

Last Honors and Life Experiences of Bereaved Families in the Context of COVID-19 in Kashmir: A Qualitative Inquiry About Exclusion, Family Trauma, and Other Issues

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Abstract

This study examined the changing character of the last honours of those who died of COVID-19 in Kashmir and the life experiences of the families of the deceased. A semi-structured interview schedule was used to collect information from 21 participants. Using qualitative data analysis approaches, five key themes were identified vis-à-vis the impact of COVID-19 on burial rituals and customs; effects on bereaved families, shades of grief, bereavement care, community response, and coping with loss. Based on examining the pandemic-induced changes related to customs and rituals around death, the study found that the bereaved family members were in danger of marginalization, economic burdens, psychological traumas, and overall reduced quality of life. This study would be a credible addition to the existing literature on death practices as there is a shortage of research on funeral rituals during the post-pandemic period in Kashmir.

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Introduction

Rituals are symbolic gestures that allow people to share and express their deepest thoughts and emotions about the most significant moment of their lives with their loved ones (Sas & Coman, 2016). The funeral ritual is also a public, customary, and symbolic way to communicate our beliefs, notions, and emotions about losing loved ones (Castle & Phillips, 2003). The overall objective of death/funeral rituals, namely saying goodbye to someone, varies significantly in form and purpose (Mitima-Verloop et al., 2022; O'Rourke et al., 2011; Walter & Bailey, 2020, cited in Rawlings et al., 2022). The capacity to console the patient at the end of life and to say farewell are vital steps in end-of-life care rituals that facilitates the family members coming to terms with the parting away (Jeitziner et al., 2021). The funeral service, which is full of symbolism and history, enables us to accept the truth of death (Farbod, 2016). In addition, attending a funeral allows an individual to express the grief in a manner consistent with the cultural norms, offers support to mourners, and provides hope to the mourning family. However, the pandemic led to millions of deaths globally, and the SOPs in place (Standard Operating Procedures) restricted visitors from seeing ill persons in hospitals or other care facilities (Burrell & Selman, 2022; Rawlings et al., 2022). Consequently, many individuals were deprived of mourning their loved ones because funeral gatherings were essentially outlawed, giving rise to virtual funeral practices. Due to the pandemic-induced constraints, it became difficult to comfort the bereaved. Participants who lost a loved one during the pandemic felt that the restrictions had a negative effect on their ability to participate in funeral and grief rituals (Mitima-Verloop et al., 2022).

COVID-19 pandemic has brought an uncommon encounter with death, characterised by a total absence of collective ways of mourning and closure. This causes additional psychological distress among the people. Moreover, the accompanying economic swings and social isolation make matters even more unbearable. Human behaviour can be affected by death anxiety, and it turns out that becoming aware of one's mortality is a significant cause of fear and dread. Anxiety caused by the salience of mortality or awareness of one's mortality triggers a defence mechanism for cognitive regulation, affecting behaviour and the underpinning psychological processes that drive it (Pyszczynski et al., 1999). A common underlying fear of death accounts for many mental health issues, including phobias, anxiety disorders, and depression.

The risk to one's mental health increases during a loss. During COVID-19, the sense of loss was not openly acknowledged, socially validated, or publicly mourned, which led to several mental health issues (Albuquerque et al., 2021). The process of grieving may present difficulties in terms of emotional processing and expression because the

person, given the absence of others, may not recognise their right to grieve, and the lack of social support may lead to difficulties because they may have fewer opportunities to express their feelings in public and to receive expressions of sympathy and support from others (Read & Santatzoglou, 2018). A qualitative study of phone calls with 246 families devastated by COVID-19 reported that mourners acknowledged a need to engage in grief rituals, find meaningful and symbolic methods to say farewell, and vent emotions to cope with the loss (Menichetti Delor et al., 2021). Based on 17 interviews with Kashmiri Muslims, Hamid and Jahangir (2022) determined that the inability to do rituals added a layer to the grief, thereby impacting individuals' grieving process and general welfare.

Compared to deaths from other causes, deaths directly related to COVID-19 significantly impacted mental health (Joaquim et al., 2021; Yusuf & Tisler, 2020). Separation anxiety, dysfunctional grief, and post-traumatic stress disorder are possible mental health conditions or aggravated symptoms. Because they could not say goodbye to their loved ones who succumbed to COVID-19, many suffered from severe psychological distress. Due to the pandemic, families now confront new difficulties like social isolation by physical separation (Coller & Webber, 2020). In their article, Ghosh and BK (2022) discuss how, at the start of the pandemic, the new, "profane," state-mediated procedures and official standards for the "disposal" of deceased COVID-19 patients initially replaced variation in the conduct of "holy" Hindu rituals. However, the goal of this study is not to question government regulations on funerals, which are logically justified as a measure to stop the spread of disease. Instead, this study aims to comprehend how COVID-19 has affected Kashmir's funeral customs and, in turn, the relatives of the deceased. The authors firmly believe it would significantly contribute to the existing body of knowledge.

