Kowalewski, J. (2019). Social media mourning: Using grounded theory to explore how people grieve on social networking sites. *OMEGA-Journal of Death and Dying*, 79(3), 231–259. <https://doi.org/10.1177/0030222817709691>
- Nwoye, A. (2005). Memory healing processes and community intervention in grief work in Africa. *Australian and New Zealand Journal of Family Therapy*, 26(3), 147–154. <https://doi.org/10.1002/j.1467-8438.2005.tb00662.x>
- Parsons, B. (1999). Yesterday, today and tomorrow. The lifecycle of the UK funeral industry. *Mortality*, 4(2), 127–145. <https://doi.org/10.1080/713685969>
- Radzilani, M. S. (2010). *A discourse analysis of bereavement rituals in a Tshivenda speaking community: African Christian and Traditional African perceptions*. [Doctoral dissertation, University of Pretoria].
- Rani, S. (2020). A review of the management and safe handling of bodies in cases involving COVID-19. *Medicine, Science and the Law*, 60(4), 287–293. <https://doi.org/10.1177/0025802420949044>
- Rugonye, S., & Bukaliya, R. (2016). Effectiveness of the african bereavement counseling techniques: A case of Shona people of Zimbabwe: Implications for open and distance learning institutions. *International Journal of Humanities Social Sciences and Education*, 3(2), 49–56.
- Selman, L. E., Chao, D., Sowden, R., Marshall, S., Chamberlain, C., & Koffman, J. (2020). Bereavement support on the frontline of COVID-19: recommendations for hospital clinicians. *Journal of Pain and Symptom Management*, 60(2), e81–e86. <https://doi.org/10.1016/j.jpainsymman.2020.04.024>
- Shear, M. K., Simon, N., Wall, M., Zisook, S., Neimeyer, R., Duan, N., Keshaviah, A., Lebowitz, B., Sung, S., Ghesquiere, A., Gorscak, B., Clayton, P., Ito, M., Nakajima, S., Konishi, T., Melhem, N., Meert, K., Schiff, M., O'Connor, M.F., & Keshaviah, A (2011). Complicated grief and related bereavement issues for DSM-5. *Depression and Anxiety*, 28(2), 103–117. <https://doi.org/10.1002/da.20780>

- Sisodia, I. D. (1997). New horizons in systemic family therapy. *November meeting of the World Council for Psychotherapy Held in Kampala*, 23, 1.
- Solomon, R. M., & Hensley, B. J. (2020). EMDR therapy treatment of grief and mourning in times of COVID-19. *Journal of EMDR Practice and Research*, 14(3), EMDR-D-20-00031. <https://doi.org/10.1891/EMDR-D-20-00031>.
- Stephen, A. (2014). An investigation of therapeutic value of the Batsotso mourning rituals in Kakamega County, Kenya. *International Journal of Education and Research*, 2(11), 263-268.
- Stroebe, M., & Schut, H. (2021). Bereavement in times of COVID-19: A review and theoretical framework. *OMEGA-Journal of Death and Dying*, 82(3), 500–522. <https://doi.org/10.1177/0030222820966928>
- Sullender, R. S. (2010). Grief and bereavement revisited: Introduction to special issue. *Pastoral Psychology*, 59(2), 125–126. <https://doi.org/10.1007/s11089-009-0232-8>
- Sulumba-Kapuma, G. A. (2018). *Widowhood within the Malawian context: a pastoral care model*. [Doctoral dissertation, University of Pretoria].
- Tasie, G. I. K. (2013). African widowhood rites: A bane or boom for African women. *International Journal of Humanities and Social Science*, 3(1), 155-162. <https://doi.org/10.1.1.1038.43788>.
- Therivel, J., & Kornsky, J (2018). *Clients and families in grief*. Cinahl Information Systems.
- Tshoba, Z. M. (2014). *Psychological significance of shaving hair as a ritual during mourning within the Ndebele culture*. [Doctoral dissertation, Institutional Repository].
- Turner, N., & Caswell, G. (2020). *A relative absence: Exploring professional experiences of funerals without mourners* (p. 0030222820959960). OMEGA-Journal of Death and Dying.
- Ude, P. U., & Njoku, O. C. (2017). Widowhood practices and impacts on women in sub-saharan Africa: An empowerment perspective. *International Social Work*, 60(6), 1512–1522. <https://doi.org/10.1177/0020872817695384>
- Weir, K. (2020). Grief and COVID-19: Saying goodbye in the age of physical distancing. *American Psychological Association*, 51(4). <https://doi.org/10.1037/e502882020-001>.
- Wilson, D. M., Punjani, S., Song, Q., & Low, G. (2021). A study to understand the impact of bereavement grief on the workplace. *OMEGA-Journal of Death and Dying*, 83(2), 187–197. <https://doi.org/10.1177/0030222819846419>
- Worden, J. W. (2018). *Grief counseling and grief therapy: A handbook for the mental health practitioner*. Springer Publishing Company.
- World Health Organisation (2020a). *WHO director general's opening remarks at the media briefing on COVID-19*. World Health Organisation. <https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19>
- World Health Organization (2020b). *Mental health and psychosocial considerations during the COVID-19 outbreak No. WHO/2019-nCoV/Mental Health/2020.1*. World Health Organisation.
- Yousuf-Abramson, S. (2020). Worden's tasks of mourning through a social work lens. *Journal of Social Work Practice*, 35(4), 367–379. <https://doi.org/10.1080/02650533.2020.1843146>
- Zhai, Y., & Du, X. (2020). Loss and grief amidst COVID-19: A path to adaptation and resilience. *Brain, Behavior, and Immunity*, 87, 80-81. <https://doi.org/10.1016/j.bbi.2020.04.053>.