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Impact of funeral practices on bereavement in times of pandemic. Moderating and interdependent effects of social and health restrictions

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ABSTRACT

As part of the international research programme 'Funeral Worlds, Bereaved Persons and COVID-19' analysing the impact of the pandemic on funeral practices and the experience of bereavement in France, Switzerland and Italy through an ethnographic and comparative approach with bereaved persons as well as professionals from the world of health, mortuary and funeral services, we present in this article the results of a complementary quantitative study. A questionnaire administered to 824 people who lost a loved one between March 2020 and March 2021 in the canton of Geneva (Switzerland) allowed us to refine a hypothetical causality between 'affected funeral practices' and 'hindered bereavement'. Three main results are detailed and discussed: the moderating effect of negotiated restrictions, the interdependence of a set of factors explaining how various restrictions influenced the separation experience, and socio-demographic effects.

KEYWORDS

Bereavement; funerary practices; COVID-19; Switzerland; quantitative analysis

As noted by several researchers (Berthod et al., 2024; Breen et al., 2022; Cherblanc et al., 2022; Stroebe & Schut, 2021), expert discourses, within months after the outbreak of the COVID-19 pandemic, predicted the deleterious effects that this health crisis would have on a range of ordinary practices and frameworks relating to the circumstances of end of life, death and bereavement. For example, Fang and Comery argued that 'given the unprecedented challenges, uncertainties and isolation resulting from COVID-19, it is not unreasonable to speculate that death, dying and bereavement could be greatly impacted' (Fang & Comery, 2021, p. 4). Anticipating the effects of social and health restrictions likely to compromise the 'normality' of pre-, peri- and post-mortem funeral practices (Cherblanc et al., 2022), a number of commentators (Petry et al., 2021; Pearce, et al., 2021) have

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postulated a resurgence in the prevalence of 'complicated forms of grief' (Tucci & Doka, 2021).

Within the framework of an ethnographic and comparative analysis of the pandemic's impact on funeral practices and the experience of bereavement in France, Switzerland, and Italy,¹ the international research programme 'Funeral Worlds, Bereaved Persons and COVID-19' has enabled us to gather data through semi-structured interviews with 200 (197) professionals from the health, mortuary and funeral fields (carers, spiritual guides, funeral operators, town hall officials) and around 60 bereaved people (57) we met between April 2020 and July 2021. At the beginning of 2021, a field opportunity arose: the possibility of carrying out a complementary quantitative survey of 824 people who had lost a close relative between March 2020 and March 2021 in the canton of Geneva (Switzerland).

Based solely on quantitative results, this article aims to make an original contribution to the debate on the effects of 'limited', 'hindered' or even 'prevented' funeral practices on mourning, while echoing the numerous studies that focus on the psychological issues of the health crisis. The research questions to which this analysis aims to provide answers are therefore the following: which pre-, peri-, and post-mortem funeral practices, in other words, ranging from end-of-life conditions to the organisation of funerals, prevented or limited by social and health restrictions, had an impact on the bereavement experience? Are there specific effects related to the socio-demographic characteristics of the deceased and the respondents?

However, inspired by the qualitative data resulting from this research, we felt it was important to address two other research questions, particularly in view of their lack of treatment or absence in the existing literature on the subject: To what extent do adjustments in restrictions over pandemic waves explain the variation in these effects? Does the impact of one restricted or prevented practice remain independent of other restricted or prevented practices?

To this end, we will first provide an overview of the literature in relation to studies conducted in the context of the pandemic. We then present the empirical materials collected and the methods of analysis followed before presenting the results that we believe make a significant contribution to the debate on the relevance of this causality. We continue by outlining why a focus on variations in the strength of restrictions within the temporal unit of the pandemic, and on the interdependent relationships among a range of factors that explain how various restrictions influenced the experience of separation, can enrich analyses of grief. We conclude this article by formulating some possible interpretations relating to the socio-demographic effects to apprehend the relationship between funeral practices and mourning, while emphasising the importance of putting disciplines in dialogue to enrich the debate.

Bereavement studies in times of pandemic: focus on end of life and funeral practices

From a general point of view, the scientific literature emphasises the central role of funeral practices in the psychological process of externalising emotions following the loss of a close relative (Fulton, 1995). These symbolic acts, rooted in cultural practices, appear to produce meaning for the bereaved (Romanoff & Terenzio, 1998), functioning as

a transitional space highlighting the irreversibility of death (Rando, 1988), as a time to honour the memory of the deceased (O'Rourke et al., 2011) and simultaneously as a starting point for rebuilding a life in the absence of the other (Kastenbaum, 2004). While, in an ordinary situation, it remains difficult to identify the concrete effects of funeral practices on the experience of mourning, their limitation or even the impossibility of carrying them out always appears to be a factor aggravating the grieving process. All in all, this explains why since the beginning of the COVID-19 crisis, the vast majority of studies have focused on the consequences of the deregulation and disequilibrium of various practices, circumscribed to a period that precedes, includes and directly follows the death.