Context

Coronaviruses are a broad family of viruses, with some producing less severe diseases such as the common cold and others leading to Middle East Respiratory Syndrome (MERS-CoV) and severe acute respiratory syndrome (SARS-CoV). COVID-19 causes a variety of symptoms that vary in severity. The most common symptoms are fever, persistent cough, dyspnea, weariness, anorexia, anosmia, and ageusia. Myalgia, sore throat, headache, nasal congestion, diarrhoea, nausea, and vomiting are non-specific symptoms. Asymptomatic infection is also common (Public Health England, 2021). Emergency cautioning signs where immediate clinical consideration ought to be looked for include: difficulty in breathing or dyspnea, persistent pain or pressure in the chest, new confusion or inability to arouse, and bluish lips or face (Centers for Disease Control and Prevention, 2021). As a result, most people who get COVID-19 have mild to moderate symptoms and recover independently. However, some suffer from severe illnesses and need to be treated (Adil et al., 2021).

On January 30, 2020, the first instance of the COVID-19 pandemic, which originated in China affecting the human respiratory system of a person (Singh et al., 2021)

was recorded in India (Tiwari, 2020). Slowly, the pandemic expanded to other states and union territories, including Jammu and Kashmir. On March 4, the Government Medical College in Jammu discovered and isolated two suspicious patients with a high viral load. On March 9, 2020, one of them became the first confirmed positive case. Both individuals had a history of travelling to Iran (India Today, 2020). Kashmir became the worst-affected division, with 14812 positive cases and 309 deaths, compared to the Jammu division, which had just 4067 positive cases and 24 COVID-19-related deaths. On March 19, 2020, restrictions were enforced in various areas of the Kashmir valley to prevent the spread of COVID-19 (The Hindu, 2020) .

On March 22, a total lockdown was announced throughout Jammu and Kashmir. The Ministry of Health and Family Welfare of the Indian government issued guidelines for the care and transportation of dead bodies, funerals and burials to adhere to in letter and spirit (Bhat, 2022). These regulations made it clear that medical personnel should place the body in a bag or box using established precautions and that only a moderate number of people should participate in funerals and body disposal. Bathing, kissing and hugging the deceased are prohibited, and social distance is to be maintained. Large gatherings should be avoided because close family members may contract and transmit the virus.

On the one hand, these restrictions effectively halted the spread of COVID-19, but on the other, they altered the entire death, dying, and mourning landscape in Kashmir (Hamid & Jahangir, 2020). Earlier studies, particularly by Hamid and Jahangir (2020), have explored the changing nature of death practices in Kashmir amidst the pandemic. The present study looks at COVID-19 deaths only via personal interviews with the deceased's family members. Individual interviews allowed researchers to undertake an in-depth analysis of the attitudes, beliefs, desires, and experiences of research participants to obtain a deeper understanding of them without undermining the benefits of the study conducted by Hamid and Jahangir (2020). Since interviews allow for the collection of non-verbal data, they can be more advantageous than phone conversations (Barrett & Twycross, 2018). For instance, researchers can find out if a participant experiences anxiety when answering a particular interview question or if they have difficulty answering it. By bridging the distance between the interviewer and interviewee, face-to-face interviews help explain, comprehend, and deeply investigate research participants' beliefs, behaviours, and phenomena.

Field Site

Three districts, Srinagar, Ganderbal, and Bandipora, constituted the field site for the current research activity. Those who had lost their dear ones due to COVID-19 were eligible to participate in the study. A total of 30 potential participants were approached, out of whom only 21 agreed to participate in the interviewing process. Nine participants refused to participate because they did not want to recall the painful moments they had experienced. Researchers respected their discretion and let them out of the study.

