

# **THE ABSENCE OF RITUALS IN DYING, DEATH AND BEREAVEMENT: AN INTERPRETATIVE PHENOMENOLOGICAL STUDY**

By

Zoe Maria McPherson

A thesis submitted in full fulfilment for the requirements for the degree of  
Professional Doctorate in Psychotherapy Studies  
at the University of Central Lancashire.

November 2025

# RESEARCH STUDENT DECLARATION FORM

**Type of Award:** Professional Doctorate in Psychotherapy Studies

**School:** Health, Social Work and Sport

## **1. Concurrent registration for two or more academic awards**

\*I declare that while registered as a candidate for the research degree, I have not been a registered candidate or enrolled student for another award of the University or other academic or professional institution

## **2. Material submitted for another award**

\*I declare that no material contained in the thesis has been used in any other submission for an academic award and is solely my own work

## **3. Collaboration**

Where a candidate's research programme is part of a collaborative project, the thesis must indicate in addition clearly the candidate's individual contribution and the extent of the collaboration.

Please state below: N/A

## **4. Use of a Proof-reader**

\*No proof-reading service was used in the compilation of this thesis.

**Signature of Candidate:** Z McPherson

**Print name:** Zoe M McPherson

# ABSTRACT

Death is an inevitable aspect of human existence, and rituals play a crucial role in supporting individuals as they navigate the complexities of grief. Grief often leaves individuals feeling powerless and destabilised; engaging in rituals offers a means of actively participating in mourning, promoting a sense of structure and purpose. Tradition is at the core of rituals, which provides symbolic meaning and helps individuals contextualise their experiences of loss.

This thesis examines the lived experiences of ten individuals from the Northwest of England who were denied access to traditional rituals surrounding death during the Covid-19 pandemic. Rituals, understood as recurring social practices imbued with symbolic significance and enacted in specific settings, provide a framework for processing grief. By exploring the narratives of these participants, this research sought to understand the emotional and psychological impact of being deprived of familiar mourning practices.

Utilising Interpretative Phenomenological Analysis (IPA), in-depth interviews were conducted with participants who experienced the death of a significant person between March 2020 and March 2021. The participants reported at least one of the following disruptions: being absent from the dying individual, an inability to say goodbye and/or view the body, restrictions on funeral attendance or guest numbers, and limitations on communal grieving with family and friends. The analysis revealed five Group Experiential Themes: Farewells Unresolved: Navigating the Complexity of Goodbye; Eternal Embrace: A Lifetime Condensed into a Day of Farewell; Remembering, Reflecting, and Celebrating

Lives; Beyond Goodbye: Nurturing a Continuing Relationship with the Deceased; Restrictions and Relationships.

These findings show what ritual absence means for individuals who have experienced the death of a loved one and give us a better understanding of the existential and psychological challenges they face. The study contributes to knowledge in two key ways: it enhances understanding of the significance of rituals in bereavement and serves to highlight the potential complications that arise when these rituals are absent due to external constraints, such as those faced during the pandemic. These findings have implications for professionals working with the bereaved, enabling them to provide informed support to clients experiencing disruption to traditional mourning practices.

*Keywords: bereavement, grief, rituals, Covid-19, death, mourning, loss, interpretative phenomenology*

# TABLE OF CONTENTS

|   |   |
|---|---|
| RESEARCH STUDENT DECLARATION FORM                   | .... <b>Error! Bookmark not defined.</b>  |
| ABSTRACT  | ..... 3                                   |
| TABLE OF TABLES AND FIGURES                         | ..... 12                                  |
| ABBREVIATIONS                                       | ..... 13                                  |
| ACKNOWLEDGEMENTS                                    | ..... 14                                  |
| DEDICATION  | ..... 15                                  |
| CHAPTER 1: INTRODUCTION                             | ..... 16                                  |
| 1.1 Context   | ..... <b>Error! Bookmark not defined.</b> |
| 1.2 Aim of the Research                             | ..... 17                                  |
| 1.3 Expected Outcomes                               | ..... 18                                  |
| 1.4 Overview of the Structure of the Thesis         | ..... 18                                  |
| CHAPTER 2: LITERATURE REVIEW                        | ..... 20                                  |
| 2.1 Introduction                                    | ..... 20                                  |
| 2.2 Literature Search Strategy                      | ..... 21                                  |
| 2.3 Inclusion and Exclusion of Literature           | ..... 22                                  |
| 2.4 In-Depth Analysis of Grief                      | ..... 23                                  |
| 2.4.1 Conceptual Frameworks for Understanding Grief | ..... 25                                  |
| 2.5 Classic and Contemporary Theories of Grief      | ..... 27                                  |
| 2.5.1 Freud   | ..... 28                                  |
| 2.5.2 Bowlby  | ..... 30                                  |
| 2.5.3 Parkes  | ..... 31                                  |
| 2.5.4 Rando   | ..... 32                                  |
| 2.5.5 Kübler-Ross                                   | ..... 33                                  |
| 2.5.6 Klass   | ..... 35                                  |
| 2.5.7 Worden  | ..... 36                                  |
| 2.5.8 Stroebe & Schut                               | ..... 38                                  |
| 2.6 The Different Manifestations of Grief           | ..... 42                                  |
| 2.6.1 Uncomplicated Grief (UG)                      | ..... 42                                  |
| 2.6.2 Anticipatory Grief (AG)                       | ..... 43                                  |
| 2.6.3 Ambiguous Grief (AMG)                         | ..... 44                                  |

|   |    |
|---|----|
| 2.6.4 Prolonged Grief Disorder (PGD).....   | 45 |
| 2.7 Ritual revision and Revision Culture.....   | 47 |
| 2.7.1 Impact of Changing Covid-19 Restrictions .....  | 48 |
| 2.7.2 Rituals as Potential Complications in Grief.....  | 49 |
| 2.7.3 Pandemic and the Future of Rituals .....  | 49 |
| 2.7.4 Are Rituals Necessary for Managing Grief Well?.....   | 49 |
| 2.8 Bereavement Interventions .....   | 50 |
| 2.8.1 Psychotherapeutic Approaches .....  | 50 |
| 2.8.2 Alternative and Community-Based Support.....  | 50 |
| 2.8.3 Coping Strategies in Bereavement.....   | 51 |
| 2.8.4 Emotional Coping .....  | 51 |
| 2.8.5 Behavioural Coping .....  | 51 |
| 2.8.6 Cognitive Coping .....  | 51 |
| 2.9 The Role of Social Support Systems in Bereavement.....  | 51 |
| 2.9.1 Family and Friends.....   | 51 |
| 2.9.2 Professional and Institutional Support.....   | 52 |
| 2.9.3 Cultural Sensitivity in Bereavement.....  | 52 |
| 2.9.4 Cultural Variations in Mourning Practices .....   | 52 |
| 2.9.5 The Impact of Globalisation on Bereavement.....   | 52 |
| 2.10 Journeying Beyond Mortality: Death Rituals and Cultural Practices .....                                  | 53 |
| 2.10.1 Rituals Across Cultures .....  | 54 |
| 2.10.2 The Role of Rituals in Grieving.....   | 55 |
| 2.11 Encountering Mortality: Exploring the Rital of Viewing the Deceased Across Cultures and Traditions ..... | 56 |
| 2.11.1 The Role of Viewing the Deceased in Grieving.....  | 57 |
| 2.11.2 Cultural Perspectives on Viewing the Deceased .....  | 57 |
| 2.11.3 Psychological Impact of Disrupted Rituals.....   | 58 |
| 2.11.4 Adapting Rituals in the Face of Disruption .....   | 58 |
| 2.12 Beyond the Grave: A Cultural Examinations of Funeral Practices and their Social Implications.....        | 59 |
| 2.12.1 The Social Role of Funerals .....  | 60 |
| 2.12.2 Cultural Variations in Funeral Practices.....  | 61 |
| 2.12.3 Adapting Funeral Practices.....  | 62 |

|   |    |
|---|----|
| 2.13 Legal Implications and Adaptations: Examining Changes in Death Rituals<br>Amidst the Covid-19 Pandemic ..... | 63 |
| 2.14 Summary .....  | 64 |
| CHAPTER 3: METHODOLOGY .....  | 68 |
| 3.1 Introduction.....   | 68 |
| 3.2 Epistemological Position .....  | 69 |
| 3.3 Critical Realism .....  | 69 |
| 3.4 Theoretical Framework: Symbolic Interactionism .....  | 70 |
| 3.5 Interpretative Phenomenological Analysis (IPA).....   | 70 |
| 3.5.1 The Role of Interpretation.....   | 70 |
| 3.6 Phenomenology .....   | 71 |
| 3.7 Hermeneutics .....  | 71 |
| 3.8 Idiography .....  | 71 |
| 3.9 Reflexivity: Separating Therapist and Researcher .....  | 72 |
| 3.10 Limitations of IPA.....  | 72 |
| 3.11 Alternative Methodologies.....   | 72 |
| 3.12 Quality Measures .....   | 73 |
| 3.13 Counselling, Psychotherapy, and IPA.....   | 73 |
| CHAPTER 4: METHOD.....  | 75 |
| 4.1 Introduction.....   | 75 |
| 4.2 Design .....  | 75 |
| 4.3 Sampling Strategy .....   | 76 |
| 4.4 Recruitment Strategy.....   | 77 |
| 4.5 Experience of the Recruitment Process .....   | 78 |
| 4.5 The Interview.....  | 79 |
| 4.6 Participants.....   | 80 |
| 4.6.1 Participant Summaries .....   | 81 |
| 4.7 Ethical Approval.....   | 84 |
| 4.8 Ethical Issues .....  | 84 |
| 4.8.1 Informed Consent.....   | 84 |
| 4.8.2 Confidentiality.....  | 85 |
| 4.8.3 Participant Autonomy .....  | 85 |

|   |     |
|---|-----|
| 4.8.4 Right to Withdraw .....   | 85  |
| 4.9 Potential for Participant Distress .....  | 85  |
| 4.9.1 Measures to Minimise Distress.....  | 86  |
| 4.10 Informed Consent.....  | 87  |
| 4.11 Confidentiality .....  | 88  |
| 4.12 Data Collection .....  | 89  |
| 4.12.1 Semi-Structured Interviews .....   | 89  |
| 4.12.2 Characteristics of IPA .....   | 90  |
| 4.12.3 Conduct of Interviews .....  | 90  |
| 4.12.4 Chronological and Inductive Approach .....   | 93  |
| 4.13 Data Analysis.....   | 93  |
| 4.13.1 Transcription and Familiarisation.....   | 93  |
| 4.13.2 Steps in IPA Analysis .....  | 94  |
| 4.13.3 Presentation of Findings.....  | 96  |
| 4.14 Trustworthiness and Ensuring Methodological Rigour.....  | 97  |
| 4.14.1 Key Elements of Trustworthiness .....  | 97  |
| 4.14.2 Methodological Rigour.....   | 98  |
| 4.14.3 Reflection on Rigour in Practice .....   | 99  |
| 4.15 Reflexivity.....   | 100 |
| 4.15.1 Researcher Affiliation and Insider Perspective .....   | 101 |
| 4.16 Summary.....   | 102 |
| CHAPTER 5: FINDINGS .....   | 104 |
| 5.1 Introduction.....   | 104 |
| 5.2 Group Experiential Theme Overview.....  | 106 |
| 5.3 Group Experiential Theme One: Farewells Unresolved; Navigating the<br>Complexity of Goodbye .....   | 108 |
| 5.3.1 Denial of the Death.....  | 108 |
| 5.3.2 Unseen Goodbyes: The Emotional Toll of Being Denied the Final<br>Viewing.....                     | 113 |
| 5.4 Group Experiential Theme Two: Eternal Embrace; A Lifetime Condensed into<br>a Day of Farewell ..... | 118 |
| 5.4.1 Mourners Matter .....   | 118 |
| 5.4.2 Forever Altered: When Funerals Changed, and Nothing was the Same ..                               | 121 |
| 5.4.3 A Virtual Goodbye.....  | 125 |