About the end of life, Neimeyer and Lee (2022), in a quantitative study conducted in the United States among 831 people who had lost a close relative to COVID-19, show a link between the distress of not being able to be present at the end of her or his life and an increase in the prevalence of functional disabilities and dysfunctional grief. The importance of this presence with the dying on the grieving process is highlighted in several qualitative studies (Avantes de Oliveira Cardoso et al., 2020; Torrens-Burton et al., 2022). Conversely, Selman and colleagues (Selman et al., 2025), based on a quantitative survey conducted in the United Kingdom 9 months after the outbreak of the pandemic, report that the relationships between the inability to visit, spend time with, or say goodbye to friends or close relatives prior to their death and both the level of grief measured by an Adult Attitude to Grief (AGG) scale and support needs were not statistically significant.

The effects of limited or prevented funerary practices on grief experiences have also been the subject of research. According to Chen Cliff yung-Chi's (2024) North American quantitative study of 519 bereaved individuals who lost a loved one between January 2021 and June 2021, the ability to physically attend a funeral or memorial service was associated with lower levels of psychological distress, an association confirmed by other qualitative or quantitative empirical studies: the more limited the funeral practices, the more severe the bereavement appeared to be (Avantes de Oliveira Cardoso et al., 2020; Macneil et al., 2021; Torrens-Burton et al., 2022). However, a quantitative study conducted in several national contexts contradicts this. Although respondents reported a negative impact of restrictions on the ability to perform funeral practices, it showed that these impediments had no significant impact on bereavement or on the increase in symptoms of prolonged grief (Mitima-Verloop et al., 2022).

Other studies offered results on more specific elements of funeral practices. For example, the limitation on the number of people who can be present at the funeral ceremony – considered in the literature to be a risk factor that can elicit intense grief reactions (Birrell et al., 2020; Gamino et al., 2000) – has also been subject of varying analysis. Although the number of people attending funerals before and during the pandemic remains comparable (Mitima-Verloop et al., 2022), some authors consider this limitation to be a factor in worsening bereavement (Lowe et al., 2020; Torrens-Burton et al., 2022). Others, in contrast, note that a minority appreciated the relative intimacy of these situations (Bear et al., 2020). With regard to limitations on the personalisation of funeral arrangements and the ceremony itself, studies have revealed a non-significant relationship with various adjustments to bereavement (Mitima-Verloop et al., 2022) consistent with analyses preceding the pandemic context (Bolton & Camp, 1987;

K. J. Doka, 1985). The topics of choice, control, or correlatively loss of control over funeral practices have been discussed in other research conducted in the context of a pandemic. According to a quantitative study conducted in Turkey with 115 participants who had lost a close relative (Arslan & Buldukoglu, 2023), the idea of control was identified as a determining element in order for funeral practices and their associated rituals to be identified as supports for the grieving experience. Kim (2022) asserts in this sense that a loss of control – particularly observable in times of pandemic – would affect, among other factors, the ability of mourners to produce a coherent narrative of the deceased's life. Conversely, a longitudinal quantitative study conducted in the United Kingdom nuances this hypothesis (Birrell et al., 2020).

In light of these different results, it seems difficult to appreciate the consequences of the pandemic on the trajectories of mourning in situations that restrict the above-mentioned practices; a difficulty that, in fact, has been observed in many other contexts long before the start of the pandemic. Based on a rapid review of quantitative and qualitative studies conducted prior to the pandemic, Burell and Selman (2020) highlight that the effect of funeral practices on bereavement outcomes is inconclusive, a statement echoing that made by Mitima-Verloop and her colleagues: 'Empirical findings obtained prior to the pandemic are inconsistent about the relationship between funerals, grief rituals and grieving reactions' (Mitima-Verloop et al., 2022, p. 2). Nevertheless, we believe that these inconsistencies in results are more a matter of methodological issues or particular conceptions of bereavement, than of the absence of a link between funeral practices and the experience of bereavement. In one way or another, the vast majority of our participants were sensitive to the disruption of this link in the context of a health crisis. We therefore seek to contribute to the following questions: what limited or prevented funeral practices had an impact on bereavement? What socio-demographic characteristics influence this relationship? Are these effects sensitive to variations in the strength of restrictions and are they interdependent?

Field and analysis methods

Procedures

The international research programme 'Funeral Worlds, Bereaved Persons and COVID-19', which is supported by the COFUNERAIRE (ANR) and No Lonely Deaths (FNS) projects does not fall within the scope of the Law on Research on Human Beings (LRH), and therefore the collection of data within the framework of this quantitative questionnaire-based approach was not formally authorised by an ethics committee. However, we obtained authorisations to conduct this analysis from the head of the Funeral, Cemetery and Crematorium Services (SPF) as well as from the administrative councilor and magistrate of the Department of Social Cohesion and Solidarity of the City of Geneva.² According to the database available to the SPF, each person who organised all or part of the funeral via this service³ for a deceased person who died between March 2020 and March 2021 received by email or post, a letter of information and request for consent to participate in a questionnaire developed by the researchers of this research programme for the purpose of scientific analysis.

Of the 3600 people contacted, 967 questionnaires were returned. After eliminating duplicates and questionnaires with more than 20% non-response, 368 online questionnaires and 456 paper questionnaires were entered into a database ($n = 824$).