Data Collection During Times of Unexpected Grief

Gathering information during grief becomes the most challenging. The overcoming of challenges was made possible through the help of three key informants, one from each district. Through these informants, the researchers initially started the data collection procedure. With time, they build rapport, and participants began to provide details about others who had also lost their loved ones during the pandemic. The interviews were conducted at the participants' residential places, and the authors covered long distances to reach these places. A total of $n = 21$ participants were interviewed, of which 11 were males and 10 were females. Out of these, interviews with five participants were conducted in two phases as they had faced the loss of more than three members during the pandemic. They considered pandemics to be divine vengeance (*Azaab-i-Ilaahi*) rather than simply illnesses. Participants' average ages ranged from 22 to 66 ($M = 37.42$), whereas the average ages of the deceased were 38 to 80 ($M = 57.38$). The findings revealed that homes, hospitals, and hotels were the main places at which COVID-19 affected persons died. Of the total, six died at home, 14 in the hospitals (located within and outside Kashmir), and one died in the hotel. The complete biographical information of the participants is covered in [Table 1](#).

Tools, Techniques and Interviewing Process During Unexpected Grief and Loss

The authors prepared a semi-structured interview schedule to collect information from the participants. Open-ended questions were included in the semi-structured interview schedule so that the information would come automatically and not be influenced by the authors' prior assumptions. The researchers asked: Could you tell us about yourself, the deceased person, and your relationship with the deceased person? What were your reactions when you learned about the deceased person's infection? What were the deceased person's last wishes? How did you manage the funeral rituals during the pandemic? How did restrictions impact post-death practices? What were the main challenges after the death? Etc.

At the outset, the study's purpose was clearly explained to the participants. For conducting interviews and recording audio, verbal consent was attained. After attaining consent, the time and date for conducting the interviews were mutually agreed upon. The interviewers assured the participants that the data would be kept confidential and used only for academic purposes. 15 of the 21 interviews were finished in an hour and a half; however, due to the participants' emotional distress caused by the loss of more than three family members, 6 interviews took almost 3 hours to complete. All questions were framed in English but were asked in the Kashmiri language to get comprehensive information from the participants. Each interview ended by thanking the participants for participating in the study, followed by the question, is there any other family you might know that has lost their loved one(s) due to the pandemic? All authors (except the last one) conducted

interviews; the first author conducted interviews from Ganderbal district, the second from Bandipora district, and the third and fourth from Srinagar district. The completion of the interviews was followed by the translation and transcription of the data. Since the authors conducted the interviews separately, each author was required to transcribe their interviews. Once the transcription process was over, the authors fixed meetings to check the translated writing and exchanged notes with each other. The University of Kashmir was selected as a place for regular meetings. Some unique and overlapping themes were located during the meetings for completing this research endeavour. As soon as the authors agreed on what to focus on, the final themes were selected for further investigation. It was discussed which logic, procedures, or research strategies could be more suitable for producing new knowledge after additional inquiry. After deliberations, the authors chose inductive approaches. Grounded theory guided this study's inductive methodologies, which focused on participants' COVID-19 experiences (Glaser & Strauss, 1967). The current study adheres to the traits and rationales of inductive and abductive research methods (Khan, 2022). These two research approaches use realist ontologies. They hold that social phenomena exist without the involvement of the observer or social actors and that social behaviour is discovered and determined by patterns in this social reality (Blaikie, 2003). In order to comprehend social reality from the actors' perspective, the study also used the abductive research strategy's guiding principles. The epistemological tenets of the abductive research approach were reflected by the scientific knowledge obtained from those narratives. The social reality was seen as the product of social actors' joint social activity; it is a product of their social interactions and cannot exist independently of them (Blakie, 2003, p.115, cited in Khan, 2022).

Data Analysis and Ethics

Data were then analysed using the techniques of Braun and Clarke (2006), which included getting familiarised with data, generating initial codes, searching for themes, reviewing themes, defining and naming themes, and finally producing the report (as cited in Hamid & Jahangir, 2020). The data analysis process led to the emergence of five major themes that described participants' experiences on how COVID-19 impacted the death rituals and families of the deceased and traumatised the participants under study. Furthermore, themes around coping mechanisms and community response also found a way in the present study. Finally, due consideration was given to the issues that might harm the participants. Confidentiality and anonymity have been maintained throughout the study. To respect the participants' rights and cross-check the results, a printout/hardcopy of the research article has been shared with three participants who, within ten days, read and provided feedback on the information submitted in the paper. This way, participant validity was checked in the present research. The names in this research activity are pseudonyms to maintain confidentiality.