|  |     |
|--|-----|
| 5.4.4 Absence of Physical Touch.....   | 127 |
| 5.5 Group Experiential Theme Three: Remembering, Reflecting and Celebrating Lives.....                         | 129 |
| 5.5.1 Lost Opportunity for Goodbyes and Stories .....  | 129 |
| 5.5.2 Anger and the Absence of Social Support .....  | 134 |
| 5.6 Group Experiential Theme Four: Beyond Goodbye; Nurturing a Continuing Relationship with the Deceased ..... | 138 |
| 5.6.1 Reflections and ‘What-If’s’.....   | 138 |
| 5.6.2 Reminiscing and Yearning .....   | 140 |
| 5.6.3 Helplessness .....   | 143 |
| 5.7 Group Experiential Theme Five: Restrictions and Relationships .....  | 145 |
| 5.7.1 The Repercussions of the Rules .....   | 145 |
| 5.7.2 The Impact on Relationships .....  | 146 |
| 5.8 Chapter Summary .....  | 148 |
| CHAPTER 6: DISCUSSION.....   | 153 |
| 6.1 Chapter Overview.....  | 153 |
| 6.2 Summary of Findings .....  | 155 |
| 6.3 Reflection of the Experiential Themes.....   | 157 |
| 6.3.1 Farewells Unresolved: Navigating the Complexity of Goodbye .....   | 157 |
| 6.3.2 Eternal Embrace: A Lifetime Condensed into a Day of Farewell .....                                       | 161 |
| 6.3.3 Remembering, Reflecting, and Celebrating Lives .....   | 166 |
| 6.3.4 Beyond Goodbye: Nurturing a Continuing Relationship with the Deceased .....                              | 170 |
| 6.3.5 Restrictions and Relationships .....   | 174 |
| 6.4 Implications for Counselling and Psychotherapy Practice .....  | 177 |
| 6.4.1 Contribution to Knowledge .....  | 177 |
| 6.4.2 The Role of Meaning-Making in Therapy.....   | 178 |
| 6.4.3 The Gap in Training and Research.....  | 179 |
| 6.4.4 Evidence-Based Grief Interventions .....   | 179 |
| 6.4.5 Practical Approaches for Counselling .....   | 180 |
| 6.4.6 Implications for Training and Practice.....  | 181 |
| 6.4.7 Policy Implications and Bereavement Care Providers .....   | 182 |
| 6.4.8 Implications of the Theoretical Framework on the Study .....   | 182 |

|   |     |
|---|-----|
| 6.5 Limitations of the Study .....                                      | 183 |
| 6.5.1 Evolving Nature of the Pandemic .....                             | 183 |
| 6.5.2 Generalisability and Context.....                                 | 184 |
| 6.5.3 Retrospective Accounts .....                                      | 184 |
| 6.5.4 Sample Diversity .....  | 185 |
| 6.5.5 External Influences on Grief .....                                | 185 |
| 6.5.6 Methodological Constraints .....                                  | 186 |
| 6.5.7 Ethical and Emotional Considerations.....                         | 186 |
| 6.6 Confirming Trustworthiness .....                                    | 187 |
| 6.6.1 Addressing Potential Bias.....                                    | 187 |
| 6.6.2 Steps Taken to Ensure Trustworthiness .....                       | 188 |
| 6.6.3 Limitations in Trustworthiness .....                              | 189 |
| 6.6.4 Balancing Subjectivity and Rigour .....                           | 190 |
| 6.7 Sensitivity to Participants Experience.....                         | 191 |
| 6.7.1 Emotional Risks and Social Sensitivities .....                    | 191 |
| 6.7.2 Participant Support Measures .....                                | 191 |
| 6.7.3 Contribution to Practice .....                                    | 192 |
| 6.7.4 Broader Implications.....   | 193 |
| 6.8 Recommendations for Future Research.....                            | 193 |
| 6.8.1 Examining Cultural Variations in Grief Rituals .....              | 194 |
| 6.8.2 The Role of Religious Beliefs and Practices.....                  | 194 |
| 6.8.3 Age-Related Differences in Grieving and Rituals.....              | 195 |
| 6.8.4 Gender and Grieving .....   | 195 |
| 6.8.5 Psychological and Emotional Impacts of Grieving in Isolation..... | 196 |
| 6.8.6 Impact of Global Crises on Bereavement Practices .....            | 197 |
| 6.8.7 Longitudinal Studies on Grief and Rituals .....                   | 198 |
| 6.8.9 Tailored Interventions for Disrupted Grieving.....                | 198 |
| 6.8.10 Comparative Studies on Virtual and In-Person Rituals.....        | 199 |
| 6.8.11 Grieving and Community Support.....                              | 200 |
| 6.9 Chapter Summary and Conclusions.....                                | 201 |
| 6.9.1 Summary of Findings .....   | 201 |
| 6.9.2 Critical Reflections.....   | 203 |
| 6.9.3 Conclusions.....  | 204 |

|   |     |
|---|-----|
| CHAPTER 7: CONCLUSION .....   | 206 |
| CHAPTER 8: REFLECTIONS .....  | 210 |
| 8.1 Chapter Overview.....   | 210 |
| 8.2 Johns' Model of Structured Reflection .....                         | 211 |
| 8.2.1 Stages of Johns' Model .....                                      | 211 |
| 8.2.2 Strengths and Criticisms of Johns' Model.....                     | 213 |
| 8.2.3 Relevance to IPA Research.....                                    | 213 |
| 8.3 The Identification of an Area of Study .....                        | 214 |
| 8.3.1 The Choice of Interpretative Phenomenological Analysis (IPA)..... | 214 |
| 8.3.2 Ethical Considerations for Sensitive Topics .....                 | 216 |
| 8.3.3 Rationale for the Chosen Research Focus.....                      | 216 |
| 8.4 The Recruitment and Interview Process.....                          | 217 |
| 8.5 The Analysis and Writing-Up Process .....                           | 218 |
| 8.6 Myself as a Researcher.....   | 220 |
| 8.7 Learning from the Professional Doctorate .....                      | 222 |
| REFERENCES.....   | 223 |
| APPENDICES .....  | 240 |
| APPENDIX A: Example Interview Transcript 'Jo' .....                     | 240 |
| APPENDIX B: Participant Recruitment Leaflet.....                        | 244 |
| APPENDIX C: Consent Form .....  | 245 |
| APPENDIX D: Ethics Approval .....                                       | 247 |
| APPENDIX E: Participant Information Sheet.....                          | 248 |

# LIST OF TABLES AND FIGURES

Figure 1: Conceptual Framework: Grief, Ritual Absence, and Person-Centred & Strength-Based Approaches

Table 1: Characteristics and Key Findings from Included Studies

Table 2: Search Strategy Results

Table 3: Inclusion and Exclusion Criteria for Literature

Table 4: Overview of Different Cultures and their Rituals

Table 5: Participant Inclusion and Exclusion Criteria

Table 6: Interview Schedule

Table 7: Demographic Information

Table 8: Group Experiential Themes

Table 9: Example of Theme Development Across Cases

Table 10: Summary of Group Experiential Themes with Illustrative Quotes

Table 11: Development and Recurrence of Key Themes Across Cases

Table 12: Practice Implications of Findings and Stakeholder Responsibilities

Table 13: Johns' (1995) Model for Structured Reflection with Underlying Principles

## **LIST OF ABBREVIATIONS**

AG: Anticipatory Grief

AMG: Ambiguous Grief

BACP: The British Association for Counselling and Psychotherapy

CBT: Cognitive-Behavioural Therapy

DA: Discourse Analysis

DSM: The Diagnostic and Statistical Manual of Mental Disorders

DP: Descriptive Phenomenology

GT: Grounded Theory

IPA: Interpretative Phenomenological Analysis

MST: Microsoft Teams

UG: Uncomplicated Grief

PGD: Prolonged Grief Disorder

PHE: Public Health England

PPE: Personal Protective Equipment

# ACKNOWLEDGEMENTS

First, I would like to thank my participants for sharing their stories with me. I felt deeply humbled to be there alongside you as you told your story, and I hope you found some comfort in doing so. Thank you does not seem enough.

My thanks go to my supervisor, Dr. Marie Percival, who supported me not only through this research project but also through times of personal grief and sorrow, illness, and bouts of imposter syndrome. Special thanks to Dr. Clive Palmer and Dr. Jackie Williams who came to my rescue and restored my faith in the process! Again, thank you does not seem enough.

I want to acknowledge my two wonderful children, Molly and Joseph, who have watched my academic path unfold—and I think you get at least some of your brains from me! Thank you to you both for believing I can do this.

Finally, I would like to thank the man behind the scenes. The man who reassured me when I was doubting my abilities. The man who has put up with my literal and metaphorical absences when immersed in reading and writing. The man who supported me when I wanted to give up. The man who looked after me in times of ill health and stress. Moreover, the man who comforted me as I experienced a tidal wave of grief after the sudden death of my dear Alexis. John, you have been my anchor during this time; you have been the place I call home, and I genuinely would not have been capable of finishing this without your never-ending support and cheerleading. Thank you from the bottom of my heart.

## **DEDICATION**

To our dearest Alexis, who was sadly and tragically taken from us whilst conducting this research.

# CHAPTER 1: INTRODUCTION

## 1.1 Context

In June 2020, during the Coronavirus disease of 2019 (Covid-19), Jo (pseudonym) experienced the death of her sister, who died alone in the hospital. Jo's inability to be present during her sister's hospitalisation and death, along with the restrictions preventing her from viewing the body or participating in her funeral, exemplifies the unique bereavement challenges faced by many during this unprecedented period (Jo, 2022; see Appendix A). This study investigates the psychological and existential role of rituals in bereavement, with the COVID-19 pandemic providing the contextual backdrop for data collection but not the exclusive focus of the research. The thesis investigated the experiences of ten individuals (the identities of participants were safeguarded through the consistent use of pseudonyms) bereaved between March 2020 and March 2021; a time when the global pandemic disrupted traditional rituals surrounding death and mourning.

The Covid-19 pandemic brought extensive societal and economic upheavals, including public health measures such as mandatory mask-wearing and social distancing rules, which affected every facet of daily life. The pandemic's devastating death toll left millions grieving, with estimates suggesting that each death impacted an average of nine individuals (Aguilar et al., 2022). Bereavement during this period revealed a complex interaction of personal, cultural, and societal factors that shaped how individuals experienced and coped with grief. The fundamental challenge to conventional mourning practices prompted a re-evaluation of society's collective responses to grief (van Schaik et al., 2022). Government-enforced restrictions, including lockdowns, limits on gatherings, and social distancing measures, disrupted traditional grief rituals such as funerals,

memorial services, and wakes (Brown et al., 2022). These changes significantly hindered opportunities for emotional closure, support, and healing.

The inability to physically comfort loved ones, say goodbye to the dying, or perform culturally meaningful death rituals complicated the grieving process. Many bereaved individuals were left facing unresolved emotions, guilt, and helplessness as sudden losses became more common and the opportunities for mourning diminished (Singh et al., 2022; Şimşek & Buldukoglu, 2021). The global scale of loss during the pandemic caused a sense of communal mourning and collective grief, but it also indicated significant disparities in societal responses to grief. Marginalised communities faced disproportionate challenges, including unequal access to healthcare and resources, which magnified the emotional and psychological toll of the bereaved (Magesh et al., 2021; Quadros & Sibal, 2022). Despite the magnitude of this collective bereavement, limited research has explored the psychological effects of navigating grief in the absence of customary death rituals. This gap raises two critical questions: (a) What are the emotional and psychological impacts of being deprived of these rituals? and (b) How can practitioners effectively support individuals who are facing such losses? By focusing on the first-hand accounts of those who were bereaved during the pandemic, this research aims to provide insights for third sector organisations, counsellors, psychotherapists, and other professionals that will enable them to deliver more effective bereavement support.

## **1.2 Aim of the Research**

This research explores the role of rituals in death and dying through a qualitative lens, examining their socially constructed meanings and personal interpretations of loss and bereavement. A qualitative approach is ideal for understudied, deeply

personal, and culturally embedded topics, where numerical data cannot fully capture the complexity of human experience (Curran, 2025).

### **1.3 Expected Outcomes**

1. Analyse the significance and functions of rituals in death and dying, particularly their role in coping, meaning-making, and community support, to enrich the existing body of knowledge.
2. Examine the unique bereavement experiences of individuals during the Covid-19 pandemic, evaluating the psychological and emotional consequences of disrupted or unavailable mourning rituals.
3. Critique existing psychological frameworks and propose evidence-based interventions that address the impact of ritual absence on grief, informing the development of care models for individuals and communities affected by loss.

### **1.4 Overview of the Structure of the Thesis**

This doctoral thesis comprises eight chapters. Chapter 1 provides contextual background information on the research topic. Chapter 2 offers a comprehensive review of literature relevant to understanding the impact of the absence of rituals during the Covid-19 pandemic. It outlines various forms of grief and grief models, analyses death-related rituals, critically assesses existing evidence, and explains how the current research intends to extend the existing knowledge base.

Chapters 3 and 4, on methodology, explore the theoretical framework underpinning this research and include discussions of qualitative research concepts, epistemology, reflexivity, and the chosen methodology. The selection of methodology and the considerations of quality and ethical practices are thoroughly justified in this chapter.

Chapter 5 presents the data's research findings derived from an Interpretative Phenomenological Analysis (IPA). The five identified themes organise these findings, providing a holistic perspective and interpreting the data across the participant group.

Chapter 6 discusses the present study's findings in the context of previous studies, drawing on the themes identified in Chapter 5 and aligning them with the existing literature discussed in Chapter 2. This chapter closes with a summary of key insights.