Populations

With regard to the socio-demographic characteristics of this sample (see [Appendix](#)), the age of the respondents ranges from 20 to 94 years (mean = 62.2; standard deviation = 12.5). About 61.7% are women and 38.3% are men. About 92.3% are Swiss nationals and 7.7% are of other nationalities. About 51.2% live as a couple and 48.8% alone. About 29.5% define themselves as non-confessional, 24.9% as Protestant, 40.5% as Catholic and 5.1% as having another religion. About 51.5% had a university or higher professional education (tertiary level), 45.1% had a post-compulsory diploma or elementary professional education (secondary level) and 3.4% had not gone beyond compulsory schooling (primary level). About 95.5% of the participants were the legal referents for the organisation of the funeral: 60.5% were the daughter or son of the deceased, 21.1% were the spouse, and 18.4% had other family ties (sister/brother; aunt/uncle; friend/friend; mother/father; daughter-in-law/son-in-law; granddaughter/grandson, in decreasing order). Two-thirds of the respondents had contact with the deceased more than once a week, and one-thirds had contact less than once a week in the year before the death. While 52.9% of the respondents indicated that they were prevented from physically seeing the deceased a month before their death, 78.6% confirmed that they were able to say goodbye during the last week of their life and 41.1% were physically present at the time of their death. According to the information available, 31.6% of the respondents believe that their loved one had contracted the COVID-19 virus prior to death and that in 60% of the cases death was the consequence. About 39.5% of the deaths occurred in medical-social institutions, 36.1% in a public or private hospital, 10.4% in a hospice and 14% in a private home. Regarding funeral arrangements, half of the respondents indicated that their loved ones had left arrangements for the funeral. About 47.9% felt that their choice of funeral arrangements was limited and 33.8% indicated that some desired funeral rituals could not be arranged due to restrictions related to the COVID-19 pandemic.

Statistical measurements and analysis

In order to measure the impact of end-of-life conditions and limited or prevented funeral practices on the experience of bereavement, the following questions were addressed to our respondents: did the impossibility of saying goodbye to the person present before death have an impact on your experience of bereavement? (0 = no/1 = yes); did the impossibility of saying goodbye to the deceased in the funeral home have an impact on your experience of bereavement? (0 = no/1 = yes); did the longer-than-usual time it took to organise the funeral have an impact on your experience of bereavement? (0 = no/1 = yes); did limiting the number of people allowed to be present during the funeral ceremony have an impact on your experience of bereavement? (0 = no/1 = yes); did limiting the number of people allowed to be present during the cremation or burial have an impact on your experience of bereavement? (0 = no/1 = yes); did restrictions in terms of

personalisation and choice of funeral and ceremony(s) have an impact on your experience of bereavement? The answers to these questions form the dependent variables of our statistical analysis models.

To identify possible effects linked to the variation over pandemic waves in the strength of restrictions on our dependent variables, we constructed an indicator (strong, medium, weak) of the strength of restrictions in force at the date of the deceased's death.⁴

Respondents were asked a series of questions on various dimensions associated with end-of-life conditions and the realisation of certain funeral practices. For example, with regard to end-of-life conditions, each respondent was asked to specify whether they had been prevented by restrictions linked to the COVID-19 pandemic from physically seeing the deceased during the last months of his or her life? Were they able to say goodbye during the last week of their life? Were they able to be present at the time of death? The introduction of these explanatory variables into our statistical analysis models has enabled us to verify the possible interdependence of limits relating to pre- and post-mortem practices and their effects on bereavement.

Age, sex, nationality, marital status, confession and level of education were introduced as control variables in order to measure possible effects relating to the socio-demographic characteristics of the respondents, on the one hand, and of the deceased, on the other.

Statistical analyses were conducted using SPSS 26.0 software. In order to answer our first research question – which prevented or limited pre-, peri-, and post-mortem funeral practices had an impact on the bereavement experience – we used frequency (ordinal or nominal variable) and descriptive (metric variable) analyses. To answer the second and third research questions, which deal with the effects of adjustments to restrictions over the course of the pandemic waves, on the one hand, and the factors associated with prevented or limited practices impacting the bereavement experience on the other, multivariate statistical models were conducted using binary logistic regression analyses (taking into account the non-linear distribution of response modalities on the one hand and dichotomous encoding of the dependent variables on the other).

In a first model (model I), only the relevant explanatory variables were introduced (the relevance of these variables was controlled by a conditional ascending method). In a second model (model II), control variables associated with the socio-demographic characteristics of the respondents were added in order to verify their own effect. A third model (model III) took into account the weight of the socio-demographic characteristics of the deceased. This approach was based on the observation that certain socio-demographic characteristics of the respondents – such as nationality, confession, and even level of education – were strongly correlated with those of the deceased, given their relationship to their parents.

Odds ratios were used to measure the effect of a factor at a 95% confidence interval. Statistical significance was considered (* (low) $p < 0.1$; ** P (medium) < 0.05 ; *** P (high) < 0.01), and the proportion of variance explained by the model was assessed according to the coefficient of determination index (Nagelkerke R²).