Results and Discussion

Primary Survey, 2022

Effects of COVID-19 On Funeral Practices and Customs. According to the current study, the pandemic affected every aspect of life. First, there was a communication gap between the COVID-19-infected people and the wider public, making them anxious and afraid for their health and well-being. The pandemic brought about a significant change in ways of dying. All religious groups, as a matter of fact, now practice ritual-free burial. This also applied to Kashmiri Muslim society, which experienced a significant shift in funeral ceremonies and preparations vis-à-vis the dying (Tajheez-o-Takfeen). With the spread of COVID-19, the ceremonies and rituals traditionally performed to honour the departed and console the bereaved have been either toned down or altogether abandoned. Only immediate family members participate in whatever funeral rituals and customs are observed. The following accounts aptly demonstrate the shift observed in the Kashmiri society:

“He was buried in a plastic bag without Ghushl (bathing of the dead) and Kafan (shroud). COVID-19 made my father utterly helpless. He saw his father’s body arrive in an ambulance from the house’s first floor, which overlooks our family graveyard. He wanted to attend the Namaz-e-Janazah (funeral prayer), but others’ safety prevented him from doing so. Gravediggers (*Malle Khesh*) refused to dig the grave since my grandfather was a COVID-19 patient. They charged 10,000 rupees. Our ancestral mortician asked for 1 lac rupees for the burial and eventually agreed for 25,000 rupees.” (Hamid, 40, Srinagar).

“As the word spread that my uncle died of COVID-19, terror gripped our neighbourhood. When we went for the dead body, the doctors ensured we were the deceased’s, immediate family. The funeral was low-key. Seven people offered his Namaz-e-Janazah (two health staff and five family members).” (Abdullah, 48, Srinagar).

“We did not even speak about the Chaharum (food cooked on the fourth day by family members of the deceased to mark the end of mourning). The burial was quick but scary.” (Usma, 35, Srinagar).

“Birth, marriage, and death are the three major life events that affect a family the most. According to Islamic customs, a departed person has the right to a dignified send-off that includes bathing, perfuming, covering the body in Kafan (shroud), and hosting a sizeable number of friends, relatives, and neighbours to offer Namaz-e-Janazah. COVID-19 prevents a person from dying in peace. Few family members and medical personnel attended my uncle’s Janazah.” (Manzoor, 29 Srinagar).

“Their lone son was unavailable to carry their coffins. Travel restrictions were in effect, and he was in Australia. He attended his parents’ burial over a WhatsApp video call. After a few months, he returned to Kashmir and discovered that weeds and grass covered his

Table 1. Contextual Information

Serial	Age of the Participant	Age of the Deceased Person	Gender of the Participant	Gender of the Deceased Person	Occupation of the Participant	Occupation of the Deceased Person	Relation with the Deceased	Place of Death
1	37	61	Female	Female	Engineer	Housewife	Aunt	JLNIM Hospital
2	29	58	Male	Female	Govt. Employee	Govt. Employee	Mother	SKIMS
3	55	37	Male	Male	Businessman	Govt. Employee	Cousin	Home
4	20	39	Male	Male	Student	Businessman	Uncle	Home
5	30	53	Female	Male	Govt. Employee	Businessman	Uncle	Sardar Patel Hospital in Delhi
6	24	53	Female	Male	Student	Artisan	Father	Sardar Patel Hospital in Delhi
7	22	80	Female	Male	Student	Businessman	Grandfather	SKIMS
8	40	67	Male	Male	Engineer	Retired employee	Cousin	Lok Nayak Hospital
9	26	56	Female	Female	Student	Homemaker	Aunt	Home
10	47	63	Male	Male	Businessman	Accountant	Friend	Hotel
11	63	72	Male	Male	Retired employee	Lawyer	Neighbour	CD Hospital
12	27	66	Female	Female	Student	Teacher	Grandmother	JLNIM Hospital
13	36	43	Female	Female	Homemaker	Government employee	Neighbour	Florence Hospital
14	44	62	Male	Male	Businessman	Teacher	Neighbour	Mahavir Hospital

(continued)

Table 1. (continued)

Serial	Age of the Participant	Age of the Deceased Person	Gender of the Participant	Gender of the Deceased Person	Occupation of the Participant	Occupation of the Deceased Person	Relation with the Deceased	Place of Death
15	31	51	Female	Female	Dentist	Artisan	Cousin	Home
16	66	38	Male	Male	Retired officer	Engineer	Neighbour	Home
17	48	68	Male	Female	Government Employee	Government employee	Cousin	Chest Disease
18	30	52	Male	Male	Engineer	Businessman	Friend	Hospital
19	51	50	Male	Male	Businessman	Businessman	Friend	SKIMS Florence Hospital
20	29	78	Female	Male	Student	Homemaker	Mother	Home
21	31	58	Female	Female	Homemaker	Homemaker	Mother	SKIMS

Source: Primary Survey, 2022.

parents' graves. The mourners found it extremely difficult to help one another even though they were desperately in need of each other. The trauma is still present today." (Zahoor, 47, Srinagar).