The thesis concludes by exploring the study's implications for future research and practice. Strengths and limitations are addressed, providing a comprehensive overview of the research's contributions and areas for further exploration. And finally, Chapter 8 reflects on the research process.

# CHAPTER 2: LITERATURE REVIEW

## 2.1 Introduction

This chapter provides a comprehensive examination and critical analysis of the literature relevant to this research. The approach taken was a conceptual review, which involves critically examining and synthesising existing literature to clarify, develop, and categorise key concepts, variables, and their interrelationships (Craig, 2022). Conceptual reviews are particularly appropriate for areas of study that are emergent, fragmented, and evolving because they allow for the integration of diverse perspectives to build a stronger theoretical understanding. This makes it an ideal approach for the study of bereavement and the disruption of rituals during the COVID-19 pandemic.

In practical terms, the conceptual review drew on a wide range of sources to provide both breadth and depth. It was not designed as a systematic review but instead as a means of identifying, synthesising, and condensing the literature into a coherent conceptual framework. This flexible yet critical approach allowed for the exploration of how disrupted rituals were conceptualised, experienced, and theorised. In line with Snyder (2019), conceptual reviews go beyond description by organising concepts into logical categories and exploring their relationships, providing the scaffolding for theory-building and empirical investigation. Although this study is not intended to be *about* COVID-19 per se, the pandemic provides an important contextual backdrop. The restrictions implemented in the UK such as prohibitions on hospital visits, severe limitations on funeral attendance, and bans on wakes or memorial gatherings, fundamentally altered the ways in which people

could engage in dying, death, and bereavement rituals (UK Government, 2020; Selman et al., 2020; Burrell & Selman, 2020). These restrictions were highly

consequential for bereavement experiences, as the literature highlights: they removed opportunities for leave-taking, disrupted collective mourning, and often led to experiences of disenfranchised or prolonged grief (Lee & Neimeyer, 2020; Hanna et al., 2021; Mortazavi et al., 2021).

Within this thesis, the pandemic restrictions serve as an example of forced ritual deprivation, a phenomenon that makes visible the psychological, social, and existential significance of ritual. While the data were collected during COVID-19, the issues under investigation extend beyond it. The findings are relevant to any context in which rituals are disrupted, whether due to war, displacement, migration, or other socio-political crises. By situating the study within the pandemic but not limiting it to it, the conceptual review highlights the wider implications of ritual disruption and sets the stage for the empirical exploration of participants' lived experiences.

This review identified a set of 'central texts' that were subject to detailed analysis (see Table 1). These texts were selected for their direct relevance to the research questions and for the insights they offered into how ritual absence, bereavement, and meaning-making were addressed during the pandemic. The following sections set out the process of identifying and selecting these texts and critically evaluate their contributions.

## **2.2 Literature Search Strategy**

Although the overarching approach was a conceptual review, electronic databases were used as one of the strategies to identify a wide range of potentially

relevant sources. An initial scoping exercise was conducted in March 2022 using three major databases: Scopus, PubMed, and PsycINFO. The searches employed both general and specific terms (e.g., “Covid-19”, “Covid-19 death”, “funeral changes during Covid-19”, “bereavement during the pandemic”), with systematic use of truncation (\*) to capture variations in terminology and maximise retrieval. This process identified 305 papers from Scopus, 129 from PubMed, and 321 from PsycINFO (see Table 2).

The purpose of this exercise was not to conduct a systematic or database-specific review (e.g., a “Scopus Review”), but to map the breadth of available literature and ensure the conceptual review drew upon a sufficiently wide evidence base. The scoping work revealed that, at the time, the literature was limited and predominantly quantitative. By August 2023, however, there had been a marked increase in publications, reflecting growing scholarly attention to the subject. The outputs of these searches were therefore an input into the conceptual review process, providing the raw material from which central texts were identified for critical examination.

### **2.3 Inclusion and Exclusion of Literature**

The inclusion and exclusion criteria for the literature review were established to ensure that the selected studies aligned with the research aims and objectives (see Table 3). These criteria provided a structured framework to guide the search for relevant literature and to focus the review on studies that directly addressed bereavement during the Covid-19 pandemic. The inclusion criteria were developed to capture primary research studies that were methodologically robust and thematically relevant.

In contrast, the exclusion criteria ensured that irrelevant or tangential studies were omitted from the review which may affect the validity or focus of the

study. The criteria for inclusion and exclusion were defined to ensure the selection of relevant and high-quality studies. Only studies available in English were included to maintain accessibility and consistency in the interpretation of findings. The review specifically considered research addressing bereavement during the Covid-19 pandemic, ensuring that all selected studies were directly relevant to the topic. The timeframe for inclusion was set between March 2020 and March 2023. The starting date was chosen to capture research emerging immediately after the onset of the pandemic, while the end date ensured that the most recent and up-to-date findings were incorporated at the time of writing. Regarding study type, only primary research studies published in peer-reviewed journals were included. The review focused on qualitative and mixed-methods research to provide a deeper and more nuanced understanding of bereavement experiences during the pandemic. This approach ensured the selected literature was methodologically rigorous and relevant to the study's objectives. Sixteen studies met these criteria and were identified as central texts for the review. The review begins with exploring rituals associated with bereavement during the pandemic, providing insight into how changes to traditional mourning practices influenced the grieving process. These studies, detailed in subsequent sections, offer valuable perspectives on the multifaceted nature of bereavement during an unprecedented global crisis.

## **2.4 In-Depth Analysis of Grief**

You never get that moment back, you know, you never get that moment back of sitting with somebody that you love that is dying. You never get that back. It's gone. That time's gone. You cannot recreate that.

— Peter, p. 29.

Bereavement and grief are complex processes that have been studied across disciplines, including psychology, sociology, and counselling. This literature review will examine various models of grief, interventions for bereavement support,

coping strategies, complex grief reactions, social support systems, and cultural considerations. Grief and bereavement are terms often used to describe the emotional and psychological reactions following the death of a significant person (Fujita et al., 2025; Strobe et al., 2017). As life events, they have the potential to profoundly challenge a bereaved individual's sense of self and their understanding of the world, potentially leading to existential trauma (Benore & Park, 2004; Neimeyer & Sands, 2011; Wallace et al., 2020). Although grief and bereavement are conceptually distinct - grief being the emotional and cognitive response to loss, and bereavement the period in which mourning and 'grief work' occur (Barnard, 2019) - this thesis will use the terms interchangeably in reflection of how they are commonly used.

The death of a significant other is an inevitable part of human existence, making bereavement a universal experience. Grief, as a multifaceted and complex phenomenon, involves psychological, emotional, and physiological responses to loss (Al Shaban, 2019). It encompasses a spectrum of cognitive, affective, and behavioural reactions to the disruption of attachments and emotional bonds associated with the deceased (Barnard, 2019). Navigating grief often demands managing different emotional states, such as sadness, yearning, anger, guilt, and confusion, accompanied by somatic symptoms and changes in cognitive functioning (Bonanno, 2008).

The study of grief spans multiple disciplines, including psychology, sociology, anthropology, and thanatology, to understand how individuals navigate loss, reconstruct meaning in its aftermath, and adapt to the absence of their loved one (Pearce & Komaromy, 2022). Grief is a profoundly personal and variable experience influenced by individual characteristics, cultural expectations, and

situational contexts (Cummings, 2020). Grief often manifests as a painful confrontation with one's mortality, highlighting the fragile and transient nature of life. Tedeschi and Calhoun (2006, p. 37) describe this experience as binding individuals as "beings in the world" and "beings toward death", deepening the existential dimensions of bereavement. Beyond emotional distress, grief requires a reinterpretation of personal narratives and an adaptation to the altered reality the loss creates (Elue, 2025). The intensity, duration, and manifestation of grief vary widely among individuals, reflecting the complexity of human attachment and the mechanisms through which people come to terms with the absence of what was once cherished (Lichtenthal et al., 2004). Grief is not merely a passive emotional response but an active, dynamic process of transformation, marked by efforts to reconstruct meaning, navigate emotional upheaval, and adapt to a world forever changed by loss (Lien et al., 2024).

#### ***2.4.1 Conceptual Frameworks for Understanding Grief***

To provide a structured foundation for this research, it is essential to consider the key theories that have shaped our understanding of grief. The study of grief began to gain momentum following the First World War, as researchers sought to understand bereavement caused by the widespread loss of life during the conflict (Foster, 2024; Schwartz, 2024). In 1944, Lindemann introduced a groundbreaking theory that quantified grief as a universal syndrome. He suggested that psychiatrists alone were equipped to address the needs of grieving individuals and introduced the concept of 'grief work', which involved the bereaved extricating themselves from emotional attachments to the deceased and forming new, fulfilling connections (Lindemann, 1944). Lindemann also introduced the notion of delayed grief reactions, suggesting a temporal dimension to grief, whereby it

would manifest and subside within a predictable timeframe. This framework cast variations in grieving patterns as deviations from the norm, emphasising grief's quantifiable and universal nature. Building on Lindemann's work, Gorer (1965) conceptualised grief as a psychological condition composed of three sequential stages: initial shock, intense mourning, and eventual withdrawal. Gorer emphasised the importance of religious and traditional rituals, believing such activities provided a structured timeframe for grieving. Without these rituals, he argued, bereaved individuals faced an increased risk of prolonged mourning or melancholia. Like Lindemann, Gorer emphasised the significance of timeframes for grief recovery.

However, O'Connor has criticised both theorists for oversimplifying the grieving process, failing to account for its multifaceted and personal nature (O'Connor, 2019). O'Connor argues that rigid models, such as those proposed by Lindemann and Gorer, overlook the complexity and individuality of grief experiences. A range of cultural, psychological, and social factors shape grief, and modern approaches to bereavement acknowledge these nuances. Contemporary researchers emphasise that grief does not adhere to strict timelines or universal norms but is a fluid, individualised process involving diverse emotional responses, coping mechanisms, and adaptive strategies (Avis et al., 2021). Grief is a profoundly personal and multifaceted experience influenced by personality, culture, religion, and worldview, but most profoundly by the bereaved individual's relationship with the deceased.

It is a process of navigating and attempting to accept the profound anguish caused by loss rather than a linear progression through prescribed stages (Ishikawa, 2020). Grief also serves as a poignant reminder of human mortality,

which can lead to the avoidance of discussions about death despite its inevitability (Silverman & Klass, 1996). Bereavement counsellors often observe that unprocessed grief lies at the root of many emotional and psychological challenges, yet it remains an underexplored area (Worden, 2018). Exploring grief in greater detail could provide critical insights into the accumulated trauma of unresolved loss, offering pathways for healing (Kessler, 2019). Importantly, grief is an emotional response and a cognitive and existential struggle to make sense of the loss and its implications for the bereaved person's past, present, and future life (Zisook & Shear, 2009). Unaddressed grief can lead to significant psychological consequences, including depression, anxiety, and, in extreme cases, suicidal ideation (Breen, et al., 2023).

The literature identifies several types of grief, each with distinct characteristics and implications for mental health and well-being (Hamilton, 2016). Understanding the diversity of grief experiences is essential for providing effective interventions and support. The following section will thoroughly examine these different forms of grief, providing a comprehensive understanding of their distinct manifestations and their potential challenges to individuals' mental health and well-being. This exploration will contribute to a deeper appreciation of the complexities of grief, highlighting the necessity for appropriate recognition and intervention in the grieving process.

## **2.5 Classic and Contemporary Theories of Grief**

Grief and mourning models have long served as essential frameworks for understanding and navigating the complexities of bereavement (Wojtkowiak, 2021). They provide the bereaved with a structured approach to comprehending the multifaceted emotions, thoughts, and behaviours encountered during the

grieving process (van Schaik et al., 2022). Such models also validate the experiences of mourners, offering guidance and a sense of reassurance in what can otherwise feel like an unpredictable and overwhelming journey (Tyrrell et al., 2023). However, applying these models requires caution, as grief is inherently variable and deeply personal. Maciejewski et al. (2007) stressed the non-linear nature of grief, cautioning against the use of universally prescriptive stage theories. The uniqueness of an individual's grief experience often defies rigid categorisation, as myriad factors, including cultural background, personal circumstances, and the nature of the loss, influence bereavement. The most widely known and commonly cited framework, both in professional discourse and in the public imagination, is the five-stage model of grief developed by Kübler-Ross (1969) and its stages offer a simple and accessible way of understanding the emotional turmoil associated with loss. However, despite its ubiquity, the model has been widely critiqued for its linearity, prescriptive nature, and lack of empirical grounding (Stroebe, Schut, & Boerner, 2017). Clients seldom move through grief in such a predictable sequence, and the model risks pathologising experiences that do not conform to it. For therapists, relying exclusively on Kübler-Ross limits the scope of their practice. Contemporary grief theory offers alternative and complementary perspectives that can enrich clinical work and these will be explored in more detail in the next section starting with early contributors.