Results

The limited impact of restrictions on the grief experience

Overall, the restrictions on end-of-life conditions and post-mortem funeral practices during the pandemic did not have the predicted deleterious effects on the bereavement experience. For a large majority of the participants, the restrictions, although disrupting certain peri- and post-mortem funeral practices, did not have any particular impact. Nevertheless, 32.7% of respondents felt that the impossibility of saying goodbye to a loved one before death had an impact. In terms of post-mortem funeral practices, it is mainly the limitation of the number of people allowed to be present at the funeral ceremony that seems to have disturbed the grieving experience (38.1%), followed by restrictions in terms of personalisation and choice in terms of funerals and ceremonies (19, 7%), the limitation on the number of people allowed to be present at the cremation/burial (18.5%), the longer than normal time to organise the funeral (17.1%), and finally the impossibility of saying goodbye to the deceased in the funeral home (9.2%) (see [Table 1](#)).

In light of these results, it is the absence or limitation of social ties that appears to have had the greatest impact on the experience of grief. As one of the respondents put it:

The social distancing and the impossibility of gathering with more than five people caused us much additional grief. Indeed, it is during a bereavement that the need for contact is the most essential. We would have liked to get together with my brother, my sister, our spouses and our respective children, especially since some of them came from the other end of Switzerland. Everyone went home and it was very difficult emotionally speaking. (67 year old woman who lost her father at the end of March 2020)⁵

This result, in congruence with other research (Lowe et al., 2020; Torrens-Burton et al., 2022), confirms to some extent the importance of the role of the collective and social resources in the experience of bereavement. This focus on the deregulation of post-mortem funeral practices should not, however, obscure the fact that end-of-life conditions, particularly those related to limitations or impediments to saying goodbye to the deceased before death, appear to be equally important. One-third of the participants felt that it was the end-of-life conditions, particularly those relating to the impossibility of accompanying the deceased during the last moments of his or her life, that had a significant effect on their experience of bereavement.

In more detail, the multivariate analysis highlights that this relationship is particularly strong when this impossibility prevented respondents from saying goodbye to the deceased during the last weeks of life. When this was the case, the prevalence of considering limitations concerning end-of-life conditions as having an impact on bereavement is multiplied by eight. Both the possibility of maintaining a relationship during

Table 1. Univariate analyses: impacts on bereavement regarding limitations in peri- and post-mortem burial practices.

Peri-, and post-mortem practices	Impact on grief
the impossibility of saying goodbye to the deceased in the presence before her or his death	32.7%
the impossibility of saying goodbye to the deceased in the funeral home	9.3%
the longer than ordinary time to organize the funeral	17.1%
the limitation of the number of persons permitted to be present at the funeral ceremony	38.1%
the limitation of the number of persons authorized to be present during the cremation or burial	18.5%
the restrictions on personalization and choice in matters of funerals and ceremonies	19.7%

the year or months preceding the death and the presence at the time of death appear to be three elements that are less determining but not without significant effect. Note that the nature of the relationship to the deceased has an impact here. Unlike any other relationship, when the deceased was a parent, mother or father, the effect of this limitation is even more pronounced.

All other things being equal, this relationship seems to depend, according to this analysis model, on the fact that, on the one hand, the deceased had contracted the COVID-19 virus before his death – which seems congruent with the idea that, in this type of case, regardless of the temporal context, the limitations were all the more applied – and that, on the other hand, the deceased had not left any specific arrangements concerning the organisation of his funeral. Finally, it should be noted that the socio-demographic variables of the respondent and the deceased, such as age, sex, marital status, confession and level of education, have no effect on this relationship. On the face of it, these results demonstrate that the relative limitations or impediments of peri- and post-mortem practices in times of pandemic do affect bereavement. It remains to be demonstrated to what extent the deregulation of these practices and their effect on bereavement were indeed related to the implementation of social and health restrictions.

The strength of social and health restrictions and its moderating effect

Bivariate analyses crossing our dependent variables with the strength of the restrictions in force at the date of the deceased's death⁶ confirm the following hypothesis: the stronger the restrictions, the more the deregulation of peri- and post-mortem practices had an impact on bereavement. This appears to be particularly true when we consider the restrictions relating to end-of-life conditions (Cramer's $V = 0.25^{***}$), the presentation of the body in a funeral home (Cramer's $V = 0.28^{***}$) and the possibilities of personalisation and choice concerning the organisation of ceremonies and funerals (Cramer's $V = 0.31^{***}$) (see Table 2).

A second observation must be emphasised here. When the restrictions were strong and particularly constraining, the limitations relating to the end of life or the impossibility of saying goodbye to the deceased in the funeral home had a particularly strong impact on the bereavement. However, when these restrictions were of moderate strength, the significance of these relations no longer holds. This hypothesis of a moderating effect of

Table 2. Bivariate analyses: impacts of restrictions on peri- and post-mortem burial practice limitations.