The present study's findings showed that relatives of COVID-19 victims lost the right to mourn in general and that the deceased lost the right to have cultural, religious, and customary rituals upon their passing. As a result, COVID-19 profoundly changed Kashmir's institutionalisation of death. This study's results align with earlier research studies that demonstrated how COVID-19 profoundly affects the death and dying experiences of families who have lost loved ones to pandemics (Hanna et al., 2021). According to studies, people brought to an intensive care unit (ICU) were required to say goodbye to their relatives in the emergency room since they did not know whether they would see them again. The absence of their partners and children from long-term care facilities due to COVID-19 visitation limitations caused the residents to miss them (Ones, 2020). It has been argued that in the final weeks and days of life, allowing the family to connect and contact a dying family member may have made it easier for surviving family members to process their loss (Breen et al., 2021). What made matters even worse is that the stated assistance that was to be given by health and social care professionals was infrequent, the reason being the lack of required technological equipment in the hospital or poor network/connectivity (Towers et al., 2020).

These narratives indicated significant problems with grieving, mourning, and supporting bereaved families have also been brought up by COVID-19. Grieving alone is challenging, and COVID-19 complicated it even further indicated this study. Whether the deceased died due to COVID-19 infection or something else, COVID-19 generally made the grieving process more difficult. We also discovered that it was simpler for participants to participate in online funeral activities when they could not physically attend the final rites of their loved ones. We can conclude that COVID-19-led constraints encouraged the creation of new burial customs, which people worldwide greatly valued.

Shades of Grief

Death may mark the end of a chapter for the deceased, but it opens several for the living. The findings reported that people mourn less when the deceased is elderly but more when they are young. Moreover, the deaths of younger ones caused stronger psychological traumas/shocks. The findings demonstrated that psychological traumas escalated during COVID-19 because many could not believe their loved ones had died, most were buried unmourned, and people missed how they used to mourn. Most family members let their feelings die inside, leading to psychological difficulties. The following narrations help us understand better the psychological effects on bereaved families:

“My father got infected during the beginning of COVID-19’s community transmission, and he swiftly infected my mother. They both died in no time, reducing our existence to nothing. My younger sister endured much pain because she could not accept reality. She was given an amulet by the faith healer we took her to, but to no avail. Eventually, we took her to a psychiatrist, who diagnosed her with a major depressive episode (MDE) and put her on medication.” (Nadima, 35, Ganderbal).

“I still live with my disbelief. I think my grandfather is still alive because of this hallucination. I often see him in my nightmares. I still dream about him, with or without medication. I no longer take things for granted. I give my family kisses before I go to sleep because I feel like it might be the final time I see them. I have learned to cope with the trauma, but it still exists.” (Reyaz, 25, Bandipora).

“After being discharged from the hospital for as many as forty days, my uncle did not know that his wife had passed away. When he found out, he was inconsolable and fell unconscious repeatedly. My father took him to a psychiatrist who put him on medication for four months.” (Aslam, 50, Srinagar).

The findings revealed that the deceased families underwent several psychological traumas. The frequency of psychological traumas among the participants increased due to the pandemic as most of them could not see the faces of their loved ones as they breathed their last or performed their last rites to their heart’s contentment. Missing the last glimpse created a sense of regret that they missed out on something vital in life. The findings further revealed that participants under review could not come out of trauma naturally but instead relied on medication and counselling. The results under this theme affirm the previously conducted researches that highlight the specific role of COVID-19 in reinforcing psychological disorders among people. For instance, The COVID-19 pandemic causes extensive and profound psychological distress and disorders, such as post-traumatic stress symptoms (PTSS) (Liu et al., 2020), insomnia (Brooks et al., 2020; Forte et al., 2020; Kokou-Kpolou et al., 2020), feeling of fear, (Ahorsu et al., 2020; Bao et al., 2020), irritability (Brooks et al., 2020), depression (Elbay et al., 2020) generalised anxiety disorder, phobias, avoidance and compulsive behaviours (Huang & Zhao, 2020), as well as physical symptoms and loss of social function (Qiu et al., 2020), and even stigma and xenophobia towards people suspected of being infected with the virus (Mamun & Griffiths, 2020). The number of reports of common psychological disorders (distress, depression, and anxiety) was higher than the number of reports of specific psychiatric diseases (psychotic disorders) (Hwang et al., 2020; Killgore et al., 2020; Li & Wang, 2020). There are also a few studies that inform us that the widespread prevalence of major infectious diseases has significant potential for psychological “contagion,” which causes general fear, anxiety, and various psychological problems in patients, their relatives, medical workers, and even residents in infected areas (Mak et al., 2010). It has also been reported that the pandemic had a more powerful psychological impact on young people than on other age groups because their life phases, such as study, job, and social life, are hit more severely by the pandemic