### ***2.5.1 Freud***

Freud's contributions to understanding grief, first formulated in 1915, laid the foundational framework for its psychological examination. In his early model, Freud suggested that grief signifies the collapse of the denial of death, wherein mourners confront the reality of death after an initial phase of rejection (Schultz,

1990, p. 137). This perspective evolved in his seminal essay 'Mourning and Melancholia', where Freud proposed that grief involves a gradual withdrawal of emotional energy—termed "decathexis"—from the deceased, allowing the individual to redirect that energy toward the living (Ogden, 2005; Schultz, 1990, p. 138). Freud distinguished between mourning, the natural process of detachment, and melancholia, a pathological form of grief in which the lost attachment is internalised onto the ego rather than resolved. In melancholia, the bereaved internalises the relationship with the deceased, resulting in a fragmented or diminished sense of self. This can lead to a failure to redirect emotional energy, culminating in prolonged distress (Schultz, 1990). From a psychoanalytic perspective, the 'object' in Freud's theory represents the individual or entity at the centre of the mourner's emotional bonds, desires, and conflicts (Sharma & Spiro, 2023). Freud also introduced the concept of 'hypercathexis', in which intense emotional energy is invested in an object or person, creating heightened attachment and fixation. This process complicates detachment, as the mourner may experience significant distress and resistance when attempting to disengage emotionally. Freud described such resistance as "hallucinatory wishful psychosis", where mourners deny the reality of the loss, maintaining a mental presence of the deceased (Schultz, 1990, p. 244).

Freud's insights continue to inform modern understandings of grief by highlighting the unconscious processes underlying thoughts, emotions, and behaviours in bereavement. Unconscious dynamics, such as repressed feelings or unresolved conflicts with the deceased, are particularly noticeable in understanding complicated or prolonged grief. These psychoanalytic principles offer valuable tools for practitioners exploring deeper emotional processes during

grief therapy (Granek, 2015; Shear, 2012). However, Freud's theories are not without limitations. His emphasis on universal psychoanalytic principles often neglects cultural and individual variability in grieving experiences, particularly the role of rituals, social norms, and culturally specific mourning practices. Freud's focus on the internal dynamics of grief may also overlook the broader social and relational factors that influence the grieving process. These limitations suggest that while Freud's framework remains relevant, it should be applied alongside more contemporary, culturally sensitive approaches to grief.

### **2.5.2 Bowlby**

Bowlby proposed that maintaining an emotional connection with the deceased enables bereaved individuals to sustain their bond (Bowlby, 1980). His perspective emerges from pioneering research on grief as a biologically ingrained response, informed by his work on natural selection and comparative observations of animal and human behaviour (Mayhew, 2006). Through his investigations, Bowlby identified profound similarities in emotional expressions across species, including grief, leading him to assert that grief is biologically programmed (Cassidy et al., 2013).

Central to Bowlby's theory is that humans possess an innate drive to form and preserve emotional connections, particularly during distressing events such as losing a loved one. He suggested that circumstances surrounding death, particularly sudden or challenging losses, could amplify yearning and obsessive longing for the deceased (Shaver & Fraley, 2008). Bowlby further explored the influence of early attachment experiences on emotional development and the ways individuals respond to separation, loss, and bereavement. His work shifted the discourse from rigid, uniform timelines of grief toward understanding its

individuality and complexity (Klass, 1988). Bowlby emphasised grief's natural and multifaceted nature, linking it to childhood separations from primary carers, and argued that grief evolves, reflecting its deeply personal and contextual nature (Shaver & Fraley, 2008). He outlined a model of grief comprising six stages: numbness, yearning, searching, anger, disorganisation, and disorganisation and reorganisation (Klass, 1988).

### **2.5.3 Parkes**

Continuing from Bowlby's foundational work, Parkes developed a phased model of grief that built upon and expanded Bowlby's conceptualisation. Parkes viewed grief as a dynamic, transformative process rather than a static syndrome or condition (Maciejewski et al., 2007). Central to his model was the idea that grief necessitates a psychosocial transition, requiring individuals to reshape their identity and adapt to life without the deceased. This perspective emphasised the impact of loss on an individual's sense of self and relational framework.

Like Bowlby, Parkes stressed the deeply interpersonal nature of grief. Parkes described grief as the inherent 'cost of commitment' to meaningful relationships, highlighting its relational foundations (Maciejewski et al., 2007). By framing grief as a process of identity reconfiguration, Parkes' model highlights the relationship between psychological adjustment and social dynamics in the bereavement journey. The strengths of Parkes' approach lie in its recognition of grief as a multifaceted journey, integrating psychological, social, and interpersonal dimensions. It offers a nuanced understanding of mourning as a process that extends beyond emotional distress, encompassing the redefinition of identity and roles in the wake of loss. Parkes' emphasis on the relational aspects of grief

enriches the discourse, also acknowledging the complex web of connections that influence bereavement (Maciejewski et al., 2007). However, Parkes' model also faces certain limitations. The focus on psychosocial changes might make the more significant emotional parts of grief, such as longing and questioning one's existence, seem less important. Moreover, the emphasis on identity reshaping may not fully capture the diversity of grieving experiences, particularly in cultures or contexts where collective or ritualistic practices dominate. This cultural variability highlights the need for a broader framework to accommodate the heterogeneous ways individuals and communities navigate loss (Maciejewski et al., 2007).

#### **2.5.4 Rando**

In 1985, Rando, a clinical psychologist, introduced the 'Rando Model of Mourning', also known as the 'Six R Process Model'. This framework outlines six essential processes—recognise, react, recollect, relinquish, readjust, and reinvest—that individuals commonly experience during their mourning journey (Pearlman et al., 2014). The model is notable for its acknowledgment of the nonlinear progression of grief, emphasising that individuals may navigate these processes in varying sequences and intensities based on personal circumstances and contextual factors. Rando's model provides a comprehensive framework for understanding the diverse emotional, cognitive, and behavioural reactions involved in coping with loss. Each 'R' process addresses a specific aspect of grieving, from acknowledging the reality of the loss (recognise) to reconfiguring one's life and forming new attachments (reinvest). This structured yet flexible approach offers clarity and adaptability, enabling a more individualised understanding of mourning experiences. The strengths of Rando's model lie in its systematic organisation,

which offers a practical tool for bereaved individuals and clinicians to conceptualise the mourning process. By emphasising the non-linear nature of grief, the model accommodates the inherent variability of grief responses, providing a more realistic portrayal of the mourning journey. It also bridges theoretical understanding with clinical applicability, allowing for tailored interventions that respect the complexity of each person's experience. However, the model is not without limitations. Despite its recognition of nonlinearity, the emphasis on discrete processes may inadvertently suggest a level of sequentially that oversimplifies the fluid and multifaceted nature of grief. The framework allows for some variation, but it might not fully consider how cultural and environmental factors affect the ways people grieve, especially in places where there are traditions of collective mourning or other ways of thinking about grief (Pearlman et al., 2014).

### **2.5.5 Kübler-Ross**

In 1996, Kübler-Ross, a Swiss-American psychiatrist, and a pioneer in the study of grief and end-of-life experiences, introduced a widely recognised bereavement model in her seminal work, 'On Death and Dying'. The model delineates five stages of grief commonly observed in individuals confronting terminal illness or significant loss. These stages—denial, anger, bargaining, depression, and acceptance—provide a framework for understanding the emotional responses associated with grief (Kübler-Ross & Kessler, 2014). The first stage, denial, involves difficulty in accepting the reality of loss or impending death. As a protective mechanism, denial shields individuals from overwhelming emotions by allowing them to reject or distance themselves temporarily from the truth. This

stage offers respite, allowing the individual to process the initial shock gradually. Following denial, the stage of anger often emerges. Here, individuals direct their frustration and feelings of injustice toward themselves, others, or the situation. Anger is an emotional release for the powerlessness often felt in grief, though it may strain interpersonal relationships.

The third stage, bargaining, reflects attempts to negotiate or make compromises to alter the outcome of the loss. Often directed toward a higher power or through hypothetical 'what if' scenarios, bargaining provides a temporary sense of agency amidst the helplessness of grief. This stage may also lead to disappointment and frustration when such efforts fail to yield the desired outcomes. The depression stage follows, characterised by profound sadness, hopelessness, and acknowledgment of the loss's permanence. Depression allows for deeper emotional processing but can be overwhelming, requiring support to navigate effectively. The final stage, acceptance, involves reconciling with the reality of loss and integrating it into one's life. Acceptance does not imply being 'okay' with the loss, but reflects acknowledging its place within the individual's lived experience, enabling them to move forward (Maciejewski et al., 2007). Kübler-Ross emphasised the non-linear nature of these stages, recognising that not everyone experiences all stages or progresses through them in a fixed sequence (Kübler-Ross, 2022). Whilst Kübler-Ross' model has become one of the most widely recognised frameworks for understanding grief, it is not without criticism. Some argue that the model oversimplifies grief's complex and multifaceted nature, potentially implying a rigid sequence of emotional stages. Furthermore, it has been critiqued for its limited applicability across diverse cultural and individual grieving experiences (Barnard, 2019). Nevertheless, the model has profoundly influenced

the discourse on grief, death, and end-of-life care, inspiring more nuanced and inclusive approaches to understanding bereavement and normalised grief reactions.

### **2.5.6 Klass**

Klass et al. (2014) introduced the continuing bonds model, which differs from traditional grief theories that emphasise detachment from the deceased as a goal of mourning. Instead, this model proposes that bereaved individuals cultivate an ongoing relationship with the deceased, navigating adaptations and seeking meaning through a continued connection. This perspective challenges the notion of grief as a process of 'letting go', highlighting bereavement's fluid and evolving nature instead. A central tenet of the continuing bonds model is the enduring impact of relationships, even after death. The model emphasises the role of cultural practices in maintaining these bonds, such as storytelling, which is a meaningful and culturally relevant way to honour and commemorate the dead in certain societies (Steffen & Coyle, 2017). By validating the ongoing presence of the deceased in the lives of the bereaved, this framework reframes grief as not solely about detachment, but rather about integrating the deceased into one's life in new and meaningful ways (Barnard, 2019). The strengths of this model lie in its emphasis on the individuality and cultural variability of grief. Acknowledging that maintaining a connection with the deceased can be an essential aspect of the mourning process offers a more inclusive perspective that works well with diverse experiences of bereavement. Furthermore, the model provides a comforting and validating framework for individuals who find solace in sustaining their bond with the deceased.

However, challenges arise when the continuing bonds model is applied universally. Whilst maintaining a connection can be beneficial for many, it may hinder healing for others who struggle to balance remembering the deceased with moving forward. In some cases, the focus on continuing bonds may perpetuate prolonged grief or inhibit healthy adjustment, mainly if individuals are unable to reconcile their attachment with the need to adapt to life without their loved ones. Cultural variations in the expression of grief and the maintenance of bonds pose another limitation. Whilst deeply meaningful in some cultures, practices such as storytelling may not hold the same significance in others, where alternative forms of remembrance or commemoration are prevalent. For example, ancestor altars in Japan, festive ofrendas in Mexico, sky burials in Tibet, Islamic prayers and charity, Ghanaian symbolic coffins, or digital memorials in modern societies, reflecting diverse beliefs about honouring the deceased (Ender et al., 2022; Hoy, 2021).

### **2.5.7 Worden**

Worden proposed a framework of four grief tasks highlighting the active and dynamic nature of the mourning process. Unlike earlier models that framed grief in stages, Worden replaced the term 'stage' with 'task' to stress the proactive effort required to navigate bereavement. The framework acknowledges that these tasks do not follow a strict sequence and can be revisited depending on individual circumstances, indicating the understanding that grief is not a linear process but an evolving journey (Barnard, 2019). The first task involves accepting the reality of the loss. This entails acknowledging the permanence and irrevocability of the absence, which initiates the grieving process by confronting the truth of what has

occurred. Overcoming denial or disbelief is a crucial step in this task, enabling the bereaved to begin the emotional and psychological work of grief. Whilst this task can set the stage for healing, it may be particularly challenging for individuals who find it difficult to face the reality of the loss, potentially delaying their progression through grief. The second task focuses on processing the pain of grief. This involves experiencing and expressing the many emotions associated with loss, including sadness, anger, guilt, and even relief. Fully engaging with these emotions is essential for healing, as avoidance can lead to unresolved grief and emotional stagnation. Although this task provides an opportunity for emotional catharsis and more profound understanding, it can also be overwhelming and emotionally taxing, making it difficult for some individuals to confront their feelings fully. Adjusting to a world without the deceased constitutes the third task. This requires adapting to life without the lost person or object, including practical adjustments, such as taking on new responsibilities, and emotional changes, such as redefining roles and routines.