Peri-, and post-mortem practices	Strength of restrictions (low, medium, high)	
	V of Cramer	N
the impossibility of saying goodbye to the deceased in the presence before her or his death	0.25***	622
the impossibility of saying goodbye to the deceased in the funeral home	0.28***	609
the longer than ordinary time to organize the funeral	0.18***	623
the limitation of the number of persons permitted to be present at the funeral ceremony	0.20***	622
the limitation of the number of persons authorized to be present during the cremation or burial	0.20***	602
the restrictions on personalization and choice in matters of funerals and ceremonies	0.31***	617

restrictions is confirmed both by multivariate analyses using logistic regression models and by qualitative data:

The bottom line is that in my misfortune of losing my husband to cancer, COVID-19 was on the wane and the restrictions had eased, I was able to visit my husband every day at the clinic. I know I was very lucky. [...] I thank the clinic where he was, because they were very understanding and I did not suffer from the restrictions. (77-year-old woman who lost her spouse in August 2020)

This allows us to answer our second research question with a certain degree of confidence: it is clear that the restrictions applied within the health and funeral worlds had an effect on the experience of mourning, but only when they were strong. When they were (re)negotiated, their effect tended to diminish or even disappear. This relation is also true in all cases, whether we consider the impact of the longer time it takes to organise the funeral, the limitation on the number of people authorised to be present at the cremation/inhumation, or the limitations on personalisation and choice concerning the organisation of the funeral.

The only case in which this effect is no longer verified concerns the limitation on the number of people allowed to be present at funeral ceremonies. As several scientific articles have pointed out (Albuquerque et al., 2021; Walter, 1996), this could be explained by the fact that, in addition to the variations in the number of people allowed to be present at these ceremonies, the social distances preventing a whole series of compassionate gestures during these moments of collective sharing – which are little affected by successive variations in the restrictions over time – acted as a factor explaining the effect of this limitation on the experience of mourning more widely.

The interdependence of limitations on pre- and post-mortem funeral practices and their effects on grief

A second finding should be noted. According to the logistic regression models, a result appears that, to our knowledge, has never been discussed in the scientific literature on the effects of the pandemic on bereavement. As the results of one of these models suggest (Table 3), the impossibility of saying goodbye to the deceased in the funeral home and its effect on the experience of bereavement depends, to some extent, on the limitations of the end-of-life conditions. Being prevented from physically seeing the deceased during the last months of life and being prevented from saying goodbye during the last weeks of life increases the prevalence of considering the inability to say goodbye to the deceased in the funeral home as having an impact on grief.

This relationship is also true for other funeral practices. When the respondents consider that the longer than usual duration of the funeral arrangements had an impact on their experience of bereavement, they do so in relation to the limitations specific to end-of-life conditions. In the same way, the evaluation of the effect of the limitations in terms of personalisation and choice concerning the organisation of the funeral follows the same logic. It should be emphasised here that limits on pre- and post-mortem practices, when it comes to measuring their effect on bereavement, are not independent of each other. The painful experience of being prevented from ‘accompanying’ someone at the end of life

Table 3. Factors associated with not being able to say goodbye to the deceased in the funeral home.

		Model I	Model II	Model III
n		577	539	552
Strength of restrictions by date of death	Low restrictions (Ref.)			
	Medium restrictions	1.4	1.12	1.13
	Strong restrictions	5.12**	6.42**	5.07**
Prevented from seeing the deceased person physically during the last months of life	No (Ref.)			
	Yes	2.17*	2.41**	1.77
Having been able to say goodbye to the deceased during the last weeks of life	Yes (Ref.)			
	No	2.71***	2.87***	2.34**
The deceased had contracted the COVID-19 virus	No (Ref.)			
	Yes	1.63	1.95*	1.71
Non-organization of some funeral rituals due to restrictions related to the COVID-19 pandemic	No (Ref.)			
	Yes	4.09***	3.84***	4.77***
Constant		0.08	0.001	0.005
R-two		0.3	0.38	0.34
Control variables (respondent)				
Age classes	From 20 to 64 years old (Ref.)			
	From 65 to 79 years old		2.54**	
	80 years and older		5.59**	
Sex	Woman (Ref.)			
	Man		1.125	
Nationality	Swiss (Ref.)			
	Other nationalities		2.91*	
Marital status	Single (Ref.)			
	In couple		2.08*	
Confession	Without confession (Ref.)			
	Protestant		2.07	
	Catholic		2.94**	
	Other confessions		2.89	
Level of education	Secondary degree I and II (Ref.)			
	Tertiary degree		0.93	
Control variables (deceased)				
Age classes	From 1 to 79 years old (Ref.)			
	80 years and older			0.75
Sex	Woman (Ref.)			
	Man			1.23
Nationality	Swiss (Ref.)			
	Other nationalities			1.84
Marital status	Single (Ref.)			
	In couple			0.51
Confession	Without confession (Ref.)			
	Protestant			1.763
	Catholic			2.45
	Other confessions			0.8
Level of education	Secondary degree I (Ref.)			
	Secondary degree II			1.474
	Tertiary degree			0.89

The coefficients represent the odds ratios.

Statistical significance: * $p < 0.1$; ** $p < 0.05$; *** $p < 0.01$.

Source: Grief and Ceremonies in a Time of Pandemic.

has repercussions on the respondents' self-assessment of the impact of limitations on post-mortem funeral practices.

Age effects, education level effects and nationality effects

When considering the relation between the impossibility of saying goodbye to the deceased in the funeral home and its effects on grief, it is influenced by certain sociodemographic variables characterising the respondent. Age plays a role. From the age of 65 and above, it can be seen that the older the respondent, particularly those over 80, the more this limitation seems to have disturbed the experience of mourning. Certainly, the elderly, considered in the context of the pandemic from the point of view of their vulnerability, were particularly exposed to the consequences of the social and health restrictions. Limitations, impediments and impossibilities to carry out funeral practices have been imposed on them more acutely. However, more than a simple age effect, this could be the expression of a generation effect. As Burell and Selman (2020) argue, the benefit of ritual depends on the ability of the bereaved to perform rituals that are meaningful to themselves.