(Li & Wang, 2020; Pearce et al., 2021; Xiong et al., 2020). Moreover, given that loneliness is considered a psychological issue (Mathews et al., 2019; Killgore et al., 2020), and the COVID-19 pandemic intensifies social isolation, exclusion, and loneliness (Holmes et al., 2020), younger people are more prone to report loneliness than their older counterpart (Li & Wang, 2020; Mingbo et al., 2021).

Social Stigma, Exclusion and Other Related Consequences of COVID-19 for the Bereaved Families

Stigma, as a concept is deliberated upon significantly in the writings of Erving Goffman. He classified stigma into three categories: physical stigma, the stigma of character traits, and stigma based on group identity (Goffman, 1963). One of the most prominent and far-reaching effects of stigmatization is that it may deter people from seeking medical care, even if they have COVID-19 symptoms, for fear of being labelled a “plague carrier” and abandoned by their communities (Bruns et al., 2020). In a social setting where COVID-19 patients and their families are routinely ridiculed, threatened, and even physically beaten (Gil, 2021), individuals may hesitate before exposing themselves and their families to disgrace and violence. This treatment can affect persons with the disease, their caretakers, family, friends, and communities. COVID-19 was initially viewed as a life-taking force. However, it established a new regular order and a radical alteration of the pre-existing social structure with time. Due to the anxiety and shame attached to having COVID-19, the infected person initially pretended they were not favourable. Due to their status as family members of COVID-19 patients, the study participants displayed shock (from the loss of multiple family members), exclusion, stigma, and trauma. Most individuals claimed their relationships with their family and friends were strained due to being treated as COVID-19 spreaders. Thus, COVID-19 caused both the death of a large number of people as well as the loss of social capital and contact, both of which are thought to be necessary during the grieving, loss, and mourning processes. As a result, COVID-19 gave rise to the idea of “Mourning Alone,” which is highly upsetting and challenging for the bereaved; it can also be hazardous to the bereaved person’s health. The following accounts attest to the effect COVID-19 deaths had on the infected/departed’s close relations:

“COVID-19 has shattered families and killed numerous people. During a heated quarrel, my friend’s wife told him that everyone would have been safe if he had stayed indoors. The exchange got heated to the extent that it led to divorce. *Yele zuvas peth che wata, kanh chene roza kensehund* (a person forgets everything when it comes to life).” (Rahman, 60, Bandipora).

“After contracting the virus, we learned many life lessons. I sometimes felt as if we had committed some crime against humanity. People changed their routes when they saw us; shopkeepers used to plug their noses with their hands as if we smelled foul. My father did not go to the mosque to pray for months together. Willingly or unwillingly, those scenes of

social exclusion have remained with me. Since then, I have lost many friends.” (Bashir, 31, Srinagar).

“Due to lack of proper information, shame and stigma were associated with Covid infection during the first wave. Even when they had apparent symptoms, most people tried to hide them by passing them off as regular/ordinary flu. In the first wave, my father got infected. Without contacting him, I went outside to buy household essentials. To my shock, our local bread maker refused to give me bread, and I disgracefully returned empty-handed”. (Raheel, 20, Srinagar).

“My mother passed away in the SKIMS hospital in August due to coronavirus, and I got married in my mother’s absence, which to me was always inconceivable. I felt like the most unfortunate orphan. I was in the company of many, but no one could fill my mother’s place. I miss my mother and feel heartbroken whenever I see the wedding pictures!” (Ronaq, 25, Bandipora).

There has been much discussion about how the epidemic has exacerbated gender disparities, forcing women to perform even more household labour due to the changed situation (Ruppanner et al., 2020). People with other features with this group but who do not have the condition may also be stigmatised (Ballering et al., 2021). The current COVID-19 outbreak has prompted social stigma and discriminatory behaviour against people of specific ethnic backgrounds and anyone considered to have come into contact with the virus (Bhanot et al., 2021). When it comes to COVID-19, the most immediate and pertinent consequence, needless to say, is to do with the loss of family members. Besides, when an individual faces other issues with the pandemic, like increased joblessness and financial fragility, dealing with loss and the possibility of loss becomes inescapable (Walsh, 2018). Beyond the virus’ direct effects, there are indirect repercussions as people go through a period of unusually intensive family life defined by a unique set of extreme external limits. There is physical contact and intimate emotional interaction in numerous countries thanks to strict instructions to stay indoors. This results in highly effective collaborative procedures and often necessitates difficult, deliberate decisions about who is in close touch with whom, i.e., who is included inside the limit of close contact and who is excluded (Lebow, 2020).