This task facilitates resilience and adaptation, helping the bereaved create a sense of normalcy in their circumstances. However, this adjustment can evoke feelings of disorientation, loneliness, and vulnerability as individuals struggle to reconcile their current reality with the void left by their loss. The fourth and final task involves finding an enduring connection with the deceased while moving forward with life. This task highlights the importance of maintaining a meaningful bond with the lost person, such as cherishing memories and integrating the relationship into one's narrative. This task promotes remembrance and honours the relationship but also requires balancing the connection with the need to rebuild and adapt. For some, this balance may be challenging to achieve, complicating

their ability to reconcile grief with the need for personal growth and recovery (Khosravi, 2021).

Worden's model accepts that grief is a profoundly personal and multidimensional process. It highlights the importance of actively engaging with these tasks while acknowledging that the intensity and duration of each task vary based on factors such as the nature of the loss, personal coping mechanisms, and the presence of social support systems. One of the model's key strengths is its flexibility, as it provides a comprehensive framework that accommodates emotional, cognitive, and practical aspects of grief. However, some critics highlight potential limitations, particularly the assumption that active engagement with each task is universally beneficial. The model's focus on adaptation and individuality may not fully account for cultural or collective approaches to mourning, where grief may be expressed and experienced differently (Barnard, 2019; Khosravi, 2021).

### **2.5.8 Stroebe & Schut**

Stroebe et al. (2008) criticises the concept of grief stages, arguing that such frameworks can create undue pressure on bereaved individuals to adhere to a prescribed sequence of emotions or behaviours. This can lead to feelings of inadequacy or failure when the grieving process does not align with these expectations. Stroebe and Schut proposed the 'Dual Process Model of Coping with Bereavement' to address the limitations of stage-based models, which offers a more dynamic and flexible perspective on grief (Stroebe & Schut, 1999). This model acknowledges grief as a complex, non-linear process that involves alternating between two primary coping mechanisms: loss-oriented coping and restoration-oriented coping. Loss-oriented coping focuses on the emotional and

cognitive processing of the loss itself. It involves confronting feelings of pain, sadness, and longing and reflecting on the relationship with the deceased. Activities within this domain often centre on memory and commemoration, allowing individuals to express their grief and gradually adjust to the new reality. This aspect of the model highlights the importance of engaging with grief rather than suppressing it. By contrast, restoration-oriented coping addresses the practical adjustments the loss necessitates. This includes adapting to changes in daily routines, roles, and responsibilities, and finding new sources of meaning and support. A defining feature of the Dual Process Model is the concept of dynamic alternation, where individuals oscillate between loss-oriented and restoration-oriented coping. This alternation allows for a balance between engaging with the emotional pain of loss and temporarily setting it aside to focus on practical tasks and life adjustments. Such movement between the two modes of coping acknowledges the inherent fluidity of grief, providing space for both mourning and adaptation. The model also points out the importance of balancing coping strategies. Excessive focus on either loss-oriented or restoration-oriented coping can impede healthy adaptation to bereavement. For example, prolonged immersion in loss-oriented coping may lead to chronic grief, while overemphasis on restoration-oriented coping might result in emotional avoidance and unresolved grief. Achieving an equilibrium between these processes is central to effective grieving and long-term adjustment. Another critical component of the model is its recognition of individual differences in the grieving process. Personal preferences, cultural influences, and the relationship with the deceased all shape how individuals navigate between loss and restoration-oriented coping (Tan &

Andriessen, 2021). This flexibility makes the model particularly valuable in addressing the diversity of bereavement experiences across different populations and contexts. The Dual Process Model has significantly advanced the understanding of bereavement by accentuating the complexity of grief and the need to address its emotional and practical dimensions.

Stroebe's work provides a nuanced framework for distinguishing the dual demands of mourning and adaptation, offering insights beneficial for researchers and practitioners. As Fiore (2021) notes, this model has been instrumental in reframing grief as a dynamic and individualised process, leading to more empathetic and practical support strategies for grieving individuals. Klass et al. (2014) similarly argued that grief evolves, leaving lasting effects on the mourner's life and shaping their relationship with the deceased. Contemporary approaches, which perceive grief as dynamic and transformative instead of a condition that requires resolution, support this perspective. While insightful, grief models serve as tools for support and understanding rather than definitive roadmaps (Corr, 2021). The diversity in grief responses draws attention to the need for flexibility in applying these models, acknowledging that individuals may not experience their loss in ways that align neatly with theoretical frameworks. For instance, while many models point out the shock of loss and the challenge of acceptance as common elements, these experiences are not universal. Disruptions to traditional mourning rituals, such as those seen during the Covid-19 pandemic, further complicate the grieving process for many, exacerbating feelings of shock and hindering acceptance (Tyrrell et al., 2023). Modern theories of grief, such as the continuing bonds model, mark a shift away from earlier views, including Freud's assertion that ongoing attachments to the deceased were maladaptive.

These contemporary approaches appreciate the importance of maintaining a meaningful, enduring connection with the deceased as part of a healthy grieving process. This change in grief theory evidences a more significant shift in how we think about loss in general, challenging the idea that grief is equal to being detached (Khosravi, 2021; Neimeyer et al., 2002; Steffen & Coyle, 2010; Worden, 2009; Özel & Özkan, 2020). Critics of traditional stage-based models argue that these frameworks often oversimplify the grieving process. Stroebe et al. (2017) noted that such models focus heavily on emotional responses while neglecting grief's behavioural and practical dimensions. Whilst stages may offer a conceptual framework, they may also fail to adequately support those whose experiences fall outside these predefined pathways (Avis et al., 2021). The inclusion of Prolonged Grief Disorder (PGD) in diagnostic manuals has further sparked debate within grief studies. Researchers such as Bonanno (2008) and Eisma et al. (2020) have raised concerns that PGD pathologises grief responses that may be typical adaptations to profound loss. Critics argue that medicalising grief could stigmatise natural coping mechanisms, potentially leading to unnecessary clinical intervention (Al Shaban, 2019; Shear, 2012). This perspective emphasises the need for caution when classifying grief within diagnostic criteria, as doing so risks undermining the individuality and adaptability inherent in the bereavement process (Lichtenthal et al., 2004).

In summary, grief and mourning models provide valuable insights into the human experience of loss, offering frameworks for understanding and support. We must apply bereavement models sensitively with consideration of grief's unique and multifaceted nature, ensuring that they empower rather than constrain those who are navigating bereavement. As research continues to evolve, it is essential

to balance theoretical structure with the recognition of individual and cultural diversity in grieving practices. It is important that these models are analysed and understood as in order to effectively identify when the grief process deviates from typical trajectories, it is essential to first understand the connotations of healthy grief. Only with a clear comprehension of what constitutes adaptive grief can we accurately recognise and address instances of abnormal grief responses (Szuhany et al., 2021).

## **2.6 The Different Manifestations of Grief**

### ***2.6.1 Uncomplicated Grief (UG)***

Uncomplicated grief (UG) refers to the emotional, cognitive, behavioural, and physiological reactions that occur following the death of a loved one. It represents a natural and adaptive reaction to loss, enabling individuals to process and adjust to the impact it has had on their lives (Avis et al., 2021). This non-linear response is characterised by a spectrum of emotions, including sadness, sorrow, anger, guilt, anxiety, and sometimes relief or numbness (Barnard, 2019). These emotions are not static but fluctuate in intensity and duration over time, reflecting the dynamic nature of the grieving process. Individuals experiencing UG often encounter cognitive challenges, such as difficulty concentrating, impaired decision-making, and episodic memory lapses (Cardoso et al., 2020). Intrusive thoughts and persistent memories of the deceased are common, as are preoccupations with the death or the deceased individual. These experiences show the psychological complexity of grief as a natural response to bereavement (Nielsen et al., 2019). Although the intensity of grief tends to diminish over time, the duration and trajectory of UG can vary significantly. Factors such as the nature

of the loss, individual coping mechanisms, cultural influences, and the availability of support systems play a critical role in shaping the grieving process (Barnard, 2019). Cultural norms, personal beliefs, and life experiences further contribute to the variability in how grief is expressed and managed, highlighting its deeply individualised nature. It is important to acknowledge that there is no universal timeline for resolving grief, nor is there a singular 'correct' way for it to manifest. What constitutes UG is highly contextual, influenced by sociocultural frameworks and personal interpretations of loss. Both researchers and clinicians have stressed how important it is to recognise this variety so as to avoid pathologising normal variations in grief responses (Hamilton, 2016; Zisook & Shear, 2009).

### **2.6.2 Anticipatory Grief (AG)**

Lindemann first identified the term anticipatory grief (AG) in 1940 to help ease the impact of loss (Lindemann, 1994). Since then, many more academics have taken an interest in this concept. It is recognised that AG offers an opportunity for preventative measures to be taken which may enable the bereaved to minimise the effects of their bereavement, including but not limited to obsessive thoughts of the deceased, lack of interest or pleasure in everyday things, and drug or alcohol misuse (Chen, 2022).

When faced with the impending death of a loved one, individuals undergo emotional and psychological processes known as AG. Unlike traditional grief that is experienced after a loss has occurred, AG occurs before the actual event of death. This type of grief commonly arises in situations where there is advanced notice of a loved one's terminal illness or deteriorating health. Individuals experiencing AG may feel a wide range of emotions, including sadness, anxiety,

fear, anger, guilt, and helplessness (Pearce & Komaromy, 2022). The uncertainty of the impending loss may mix with these emotions, which may resemble those of traditional grief, but can also be intertwined with the uncertainty of the impending loss. AG can evoke complex and conflicting emotions, such as guilt and relief, or exacerbate the tension between preparing for a loss and hoping for a positive outcome (Holmes et al., 2020; Najafi et al., 2022).

### **2.6.3 Ambiguous Grief (AMG)**

Ambiguous grief (AMG), as conceptualised by Boss (1999), represents a profound and complex emotional response to loss that is characterised by ambiguity, lack of closure, and unresolved emotions. In contrast to uncomplicated grief, which is based on socially acceptable rituals and definitive closure, AMG manifests when the loss remains unclear or undefined, complicating the bereavement process and intensifying emotional distress (Long et al., 2022). AMG is particularly significant when social validation of the loss is absent or minimal. For instance, losses related to pregnancy termination, the disappearance of a loved one, or estranged relationships are frequently accompanied by societal silence or stigma, preventing the bereaved from fully expressing their grief. Without culturally or socially sanctioned rituals, individuals navigating AMG may experience a profound sense of isolation and emotional dissonance, undermining their ability to process the loss and restore a sense of equilibrium in their lives. This lack of recognition can destabilise their worldview, creating existential uncertainty and challenges in re-establishing meaning (KaurAujla et al., 2022). Central to the experience of AMG is the absence of closure, as the ambiguity of the loss can create a cognitive and emotional tension that prevents the bereaved from transitioning through these

stages or tasks conventionally (Boss & Yeats, 2014). As a result, the prolonged and unresolved nature of AMG may lead to adverse psychological outcomes, including chronic stress, anxiety, and depression. Furthermore, the private and often concealed nature of AMG intensifies its psychological burden, as individuals may lack access to social support systems that are crucial for coping and recovery (Long et al., 2022).

#### **2.6.4 Prolonged Grief Disorder (PGD)**

Previously referred to as 'complicated grief', the term Prolonged Grief Disorder (PGD) was introduced by Prigerson et al. (2008) to capture the symptoms and experiences associated with PGD more accurately. While grief is widely acknowledged as a natural response to loss, PGD represents a chronic and severe form of grief that persists beyond the expected timeline of adjustment. For some individuals, grief can evolve into a debilitating state marked by acute distress lasting months or even years, often triggered by sudden or traumatic losses (Mortazavi et al., 2021).

PGD manifests as a pathological state characterised by intense longing for and preoccupation with the deceased. Symptoms may include traumatic sorrow, disbelief, mistrust, anger, shock, and social disengagement, which collectively disrupt the individual's ability to function in daily life (Spinelli, 1994). This condition requires medical help because it goes beyond the adaptive processes of uncomplicated grief and poses significant psychological and functional challenges (Nakajima, 2018). A critical challenge in understanding PGD is the shared assumptions professionals and non-professionals make about grief responses. Categorising bereaved individuals into 'types' of grief can undermine the uniqueness of their experience and neglect the multifaceted factors influencing

their reactions, such as their relationship with the deceased and prior bereavement experiences. While societal norms often expect visible emotional expressions in response to loss, Stroebe et al. (2008) cautioned against equating a lack of outward emotion with PGD. Instead, such responses may reflect an individual's adaptive mechanisms or cultural influences. The Diagnostic and Statistical Manual of Mental Disorders (DSM) officially recognised PGD in March 2022. However, research indicates that up to 90% of individuals achieve acceptance and functional adjustment within six months of bereavement (Mortazavi et al., 2021). This suggests that PGD affects only a small minority of bereaved individuals, demonstrating the importance of distinguishing between natural grief variability and pathological grief (Prigerson et al., 2008).