Age is not the only socio-demographic variable that deploys these effects according to our analytical models. The effect of the respondent's nationality and level of education can be observed in the relationship between limitations on personalisation and choice in funeral organisation and their impact on the experience of mourning.

The limitation in terms of choice concerning the organisation of the funeral was particularly felt in our study by respondents who were not of Swiss nationality and by those with a high level of education. These effects call for some interpretative reflections. Choices about health and nutrition, to take just one example, are partly conditioned by social determinants. Obviously, funeral choices are also conditioned by social determinants. High levels of education are generally associated with equivalent levels of economic resources, resources that allow for a wider range of choices. It is therefore not unreasonable to hypothesise that limitations in this area have more directly affected those who have the means to carry them out.

The effect of nationality, particularly in a canton where more than 40% of the population is made up of foreigners, must be emphasised again. As many bereavement specialists remind us (Fulton, 1995; O'Rourke et al., 2011; Romanoff & Terenzio, 1998), the meaning of funeral practices and their beneficial effect on the bereavement experience remain dependent on cultural norms. This aspect is corroborated by the words of this grieving person:

I would have liked that for the Muslim rite some accessories could have been present, notably the green sheet embroidered with golden Koranic verses. The imam did not bring it. I found it very violent not to have been able to bury my father according to the Muslim rite, that is to say the day after his death [. . .] It was a family trauma to know that he was in the funeral room for almost 10 days [. . .] If we had been able to transfer him to Turkey, he would have been buried within 24 hours after his death, whereas Turkey had harsher sanitary restrictions than Switzerland. (47 year old woman of Turkish nationality who lost her father on March 19, 2020)

Between more limited funeral practices, prevented family reunions and important restrictions in terms of repatriation of bodies, a part of the respondents of foreign nationality

socialised to other cultures and other religious referents seem to have been more disturbed in their mourning in the context of the pandemic.

Discussion

If there is one characteristic shared by most studies of bereavement in times of pandemic, it is a focus on the consequences of social and health restrictions on a set of pre-, peri- and post-mortem funeral practices and their effects on the prevalence of complicated forms of bereavement. This focus on a probable increase of ‘complicated grief’ has, however, produced highly variable and sometimes contradictory results concerning the effects relating to a deregulation or disorganisation of funeral practices.

In addition, the ambition to account for these phenomena on a national geographic scale has its advantages, but it mostly overlooks the fact that the formal and practical application of restrictions in the different waves of the pandemic was subject to many variations. These are not only temporal, but also spatial. Different regions within the same national entity applied the restrictions differently – a fact that is particularly salient in the context of Switzerland and its federalism – thus limiting the scope of analyses carried out on a national scale. Grieving, while often viewed as an individual process, is always dependent on a broader social and environmental context. Thus, one of the advantages of our study lies in a contextualisation that has allowed us to take into account with greater precision the variation in the application of restrictions according to well-defined periods of the pandemic and a well-identified geography. Clearly, these two elements make it possible to analyse the impact of the restrictions without presuming their consequences on the prevalence of complicated forms of grief within a circumscribed geographical context. In other words, they allow for a different appreciation of the relation between ‘affected funeral practices’ and ‘hindered mourning’.

The highlighting of the moderating effect of restrictions within the temporal unit of the pandemic offers a first demonstration of this. This result makes it possible to evaluate the role played by a diversity of actors in the health and funeral worlds – the scope of which has been discussed by our research team in another article (Charrier et al., 2023) – who, over time, searched for a compromise between measures protecting themselves from the virus, and more broadly from its spread, and the possibility of carrying out funeral practices that were certainly limited but still meaningful for the bereaved. Burell and Selman (2020) have particularly emphasised the centrality of funeral professionals in the construction of this meaning, as have other studies conducted in the context of the pandemic (Lowe et al., 2020; Torrens-Burton et al., 2022).

This hypothesis, which is congruent with the results of our study, could be extended to health and mortuary professionals who also, through compromise, resistance and empathy, moderated the effect of restrictions on the possibility of accompanying an end of life. The notion of ‘chance’ that we have developed elsewhere (Berthod et al., 2024) offers another key to understanding the experience of bereavement, particularly when the restrictions have been moderated and negotiated. In other words, it highlights the role of professionals, which appears to be decisive in understanding the link that may exist between funeral practices and the experience of mourning. But this is not its only advantage. At a time when psychologising approaches to bereavement have taken hold and make the subject the main actor in this process (Clavandier, 2009), it is appropriate to

emphasise the reflexive capacity shown by the bereaved; to highlight their ability to act and to imagine creative and innovative alternatives in order to derive meaning from their hindered experiences, commensurate with the perceived need for social and health protections.