Bereavement Support and Community Response

During the pandemic, all social relationships went through unprecedented upheavals, making people recognise the value of the neighbourhood in rural and urban settings. Whether referring to good times or bad ones, family and others play an extremely vital role in an individual’s life. The following narratives shed light on the same:

“Despite being poor, our neighbour, a trucker, bought fruits daily. He went out of his way to help us, unlike our relatives who lectured us on the phone about fighting the virus.” (Bareen, 22, Srinagar).

“In our district, the hospital administration declared my husband’s first COVID-19 death. My husband was the lone bread earner in our family. I have four daughters whom I was unable to feed. My neighbours not only fed us, but one of the families from the neighbourhood adopted my youngest daughter, who studies in 6th class.” (**Haleema, 35, Bandipora**).

“As far as community help is concerned, it was neither pleasant nor advisable. Everyone was afraid during the first wave. But none of us grudged against our relatives or neighbours, as on the main gate of our house a hoarding was installed by the municipal corporation which read “Beware of Covid-19. Do not Enter! Home under Quarantine”. So, anyone would have avoided visiting our house.” (**Qayum, 50, Srinagar**).

“Despite the COVID-19 threat, many people from our neighbourhood had assembled outside our gate, waiting for my grandfather’s dead body. We had to persuade people not to congregate. However, we needed much support during that grief, and our neighbours left no stone unturned to support us in that difficult hour.” (**Junaid, 30, Bandipora**).

“After my mother’s Janazah, we announced that days of mourning would be only for three days as per Sunnah. During those three days, we were fed by our neighbours in turns. In times of grief like these, community response matters a lot”. (**Farheen, 35, Srinagar**).

Participants highly acknowledged the role of the neighbourhood during the pandemic. Many participants narrated that pandemic revived the once-lost neighbourhood and promoted greater solidarity among the people in the study area. Additionally, while referring to the significance of the neighbourhood, the participants quoted a noteworthy *Hadith* of Prophet Muhammad (ﷺ):

Ibn’ Umar and ‘Aishah (May Allah be pleased with them) reported:

Messenger of Allah (ﷺ) said, “Jibril kept recommending treating neighbours with kindness until I thought he would assign them a share of my inheritance” (**Shaista, 40, Srinagar**: *Riyad-as-Saliheen, The Book of Miscellany, Chapter 39: Rights of Neighbors, Hadith No. 303*).

In general, social contacts and social cohesion are positively and significantly correlated with residents’ life happiness (Hale et al., 2005). In other words, a person’s neighbourhood continues to impact how happy they perceive their lives to be. Ziersh et al. (2005) found that the importance of neighbourhood-based social capital differs from person to person. For some, the neighbourhood may have no discernible positive or negative impact on their level of life satisfaction, while for others, the neighbourhood is crucial to their daily existence. The degree to which residents are compelled to invest in neighbourhood social ties determines the neighbourhood’s importance (Forrest & Kearns, 2001). We benefit from social ties in terms of enhanced health, longevity, and a sense of purpose and belonging. Numerous studies have shown that people who have positive relationships with

their family, friends, and neighbours enjoy happier, healthier lives (Cohut, 2018; Umberson & Karas Montez, 2010). The social support in the form of neighbourhood

Coping the burden of loss

During grief and loss, coping mechanisms are essential in relieving an individual's pain. Participants who lost their close kins, such as father/mother/aunt/uncle/grandparents amidst COVID-19, adopted different coping mechanisms. The findings revealed that 15 out of 21 people thought Covid-19 was a punishment from God. The majority (17 out of 21) said that praying assisted them in overcoming the issues and difficulties brought on by the loss of their loved ones during the pandemic. Similarly, they greatly benefited from seeing spiritual healers (12 out of 21) and talking to counsellors (5 out of 21). Few narrations about different coping mechanisms include:

"I am infinitely grateful to myself for having faith in me. I reassured myself that everything would be well and that my grandfather had lived a good life. My mental health continued to deteriorate daily, and I eventually had to get help since my mental health was worsening. My mother brought me to a well-known Peer (spiritual healer), who, after examining my hand, said that I might be under the influence of an evil spirit and offered me an amulet to wear. Even though I do not believe in Peers and amulets, I wore them for my mum's sake. That gave me some comfort." (Bareen, 22, Ganderbal)