Walter (2006) further critiqued the concept of PGD as socially constructed, reflecting Western societal norms that prioritise emotional resolution to restore psychological order. This perspective highlights the relationship between individual grief responses and societal expectations, suggesting that PGD is shaped not only by the bereaved person's psychological state, but also by cultural and social contexts. Understanding cultural influences is, therefore, essential for evaluating grief reactions and providing appropriate support. Grief during the Covid-19 pandemic was therefore considered complex and prolonged, largely due to social isolation, the absence of traditional rituals, and delayed closure. The restrictions imposed limited opportunities for support and social gatherings, exacerbating the grieving process. The uncertainty, fear, and trauma associated with sudden losses, combined with restricted access to mental health services, heightened emotional distress and hindered the grieving process, making it more ambiguous and extended for those affected (Singh et al., 2022).

## 2.7 Ritual Revision and Revision Culture

In recent years, scholars have examined the concept of revision culture, which refers to the ongoing modification, adaptation, and reinvention of cultural practices and narratives in response to changing social conditions (Gergen, 1994; Neimeyer, 2001). Rituals are not static entities; they are revised and reinterpreted across generations and in response to historical, political, and personal circumstances. Revision culture highlights the fluidity of ritual practices and the capacity of communities to reshape them in ways that preserve meaning while responding to disruption.

In the context of bereavement, the COVID-19 pandemic brought ritual revision into sharp focus. Traditional mourning practices such as funerals, wakes, memorial gatherings, were restricted or absent, forcing families to create alternative or improvised forms of ritual (e.g., online memorials, online funerals, symbolic acts at home). These adaptive practices exemplify the principle of revision: rituals were reshaped under constraint to continue providing psychological scaffolding for meaning-making and identity continuity.

From a psychotherapeutic perspective, recognising the role of ritual revision is critical. Bereavement interventions have traditionally emphasised narrative reconstruction (Neimeyer, 2001), the completion of mourning tasks (Worden, 2008), or the maintenance of continuing bonds (Klass et al., 1996). Yet relatively little attention has been paid to how rituals themselves might be revised, co-created, or reimagined within therapeutic practice. Therapists working with bereaved clients could help identify rituals that have been disrupted, explore the symbolic functions those rituals served, and collaborate with clients to design new or adapted practices that sustain meaning, connection, and cultural identity.

While the literature acknowledges improvised rituals during crises, there is limited empirical evidence on the long-term effectiveness of such revised rituals in supporting grief trajectories. Few studies have systematically examined how therapists can integrate ritual revision into interventions, or what ethical, cultural, or spiritual considerations should guide such practice. There is also a lack of theoretical models that explicitly link ritual revision with established frameworks of grief therapy. This leaves a space for future research and clinical innovation: developing structured approaches for ritual revision in psychotherapy, and evaluating their impact on bereavement outcomes.

### ***2.7.1 Impact of Changing Covid-19 Restrictions***

The evolving nature of COVID-19 restrictions had significant implications for bereavement experiences. Early lockdown measures in the UK imposed strict bans on hospital visits, severely restricted funeral attendance, and prohibited wakes or memorial gatherings (UK Government, 2020; Selman et al., 2020). Later relaxations allowed limited attendance or hybrid online arrangements. The literature highlights that these shifting rules created uneven experiences: some mourners faced total exclusion, while others participated in partially restored rituals. Such variability shaped not only access to rituals but also the meanings mourners attached to them (Hanna et al., 2021). For the present study, these changing restrictions formed an important contextual layer that influenced the ways participants described their grief and their access to rituals.

### ***2.7.2 Rituals as Potential Complications in Grief***

While rituals are widely understood to provide psychological scaffolding and social recognition during bereavement, literature also notes that rituals can complicate grieving under certain circumstances. Howarth (2007) argues that poorly managed or exclusionary rituals can exacerbate distress, create family conflict, or reinforce feelings of marginalisation. During the pandemic, restricted attendance often forced difficult choices about who could be present, leading to guilt and tension (Burrell & Selman, 2020). For some, attending a limited or altered ritual highlighted loss rather than offering comfort, underscoring the point that rituals are not universally protective but can also become sites of distress.

### ***2.7.3 Pandemic and the Future of Rituals***

The pandemic also accelerated changes in how rituals are enacted. Livestreamed funerals, online memorial services, and private home-based commemorations became widespread (Walter et al., 2021). Some evidence suggests that these practices increased accessibility for geographically dispersed mourners, while others describe them as inadequate substitutes for embodied, collective rituals (Hanna et al., 2021). The literature therefore raises the question of whether such innovations represent temporary adaptations or the emergence of “new norms.” Hybrid practices — combining in-person and virtual participation — appear likely to persist, reflecting broader technological and cultural shifts catalysed by the pandemic.

### ***2.7.4 Are Rituals Necessary for Managing Grief Well?***

A further strand of literature debates whether rituals are necessary for ‘managing grief well.’ Romanoff and Terenzio (1998) argue that rituals play a central role in

providing symbolic structure, affirming identity, and supporting meaning-making. Conversely, some studies suggest that while rituals are important, they are not sufficient in themselves and must be embedded in wider networks of support (Lee & Neimeyer, 2020). The consensus emerging from recent scholarship is that rituals may not be universally necessary, but where they are absent or severely curtailed, grief is often described as harder to integrate (Mortazavi et al., 2021). In this sense, rituals can be seen as one element in an ecology of grief support, offering symbolic anchoring that enables mourners to process loss more effectively.

## **2.8 Bereavement Interventions**

There are various intervention strategies for supporting bereaved individuals, ranging from traditional therapy to community-based initiatives.

### ***2.8.1 Psychotherapeutic Approaches***

Cognitive-Behavioural Therapy (CBT) for grief focuses on restructuring negative thoughts related to loss. Narrative Therapy encourages individuals to retell their loss story in ways that promote healing. Complicated Grief Therapy (CGT) is a targeted approach designed specifically for Prolonged Grief Disorder, addressing persistent and disabling grief symptoms (Fenn & Byrne, 2013).

### ***2.8.2 Alternative and Community-Based Support***

Peer support groups provide bereaved individuals with shared experiences and validation, creating a sense of connection. Online bereavement support has seen a rise in digital mourning communities and virtual memorials, offering accessible and immediate grief support. Rituals and memorialisation, such as personalised funerals, memorial gardens, and commemorative events, help individuals process loss in meaningful ways (Stelzer et al., 2020).

### ***2.8.3 Coping Strategies in Bereavement***

Coping mechanisms vary widely and influence psychological adjustment to loss.

### ***2.8.4 Emotional Coping***

Expressive writing and journaling provide an outlet for emotions, while creative arts therapy allows individuals to process grief through artistic expression. Participating in religious or spiritual practices can offer comfort and a sense of continuity in the relationship with the deceased (Stelzer et al., 2020).

### ***2.8.5 Behavioural Coping***

Maintaining daily routines and self-care practices contributes to emotional stability and a sense of normalcy. Establishing new roles and identities helps bereaved individuals adjust to life after loss and rediscover a sense of purpose (Rawlings et al., 2022).

### ***2.8.6 Cognitive Coping***

Meaning-making and sense-making processes help individuals interpret their loss in ways that facilitate healing. Engaging in post-traumatic growth through personal development allows for resilience and transformation after bereavement (Sands, 2008; Stelzer et al., 2020).

## **2.9 The Role of Social Support Systems in Bereavement**

The availability and quality of social support significantly impacts the grief process (Stelzer et al., 2020).

### ***2.9.1 Family and Friends***

Close relationships play a vital role in bereavement adjustment by providing emotional and practical support. However, challenges in receiving support, such as social withdrawal or differing grief responses among family members, can

complicate the grieving process (Rawlings et al., 2022).

### ***2.9.2 Professional and Institutional Support***

Counselling services, hospice care, and community organisations play a crucial role in providing structured bereavement support. Government policies on bereavement leave and financial support also influence how individuals navigate grief, highlighting the intersection of policy and personal loss (Okello, 2025).

### ***2.9.3 Cultural Sensitivity in Bereavement***

Grief is deeply embedded in cultural traditions, and mourning practices vary widely across societies (Mortazavi et al., 2021).

### ***2.9.4 Cultural Variations in Mourning Practices***

Traditional funerary customs differ across cultures, influencing how individuals express and process grief. Religion plays a significant role in shaping grief rituals, guiding how individuals honour the deceased. Adaptation of grief practices in multicultural societies reflects the evolving nature of bereavement in globalised contexts (Mortazavi et al., 2021).

### ***2.9.5 The Impact of Globalisation on Bereavement***

Hybrid mourning practices have emerged as cultures interact and influence one another, blending traditional and modern approaches to grief. The increasing role of technology in cross-cultural mourning, such as live-streamed funerals, demonstrates how globalisation is reshaping how individuals commemorate loss (Cummings, 2020). It is clear that the bereaved were precluded from these cultural traditions and support during the pandemic, leading to prolonged grief, increased emotional distress, and a lack of closure (Şimşek & Buldukoglu, 2021).

## 2.10 Journeying Beyond Mortality: Death Rituals and Cultural Practices

It's really difficult to explain to [the] children that she died when they haven't seen any evidence of the rituals.

— Joanna, p.11.

Rituals play a vital role in the grieving process, helping individuals navigate the emotional, psychological, and social challenges of bereavement. Rituals provide structure and meaning during a time of emotional chaos, allowing mourners to engage actively with their grief (Barnard, 2019). Grief can evoke feelings of helplessness and loss of control, but participating in rituals offers a way to regain agency and begin the process of mourning. Wagoner and de Luna (2021) state that rituals are universal in every social group, maintaining social order and providing meaning through shared unity. Their repetitive and familiar nature creates expectations that they will be consistently performed over time (Boyer & Liénard, 2006; Legare & Nielsen, 2020; Rappaport, 1999). Stelzer et al. (2020) further argues that rituals are inherently repetitive, purposeful, and symbolic, offering a silent message of continuity that can help individuals cope with significant life changes. Kapoor et al. (2022) describes rituals as “expressive, symbolic activities constructed of multiple behaviours that occur in a fixed, episodic sequence” steeped in traditions and passed down through generations (p. 7). These views contrast sharply with earlier, colonial-era anthropological and sociological perspectives, which often dismissed rituals as superstitious practices of ‘savages’ (Kapoor et al., 2022).

The familiarity of rituals provides comfort and a sense of order, especially during periods of unease (Mortazavi et al., 2021). Rooted in tradition, often derived from religious texts such as the Bible or Quran, rituals embody practices considered ‘time-honoured’ and resistant to change. This adherence to tradition fosters a sense

of stability and continuity with past generations (Kapoor et al., 2022). Neimeyer et al. (2002) highlights that rituals related to death and bereavement provide integrative and regulatory functions. They can offer structure amidst emotional turmoil, conferring symbolic order, and facilitate the construction of shared meanings within families and communities. Rituals associated with death serve various purposes, including honouring the deceased, offering a sense of closure, and facilitating the grieving process (Boholano & Remedios, 2022). These practices vary widely across cultures, religions, and communities, reflecting the diversity of beliefs surrounding death and grief (Şimşek & Buldukoglu, 2021). While sorrow, anger, and sadness may be universal responses to loss, the outward expression of grief is deeply influenced by cultural and societal norms (Currier et al., 2006; Tyrrell et al., 2023). Customs around funeral rites, memorial ceremonies, and public or private grieving practices embody specific societies' unique values and traditions (Ender et al., 2022).

### ***2.10.1 Rituals Across Cultures***

Across all cultures, rituals provide a framework for individuals to 'pay their last respects' and manage the transition from life to death. Funeral ceremonies, wakes, and celebrations of life are among the most common practices, varying from solemn gatherings to loud, vibrant commemorations (Fletcher, 2021). For instance, in African-American culture, funerals are often delayed, allowing all family members and friends sufficient time to attend, highlighting the communal importance of these rituals (Churn, 2007). In Islamic traditions, rituals involve bathing and clothing the deceased, demonstrating the need for physical proximity and care. Family and friends often gather to pray, share food, and commemorate the deceased at specific intervals, reflecting the interconnectedness of the spiritual and communal aspects of mourning (Ender et al., 2022). In Hinduism, the cremation process signifies the

soul's release and transition to Svarga (heaven), with the smoke from the funeral pyre marking the soul's journey. This ritual magnifies the importance of honouring the deceased's spiritual journey (Ghosh & Athira, 2022). Similarly, Chinese rituals of washing, dressing, and preparing the body reflect Confucian, Taoist, and Buddhist influences, symbolising respect and guiding the deceased into the afterlife (Chan, 2022). The Covid-19 pandemic disrupted many of these long-standing traditions, significantly altering rituals surrounding death and bereavement. Traditional funerals, wakes, and communal grieving were restricted, causing distress for many families (Kapoor et al., 2022). However, the pandemic also led to new, technology-driven practices, such as virtual funerals, which allowed families to stay connected despite physical distancing measures (Rawlings et al., 2022). Whilst some mourners viewed these adaptations as burdensome, others appreciated the opportunity to reimagine traditions and found solace in innovative rituals (Long et al., 2022).