Another point that our approach highlights, and which calls for further studies, is that considering the effects of social and health restrictions on end-of-life conditions or on post-mortem funeral practices independently does not allow us to grasp their full extent. Examining one without the other limits the scope of the results. In a socio-cultural context where mourning, according to current standards of 'dying well' or 'good death' (Castra, 2003) or perhaps more precisely 'la mort en soi' (J. H. Déchaux, 2001), takes shape not after death but within the broader framework of support for the dying and the dead, it does not seem unreasonable to argue that the way in which each individual constructs meaning has effects on the perception of the place, forms and significance of funeral practices on the experience of mourning.

If we may borrow from the life-course paradigm, the notion of 'cumulative effects' (Dannefer, 1987) seems to us to offer a theoretical framework capable of supporting this hypothesis. Although the time scale in our case is not that of a lifetime but of the study of the preliminary phases of a bereavement, and there is no question here of suggesting an accumulation of social inequalities during the different stages of the life course, the fact remains that the sum of the effects preventing or limiting pre-, peri- and post-mortem funeral practices influencing the experience of bereavement is not equal to the effect of these restrictions studied in isolation.

If we follow this conceptual grid specific to the field of gerontology, and more particularly according to the conceptualisation proposed by White Riley (1973), age effects and even generation effects appear in the context of our study. With regard to the former, people over 80 years of age were obviously, given their vulnerability to this virus, more severely limited by various restrictions on the possibilities of living or participating in a set of pre-, peri- and post-mortem practices considered important resources for coping with the death of a close relative. In a context marked by a process of funeral transition and, more broadly, a redefinition of the symbolic order of our relationship to death (J.-H. Déchaux, 2000; Walter, 1994), the importance given to certain forms of social and collective regulation associated with the performance of funeral practices as symbolically performative stages in the experience of mourning is undoubtedly felt and applied differently according to the generational anchorage of the respondents. While this hypothesis remains to be confirmed, the fact remains that the question of age, a datum often absent from clinical and psychological studies on bereavement, plays a non-negligible role given the significant variations in individual and collective relationships to bereavement and the evolution of the forms of social regulation associated with funeral practices.

Another effect highlighted in our research is specific to the nationality of the respondent. It raises other questions. According to the conceptualisation proposed by K. J. Doka (1989) concerning the problems related to the idea of 'disenfranchised grievance', the question remains to know if the restrictions elaborated to limit the diffusion of the virus and to protect health and funeral professionals from a possible contamination, and more particularly their negotiation over time so that – at least – even minimalist and limited funeral practices can keep their significance, have not been thought out according to an ethnocentric cultural model. To what extent was their implementation detrimental to

those who did not belong to this culture of reference? As O'Rourke and colleagues (2011) remind us, funerals are a fundamental component of cultural and religious systems.

Limitations and perspectives

This research must also take into account its limitations. The questionable representativeness of this sample, which underestimates the point of view of foreigners, bi-nationals, Swiss of foreign culture and populations with a lower level of education, does not allow us to capture the extent of the phenomenon during a pandemic. Moreover, the strong regional context of this study makes it difficult to generalise these results to a national scale. The situation in the Canton of Geneva, for example, in terms of both the number of deaths and the application of restrictions, is very different from the conditions in the Italian-speaking part of Switzerland. This is even more so when compared to the international level. The application of health and funeral restrictions in Switzerland has been much less restrictive than that identified in the French context, the most emblematic of which is that of 'immediate casketing'.

In addition, given the cross-sectional nature of our data, and the fact that the effect of restrictions is measured in a punctual manner and limited to funeral practices at the end of life and the organisation of funerals, it is difficult to discuss their impact on the experience of bereavement, whose varied and plural temporalities must be studied over a long period of time. Caution is therefore called for, and calls for future verification of the statistical inferences highlighted by the present study. Furthermore, considering the notion of impact without indexing it to a measure of complicated forms of grief limits our ability to inform a large-scale public health problem, which we do not wish to ignore. We are also aware that this study opens up more questions than it solves.

Conclusion

By way of conclusion, this article has shown: that the effects of the disruption of pre-, peri- and post-mortem funeral practices caused by the context of the pandemic on the experience of mourning are moderate, interdependent and sensitive to spatial and temporal variations in the concrete application of socio-sanitary restrictions; that age, nationality, level of education, in other words social characteristics, influence the individual perception of this relationship. It also emphasises the importance of not neglecting the creative and adaptive capacities of the bereaved on the one hand, as well as the interpersonal and intersubjective context of the experience of grief on the other. On a more general level, it questions the usefulness of approaching mourning solely in terms of an egocentric and normalised processual conceptualisation of it. Considering mourning as the expression of intense emotional moments caught in more ordinary social relationships, according to the image of a dotted curve (Berthod, 2018) could better inform the links between funeral practices and mourning. Indeed, even if the duration of a bereavement remains difficult to determine (Berthod & Magalhães de Almeida, 2011), it depends less on a linear, potentially degressive measure of the emotional intensity of grief, operationalised by a set of somatic, psychological, cognitive, behavioural, and social reactions than on a potentially indefinite succession of contexts likely to generate greater or lesser intensity of the experience of loss and, consequently, of the state of grief. For the resulting experience is always embedded in a 'relational landscape' (Berthod, 2014). In other words, it is the consideration of this

positioning influenced by both psychic, social and contextual factors in a given relational configuration that seems most likely to offer a comprehensive vision of the causal links between funeral practices and mourning experiences.