"I think of my mother, aunt, and cousin's deaths every moment, happy or sad. That is life. Everyone dies. I hope they are happy. This worldly life is sad. I hope God forgives our sins and reunites us in paradise. Their deaths have strengthened me; life's problems now appear somewhat normal. My love for the world and possessions is gone. I do not appreciate bungalows, automobiles, gold, or money. *Sorey gasse fanna, yete roze bas Khoda sabun naav* (Everything will vanish; only the name of Allah shall remain)." (Aneesa, 47, Bandipora).

"After losing both my paternal grandparents, I felt orphaned. Their demise has affected our family in general and my life in particular. I cannot forget their faces. Whenever I miss them, I cry all alone and make a special Dua (prayer) for them. The prayer connects me with my grandparents." (Aiman, 27, Ganderbal).

"Our society associates depression, anxiety, or stress with religiosity. However, our religion does not work like that. Even Prophet Muhammad (ﷺ) underwent depression! When his wife and uncle died the same year who were his strong support, Mu'arrikh-e-Rasool (historians of the Prophet) named that year for the Prophet as Aam-ul-Hazn (The year of grief). Alternatively, when there was a pause in receiving revelations from Allah, Prophet Muhammad (ﷺ) underwent severe depression. Everyone is susceptible to these conditions. Thus, we must discuss mental health openly. Clinic visits are stigmatised in our society." (Aslam, 50, Srinagar).

A strong belief in God and visiting faith healers and clinics/counsellors was a reliable coping mechanism that helped participants overcome grief and loss.

Conclusion

The present study reveals that deaths due to COVID-19 have presented novel forms of challenges both in terms of individual and community response. The tension between wanting to honor the dead and avoiding the virus is evident. Community response, rituals, and symbols surrounding human existence, especially death and dying, help mourners recover. Individuals' feelings are soothed by participating in their culture's rituals, such as ceremonies, commemorations, lamentations, or other symbolic acts. In the absence of such responses, social traumas among the close family member of the deceased were quite evident. Social traumas can impact all members of society who are directly or indirectly affected by them. As a result, an individual may experience panic, helplessness, uncertainty, grief, loss, wrath, exclusion, loneliness, or alienation in such situations. The self-image of a society, that is, its values, traditions, and practices, its accepted beliefs in moral and human awareness, and its vision and worldview of other societies, can be shattered by social trauma. It breaks down the bonds that bind people and subgroups of society together. To overcome Covid protocols and restrictions, social media applications, particularly WhatsApp, effectively enabled live death rituals in which distant relatives took part marked a new form of funeral practices during the pandemic. While nothing can replace the physical presence of an individual during such times, virtual connections proved to be an effective alternative to release tension among the bereaved families noted this study. The study also found that COVID-19 ruined dignity in an individual's death and created rifts in many families. The rifts were mainly seen between husband and wife in most of the cases. Comparing the responses of young and old participants, the study indicated that young people were affected psychologically, while older participants were more affected emotionally. In addition to social and psychological consequences, several families lost their only economic support, disrupting their family life. The participants disclosed that after their loved ones were hospitalized, they were not allowed to care for them and that phone conversations were the only way to stay in touch. These calls also provided updates on the patient's health. The participants experienced several traumas due to their limited access to hospitals, and these traumas grew as more and more people became infected, many of whom were unaware that a family member had passed away. The pandemic leaves the farewell rites incomplete after a lone and helpless death due to the suspension of funeral rites and the requirement to arrange a hurried burial in the presence of a small number of family members and sealed coffins. Because certain rituals of death and dying that established meanings were ignored, it becomes harder to accept the loss. Bereaved families acknowledged that funerals, burials, and services were shortened, postponed, or held remotely (with very few people present) and that it was challenging to observe cultural or religious mourning rituals in the pandemic. They were deprived of some of the most significant rituals that generally occur after death, indicating an

anthropological breakdown regarding how people experience death, dying, and grief. In addition, due to the lockdown and social isolation, some family members felt alone and unaccompanied in their mourning. This context may affect families' grieving, increasing the likelihood of chronic bereavement. Not being able to say goodbye to their loved one, not being with the patient when it was most needed, not being able to see the deceased's body, and scarcely being able to witness typical rituals may cause a sense of disbelief and doubt that may hamper the mourning process. Not only may this add to the stress, but it can also generate anger among family members who feel cheated out by their loved one's departure.

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