### ***2.10.2 The Role of Rituals in Grieving***

Rituals are integral to the grieving process, providing psychological and social benefits that help individuals process their loss (Fletcher, 2021). Participating in rituals allows mourners to validate their emotions, manage anxiety, and maintain a sense of connection with the deceased (Şimşek & Buldukoglu, 2021). Mortazavi et al. (2021) argue that rituals offer therapeutic effects by fostering social connection, symbolic meaning, and emotional regulation. The absence of rituals, conversely, can complicate the grieving process, making psychological acceptance of the loss more challenging (Valck et al., 2021).

The pandemic's impact on ritualistic practices revealed the resilience and adaptability of human grieving behaviours. While traditional practices were disrupted, the emergence of virtual and hybrid rituals demonstrated the capacity of

mourners to adapt to changing circumstances while maintaining the essence of commemorating their loved ones. Lowe et al. (2020) describe these new rituals as viable ways of remembering and grieving, providing innovative pathways for honouring the deceased while supporting the bereaved. Rituals serve as powerful testaments to the enduring human need to mark significant life events and navigate the complexities of mortality. By blending spiritual, social, and emotional dimensions, they offer a framework for mourning that transcends cultural and temporal boundaries, allowing individuals and communities to find solace, connection, and meaning in the face of loss. Table 4 provides an overview of rituals and their roles across cultures.

### **2.11 Encountering Mortality: Exploring the Ritual of Viewing the Deceased Across Cultures and Traditions**

The ritual of viewing the deceased holds significance across cultures, providing mourners with a critical moment of closure and acceptance in the grieving process (Harrop, 2024). Chen (2022) observed that the pandemic and its associated restrictions “significantly interrupted the grief process” (p. 11). Measures such as prohibiting hospital and care home visits and restrictions on gatherings in private homes meant that families were often unable to be physically present with their dying loved ones. Being present at the bedside of a dying loved one is a considerable experience, offering opportunities for connection, support, closure, and emotional healing. The presence of loved ones can bring comfort and reassurance to the dying person, alleviating feelings of fear and isolation while simultaneously providing family members a chance to express love, share feelings, and find support (Kaur-Aujla et al., 2022). During the pandemic, technological alternatives such as video calls became the only means of saying goodbye.

Whilst these tools provided some connection, Chen (2022) notes that such farewells often intensified feelings of sorrow, guilt, and regret, especially when

family members could not offer physical comfort or share a last touch. For many, the image of a loved one unconscious or sedated—often their last memory—was particularly distressing.

### ***2.11.1 The Role of Viewing the Deceased in Grieving***

Viewing the deceased after death is a ritual deeply rooted in cultural and psychological traditions, serving as a tangible confirmation of death and a step toward emotional acceptance. Quadros and Sibal (2022) indicate that this ritual allows family members to say goodbye, offering comfort and closure. The inability to view the body during the pandemic led to distress, as mourners were denied this critical moment of finality. Aguiar et al. (2022) highlights that being unable to say goodbye or see the body can contribute to Prolonged Grief Disorder (PGD), as it disrupts the natural grieving process. Similarly, Chan (2022) argues that restricting access to the deceased hampers the mourner's ability to process loss.

### ***2.11.2 Cultural Perspectives on Viewing the Deceased***

The ritual of viewing and the handling of the deceased varies across cultures but often holds deep spiritual and emotional significance. In Hinduism, for example, the cremation ceremony is considered the actual moment of death, marking the soul's release and transition to the afterlife. Without this ritual, sadness and guilt are heightened, as the deceased cannot complete their final sacrifice to the gods (Ghosh & Athira, 2022). In the Philippines, funeral rituals often involve family members leaving money around the coffin, representing their care for the deceased in the afterlife (Boholano & Remedios, 2022). During the pandemic, these deeply personal and cultural rituals were disrupted, leaving many families unable to perform essential practices. Quadros and Sibal (2022) note that these disruptions created a sense of ambiguity and emotional incompleteness for the bereaved.

Public Health England (PHE) imposed strict guidelines to limit the handling of deceased individuals who had contracted the virus. While these measures were necessary to protect public health, they prevented families from participating in traditional rituals such as washing, dressing, or touching the deceased, which hold significant cultural and emotional value (Chan, 2022). Understanding the importance of cultural perspectives on dying is crucial, as the disruption of these practices during the Covid-19 pandemic intensified grief and limited opportunities for closure and support (Şimşek & Buldukoglu, 2021). Acknowledging and incorporating these cultural values can help mitigate the challenges of the psychological impact of bereavement during such crises.

### ***2.11.3 Psychological Impact of Disrupted Rituals***

The absence of traditional rituals, such as viewing the body or being present at the time of death, had profound psychological effects on mourners. For many, these rituals serve as proof of death and a means of processing the loss. Denying these moments can often magnify sorrow, guilt, and helplessness (Chen, 2022). Such disruptions also left many with a sense of unresolved grief, which can hinder emotional healing and adjustment (Şimşek & Buldukoglu, 2021). Aguiar et al. (2022) notes that physical separation from the deceased amplified the emotional pain of the bereaved, drawing attention to the universal importance of such rituals in the grieving process.

### ***2.11.4 Adapting Rituals in the Face of Disruption***

Despite the challenges posed by the pandemic, some families found ways to adapt their rituals by leveraging technology to stay connected and honour their loved ones. While not ideal, virtual goodbyes allowed for some form of closure, and

innovations such as live-streamed funerals provided new opportunities for participation and commemoration (Rawlings et al., 2022). Kapoor et al. (2022) suggests that these adaptations, though initially born out of necessity, may pave the way for modernised rituals that balance tradition with contemporary needs.

Viewing the deceased is a cornerstone of grieving across cultures, offering comfort, closure, and a sense of continuity in the face of loss. The disruptions caused by the Covid-19 pandemic highlighted the profound importance of these practices while also prompting innovative adaptations. As societies continue to navigate the evolving landscape of mourning, the balance between honouring traditional rituals and embracing new practices will remain a central consideration for individuals and communities.

## **2.12 Beyond the Grave: A Cultural Examinations of Funeral Practices and their Social Implications**

The ritual of burying the dead is an ancient practice, traceable to early civilisations such as Ancient Greece, that has evolved significantly over time. Through various forms and expressions, funeral practices have consistently served as cultural markers of mourning and transition. They signify the state of bereavement for the living, honour the deceased, and facilitate the passage through the life cycle (Valck et al., 2021). From the opulent funerals of the Victorian era to modern, minimalist 'direct funerals', where no mourners or ceremonies accompany the cremation or burial, how societies manage death reveals much about their values and beliefs (Khosravi, 2021).

Funerals are universally significant rituals, providing a structured opportunity for family, friends, and communities to come together, express grief, and pay

respect to the deceased. As Lebni et al. (2022) notes, funerals play a critical role in mourning, offering emotional support and fostering collective coping. The process usually begins with the formal confirmation of death by a medical professional, followed by registration of the death and decisions about cremation or burial. Personalised rituals, such as eulogies, hymns, poems, or symbolic gestures that honour the deceased's life, often accompany contemporary funerals (Chan, 2022).

### ***2.12.1 The Social Role of Funerals***

Funerals serve as more than individual or family events; they are collective rituals that provide structure and meaning in the aftermath of death. They establish a formal mourning period, marking the deceased's transition while demonstrating respect and solidarity among mourners (Cardoso et al., 2020). Chan (2022) states that funerals symbolise collective support by allowing the bereaved to share grief openly and receive comfort from others.

Rawlings et al. (2022) describes funerals as “the ultimate in final stories”, (p. 431) and a ritual that provides a sense of closure while also triggering the grieving process. According to Cardoso et al. (2020), these ceremonies facilitate “psychological maturation”, allowing mourners to bear witness to the loss and publicly acknowledge their grief (p. 2). Often perceived as a therapeutic act, funeral arrangements give the bereaved a sense of control during a time filled with unease. Historically, families took charge of funeral arrangements, but over time, the task shifted to funeral homes, distancing the bereaved from death. More recently, there has been a movement to reclaim these rituals, with communities increasingly managing the organisation of the funerals themselves (Lowe et al., 2020). Funeral practices can be secular or religious, ranging from traditional ceremonies to highly personalised events. Modern funerals may include unique elements such as coffin

decorations, photo slideshows, or pre-recorded messages from the deceased (Kapoor et al., 2022). While steeped in tradition, religious rituals often adapt to contemporary contexts, reflecting the evolving needs of mourners. Participation in these rituals provides a sense of solidarity and helps the bereaved to accept their loss, reducing the risk of Prolonged Grief Disorder (Chen, 2022; Ender et al., 2022).

### ***2.12.2 Cultural Variations in Funeral Practices***

The cultural and religious significance of funerals varies widely. In the Catholic faith, for example, vigils are held to honour the deceased and offer spiritual support, while in Iran, family members often stay with the body until burial, sometimes assisting in digging the grave as a symbolic act of acceptance (Lebni et al., 2022). In Brazilian culture, celebrating the deceased's life and making amends through rituals is fundamental to mourning (Cardoso et al., 2020). In the Hindu tradition, cremation signifies the release of the soul, and rituals prepare the deceased for the afterlife (Ghosh & Athira, 2022).

The Covid-19 pandemic disrupted these culturally significant practices, with restrictions limiting the number of attendees, prohibiting traditional rites, and preventing close physical contact with the deceased. In some cases, mourners turned to technology, using virtual platforms to participate in ceremonies and express their grief. While digital adaptations provided a necessary alternative, they often failed to replicate the emotional depth of in-person rituals (Chen, 2022). The pandemic's restrictions on funerary practices had profound psychological and social implications. Many mourners could not perform traditional rituals, such as viewing the deceased or participating in communal mourning, which is critical for emotional closure and acceptance. Chen (2022) suggests that these disruptions contributed to heightened feelings of disbelief, resentment, and psychological

distress. For example, Brazilian government measures during the pandemic mandated quick funerals with limited attendees, excluding some traditional practices such as viewing the body or holding wakes. This absence of ritual left families feeling emotionally unprepared and disconnected from their grief (Cardoso et al., 2020). Similarly, in Iran, the inability to host home visits or spend time with the deceased was perceived as a significant loss, further complicating the grieving process (Lebni et al., 2022). Mortazavi et al. (2021) argues that funerals provide a sense of social transition, marking the bereaved person's passage into a new social role and easing their emotional burden through communal support. The lack of this transition during the pandemic, coupled with the isolation imposed by restrictions, heightened feelings of denial and impeded the grieving process. Cardoso et al. (2020) asserts that the absence of rituals can create psychological gaps, leaving the bereaved vulnerable to Prolonged Grief Disorder.

### ***2.12.3 Adapting Funeral Practices***

Despite these challenges, the pandemic also prompted adaptations in funeral practices, with some viewing the disruptions as an opportunity to reimagine traditions. Long et al. (2022) argues that changes to established rituals can be liberating, allowing individuals and cultures to redesign practices to suit contemporary needs. For example, smaller, more intimate funerals gave some mourners a greater focus on their grief which may not have been permitted had they been conscious of their role in managing the emotions of others (Rawlings et al., 2022). While not without technical challenges, virtual funerals allowed families to maintain connections and honour the deceased despite physical distancing measures. Lowe et al. (2020) suggests that these innovations may persist post-pandemic, offering a hybrid model of in-person and digital participation in funerals.

Critics argue that virtual ceremonies lack the depth and emotional resonance of traditional practices, stressing the need to balance technological solutions with cultural and emotional needs (Valck et al., 2021).

Funeral practices are deeply rooted in cultural and social contexts, providing essential rituals for mourning, closure, and community support. While the Covid-19 pandemic disrupted these traditions, it also revealed their significance and demonstrated how societies manage death and bereavement. Lowe et al. (2020) notes that the pandemic highlighted the importance of reevaluating public rituals and incorporating lessons learned to create more inclusive and adaptable practices. Whether through traditional ceremonies or modern adaptations, funerals remain vital to navigating the complexities of mortality and fostering resilience in the face of loss.

### **2.13 Legal Implications and Adaptations: Examining Changes in Death Rituals Amidst the Covid-19 Pandemic**

Chan (2022) examines the legal implications of the restrictions imposed on funerary practices during the Covid-19 pandemic, questioning whether the balance between public health protection and the grieving needs of mourners was adequate. The author highlights that local authorities were granted specific powers under emergency legislation, enabling them to manage the storage and disposal of the deceased in ways that streamlined burial or cremation processes. Whilst aimed at mitigating public health risks, these measures often limited mourners' ability to conduct funerals according to their preferences or the deceased's wishes. One contentious aspect of these powers was the suspension of specific provisions in the Public Health Act 1984 by the Coronavirus Act (2020).