Notes

1. The 'No Lonely Deaths' project was funded by the Swiss National Science Foundation (SNSF; no. 195922, August 2020 - January 2022) and the 'COFUNERAIRE' project was funded by the French National Research Agency (<https://anr.fr/Projet-ANR-20-COVI-0086>).
2. We would like to thank the Administrative Councillor and Magistrate of the Department of Social Cohesion and Solidarity of the City of Geneva, the Head of the Funeral, Cemetery and Crematorium Services, as well as the staff of this service, without whom this quantitative survey could not have been conducted.
3. The funeral market in Geneva is divided between two private operators and one public operator: the SPF. This public service offers a free funeral service to residents living in the City of Geneva at the time of death. As the sole manager of the Canton's only crematorium, it charges for this service to private actors organising funerals for residents of other communes in the Canton. The geographical unit of the survey field is therefore the Canton of Geneva.
4. The variation of these restrictions was constructed from data collected in the field through observations and interviews during the qualitative phase of this research and according to internal or official documents concerning the evolution of these constraints at the sanitary and funerary level applied in the canton of Geneva.
5. Some questionnaire respondents expressed a desire to take part in a semi-structured interview (25) or answered an open question at the end of the questionnaire in order to give a more detailed account of their experience. All the verbatim quotations in this article come from these sources.
6. Each of these relations being statistically significant according to a measure of the Cramer's V test for comparing the strength of the relationship between two categorical variables.

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Philippe Charrier is Professor of Sociology at Nantes University and a researcher at the Centre Nantais de Sociologie. His work focuses on professional support at birth and the newborn babies reception conditions in different birthplaces. He has worked in particular on perinatal death and the professional support of people who have experienced this event, as well as the funerary treatment of the bodies of stillborn babies. He took part in the COFUNERAIRE research project on the impact of the COVID-19 pandemic on mourning and funeral practices. Recently, he has published several articles on this issue with the COFUNERAIRE and NO-LONELY DEATH researches projects team, including “Ne pas rompre la trajectoire des corps morts. Articulations professionnelles durant la pandémie de Covid-19”, with Gaëlle Clavandier, Marc-Antoine Berthod, Martin Julier-Costes, Verónica Pagnamenta, Alexandre Pillonel, in *Sociologie* (2024, vol.14, p.157-173).

Gaëlle Clavandier, sociologist and anthropologist, is a professor at Jean Monnet University and a researcher at CMW. Her work focuses on the evolution of the relationship with death and the study of funeral transitions. She has recently conducted several research projects on perinatal deaths, deaths in crisis contexts, and the trajectory and fate of human remains. Her books *Sociologie de la mort* (Armand Colin, 2009) and *La mort collective. Pour une sociologie des catastrophes* (CNRS Éditions, 2004) are references in French-language scientific literature. During the Covid-19 pandemic, she coordinated with Marc-Antoine Berthod the research project *Mondes funéraires, personnes endeuillées*, including the COFUNERAIRE project funded by the French National Research Agency (2020-2022), and edited two special issues with Finn Stepputat and Graham Denyer Willis, “Burial and the politics of dead bodies in times of COVID-19,” in *Human Remains and Violence* 7(2) and 8(1). His recent articles include: “From technical measures to moral obligations: The management and fate of fragmented human remains following disasters”, *Death Studies*, 2022, 47(6), 655-665; “Managing and reburying ancient human remains in France: from legal and ethical concerns to field practices,” in E. Schotsmans, C. Knüsel (eds.), *The Routledge Handbook of Archaeoethnology*, Routledge, 2022, 636-649.

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Appendix

Table A1. Socio-demographics characteristics of respondents and deceased persons.

Characteristics of respondents			
Age	Mean	SD	Min-Max
Age (years)	62.2	12.5	20–94
	n	%	
Age Classes			
20 to 64 years old	432	58.2	
65 to 79 years old	247	33.2	
80 years and older	64	8.6	
Gender identity			
Female	460	61.7	
Male	286	38.3	
Other	0		
Nationalities			
Swiss nationals	671	92.3	
Other nationalities	56	7.7	
Marital status			
Single			
In couple			
Confession (Religious beliefs)			
No	220	29.5	
Protestant	186	24.9	
Catholic	302	40.5	
Other	38	5.1	
Highest qualification			
University or higher professional education (tertiary level)	381	46.2	
Post-compulsory diploma or elementary professional education (secondary level)	334	40.5	
Compulsory schooling (primary level)	25	3	

(Continued)

(Continued).

Characteristics of respondents

Characteristic of the deceased person

Age			
Age (years)	84	13.5	1-107
Age Classes			
1 to 79 years old	185	25.8	
80 years and older	534	74.2	
Gender			
Female	375	52.2	
Male	344	47.8	
Nationality			
Swiss national	593	84.1	
Other nationalities	112	15.9	
Marital status			
Single	435	61.1	
In couple	277	38.9	
Confession			
No	127	17.8	
Protestant	232	32.6	
Catholic	318	44.6	
Other	36	5	
Level of education			
University or higher professional education (tertiary level)	114	16.4	
Post-compulsory diploma or elementary professional education (secondary level)	203	29.2	
Compulsory schooling (primary level)	378	54.4	