Notably, the suspension permitted the cremation of the deceased even if it contravened their expressed wishes—a practice previously prohibited. Chan acknowledges the ethically demanding decisions faced by those in governance, noting the evidence that intermingling among households increased the risk of virus transmission thereby informing the move to enact these restrictions in efforts to prioritise the protection of public health. Despite these justifications, Chan argues that the bereaved were left with no choice but to accept the limitations imposed on their mourning rituals, often exacerbating their grief. The loss of traditional practices, compounded by the abruptness and inflexibility of the restrictions, heightened the emotional toll on those who were mourning loved ones. Chan stresses the importance of providing well-being support to individuals affected by these disruptions, acknowledging that grief is an inherently long and challenging process further intensified by the unique pressures of the pandemic. By framing the discussion within the intersection of legal, social, and emotional considerations, Chan's analysis shows the complexities of balancing individual needs with collective safety in unprecedented times.

## **2.14 Summary**

In summary, the conceptual review highlighted the psychological, social, and existential significance of rituals, as well as the gaps in empirical knowledge about their disruption. These insights shaped the research questions and provided the theoretical grounding for the interpretative phenomenological analysis that follows. Whilst the overall quality of the research is admirable, notable gaps remain, particularly in the detailed exploration of the bereavement experience during this period. Many studies focus on the practicalities of funerary practices rather than the emotional and psychological toll on the bereaved, highlighting a need for further

investigation into the lived experiences of those affected. Some studies, such as those by Lebni et al. (2022) and Mortazavi et al. (2021), do provide narratives that explore the emotional impact of bereavement during the pandemic. Lebni et al. (2022), in their research in Iran, identifies key areas of distress for the bereaved, including incomplete farewells, lonely burials, and feelings of abandonment. Similarly, Mortazavi et al. (2021) found that participants experienced loneliness and despair while facing the limitations imposed on traditional mourning practices. In a study conducted in Turkey, Şimşek and Buldukoglu (2021) accentuated the absence of rituals, physical touch, and familial presence as significant factors that hindered the grieving process. Among the sixteen research papers reviewed, all highlighted changes brought about by the pandemic, such as virtual funerals.

However, only four studies—those by Lebni et al. (2022), Mortazavi et al. (2021), Valck et al. (2021), and Long et al. (2022)—provided detailed accounts of lived experiences related to the pandemic. Despite this, these accounts were not explicitly focused on the experience of bereavement. Much of the literature, including work by Chen (2022), Ghosh and Athira (2022), and Quadros and Sibal (2022), examined logistical aspects of funerary practices, such as adaptations to restrictions, but lacked a comprehensive exploration of their emotional and psychological implications. A critical gap in the existing literature is the lack of integration between grief models and the concept of death without rituals. Understanding grief without rituals is important because it acknowledges the diverse, individualised ways people experience and cope with loss, especially when they do not have access to, or choose not to follow traditional rituals or societal norms. Although several studies reference theoretical frameworks of grief,

they do not explicitly link these models to the unique context of mourning without traditional practices. This disconnect leaves an incomplete understanding of how the absence of rituals impacts the grieving process—an area the present study aims to address.

Rituals associated with death and dying hold profound significance across cultures, offering a structured framework through which individuals and communities navigate the emotional and psychological upheaval of loss. The current body of research lacks sufficient qualitative studies conducted by the counselling and psychotherapy profession that collate existing knowledge and employ Interpretative Phenomenological Analysis (IPA) as a method of inquiry. The present study seeks to address this gap by investigating the question: What is the impact on the grieving process of being denied rituals following the death of a loved one? Grounded in IPA methodology, this research will investigate the personal and subjective experiences of individuals who have faced this specific form of loss. The study will explore how the absence of traditional mourning practices affects the bereaved individuals' emotional, psychological, and social well-being. By focusing on the lived experiences of the bereaved, this study aims to uncover nuanced insights into the relationship between grief and the absence of rituals. The findings will enhance the theoretical understanding of grief in contexts of disrupted mourning practices and contribute to developing therapeutic interventions tailored to the unique needs of bereaved individuals. Furthermore, the research seeks to provide practical guidance to clinicians, counsellors, and organisations that support the bereaved, ensuring that these individuals receive informed and compassionate care. The absence of traditional mourning rituals following a death presents a profound disruption to the grieving process, as these

rituals serve as symbolic acts that help individuals construct meaning around loss. Symbolic Interactionism, a sociological theory developed by Mead (Barnhill, 2011) and later expanded by Blumer (Barnhill, 2011), provides a valuable framework for understanding how individuals and societies navigate grief through shared symbols and interactions. Rituals such as funerals, memorial services, and mourning customs are not merely ceremonial acts; they function as socially constructed symbols that allow the bereaved to process emotions, receive communal support, and reinforce collective identity (Neimeyer et al., 2014). Through participation in these rituals, mourners engage in a socially recognised process of grief, which aids in acceptance and emotional adaptation. However, when these rituals are absent—whether due to social restrictions, cultural shifts, or personal circumstances—individuals are left without the structured meaning-making mechanisms that typically facilitate mourning (Hoy, 2021). This disruption can lead to heightened psychological distress, as mourners struggle to find alternative ways to express grief and maintain a symbolic connection with the deceased (Sands, 2008). By applying Symbolic Interactionism, this study examines how the absence of rituals complicates the grieving process, the ways individuals attempt to construct meaning in alternative ways, and the emergence of new mourning practices such as digital memorials and online tributes as contemporary symbols of remembrance.

This study seeks to improve the quality of support and interventions for those navigating grief without the anchoring presence of traditional mourning rituals. Bridging the gaps in existing literature and practice will offer valuable contributions to the field of bereavement studies and the broader understanding of grief in contemporary society.

# CHAPTER 3: METHODOLOGY

## 3.1 Introduction

In this chapter, I set out the rationale for adopting a qualitative methodology to investigate the phenomenon under study. My focus was on exploring lived experiences in their natural contexts and making sense of how participants themselves interpreted those experiences (Collette et al., 2025). I adopted an interpretivist and constructivist stance, which assumes that reality is not fixed or objective but is socially constructed and shaped through interaction, language, and culture (Smith & Nizza, 2021).

I recognise that qualitative research values subjectivity, contextual understanding, and inductive reasoning. In contrast, quantitative research seeks measurable, objective data rooted in positivist traditions. While quantitative approaches have their place, they do not align with the aims of my study. My interest lay in uncovering meaning, context, and nuance in relation to bereavement and ritual disruption, all questions that cannot be adequately addressed through numerical data or statistical analysis.

Interpretative Phenomenological Analysis (IPA) emerged as the most appropriate methodology for this research. It is grounded in phenomenology, hermeneutics, and idiography, and allows for detailed exploration of how people make sense of significant life events. This chapter outlines my epistemological and ontological stance, describes the theoretical frameworks that underpin my work, explains why IPA was chosen, and details how I addressed issues of reflexivity, ethics, and quality throughout the research.

### **3.2 Epistemological Position**

My epistemological position is social constructionist. I understand knowledge not as a neutral reflection of reality, but as something created and negotiated through human interaction and language (Burr & Dick, 2017). From this perspective, what we regard as 'truth' is shaped by cultural, historical, and political contexts (Chamberlain, 2015; Rorty, 1989).

For this study, I was not seeking to uncover a single objective truth about disrupted rituals in bereavement. Instead, I wanted to explore how participants constructed their narratives of loss within the unique context of the COVID-19 pandemic and how they made meaning of their experiences. This orientation allowed me to situate accounts within wider socio-political realities, while acknowledging their subjective and contextual nature.

### **3.3 Critical Realism**

Alongside my social constructionist stance, I drew on critical realism. This acknowledges that there is a reality independent of perception, but our access to it is always mediated by social, cultural, and personal interpretations (Bhaskar, 2008). In practice, this meant I recognised both the underlying structures influencing bereavement (such as health policy restrictions) and the subjective ways individuals experienced them.

Critical realism was helpful in balancing my awareness that participants' accounts were both real and constructed. It aligned with IPA's recognition that experiences are always interpreted, by the participant, and again by me as the researcher. This stance enabled me to examine both the individual meaning-making processes and the broader structural realities shaping them.

### **3.4 Theoretical Framework: Symbolic Interactionism**

I also drew on symbolic interactionism as a theoretical framework. This perspective emphasises how people construct meaning through social interaction and through the use of symbols (Stets & Carter, 2011). Rituals, as socially embedded practices, carry symbolic significance. Their absence during the pandemic created spaces where participants had to renegotiate meaning.

Using symbolic interactionism alongside IPA allowed me to focus not just on individual interpretations but also on how those interpretations were shaped by cultural practices, relationships, and societal norms. This dual lens was valuable in understanding how participants' grief was mediated by the absence of collective rituals.

### **3.5 Interpretative Phenomenological Analysis (IPA)**

IPA provided the methodological framework for the study. My aim was to capture participants' lived experiences and to interpret the meaning they made of bereavement in the absence of rituals (Smith et al., 2022). IPA is rooted in phenomenology, hermeneutics, and idiography, and its commitment to detailed, idiographic exploration suited my research questions.

#### ***3.5.1 The Role of Interpretation***

In IPA, I recognised that understanding participants' accounts required interpretation. I was engaged in the "double hermeneutic": participants were making sense of their experiences, and I was making sense of their sense-making. My interpretative role was not neutral, and I remained reflexive about how my background as a therapist and researcher shaped my analysis.

### **3.6 Phenomenology**

IPA's phenomenological foundation was important to me as it emphasises the lived and subjective experience of participants (Smith & Nizza, 2021). In line with Husserl's principle of bracketing, I acknowledged my own bereavement experiences during the pandemic but set these aside as much as possible so I could attend to participants' accounts on their own terms. I used reflexive journalling to monitor this process and supervision to check that my interpretations remained participant-centred.

### **3.7 Hermeneutics**

Hermeneutics framed my approach to analysis as an interpretative and iterative process. I moved back and forth between parts of the transcript and the whole, and between my pre-understandings and the data itself — engaging in the hermeneutic circle (Heidegger, 1962).

IPA's double hermeneutic meant I was interpreting how participants themselves made meaning. At times I was aware of my therapist instincts wanting to intervene or support; instead, I reminded myself that my role was to stay with the data as researcher, not as therapist. I recorded these tensions in my reflexive journal.

### **3.8 Idiography**

The idiographic focus of IPA shaped my sampling and analysis. I attended carefully to each case before moving to cross-case analysis, ensuring that individual voices were honoured. Only after developing detailed case-level themes did I look for patterns and points of convergence across participants. This allowed me to stay grounded in the specificity of each account while also identifying shared experiential themes.

### **3.9 Reflexivity: Separating Therapist and Researcher**

As a practising therapist, I had to consciously manage the boundary between therapist and researcher. In interviews, I drew on therapeutic skills such as empathy and active listening to support participants to share their stories. At the same time, I resisted the urge to reassure, normalise, or provide intervention. Instead, I reminded myself that my role was to facilitate narrative rather than offer therapy.

I noted moments in my reflexive journal where I felt pulled into the therapist role and reflected on how I redirected myself. I also discussed these issues in supervision to ensure my analytic interpretations were grounded in the data rather than my clinical perspective. This process allowed me to remain consistent with IPA's commitment to phenomenology, hermeneutics, and idiography while respecting participants' expertise in their own experiences.

### **3.10 Limitations of IPA**

I acknowledge that IPA is not without critique. Concerns include subjectivity, reliance on language, and small sample sizes. Critics argue that researchers' preconceptions inevitably shape the analysis (Eatough & Smith, 2006). I addressed this through reflexivity and supervision. The idiographic nature of IPA also means findings are not statistically generalisable, but the goal of this research was depth, not breadth. For my research question, IPA remained the most suitable methodology.

### **3.11 Alternative Methodologies**

I considered alternative qualitative approaches such as descriptive phenomenology, grounded theory, narrative analysis, and discourse analysis. Each has value, but they did not align with my research aim.

For example, Reflexive Thematic Analysis (Braun & Clarke, 2006, 2019) focuses on identifying broad patterns, whereas I required an idiographic and interpretative focus. Similarly, grounded theory prioritises theory generation, while my interest lay in lived experience. IPA's fit with my ontological and epistemological stance made it the right choice.

### **3.12 Quality Measures**

To ensure quality, I drew on Yardley's (2008) four principles: sensitivity to context, commitment and rigour, transparency and coherence, and impact and importance. I demonstrated sensitivity by situating my study within existing bereavement literature and honouring participants' voices. Rigour was shown through prolonged engagement, iterative analysis, and a clear audit trail. Transparency and coherence were achieved by documenting decisions and aligning methodology with aims. Finally, impact and importance were addressed by focusing on a phenomenon of real-world significance with implications for bereavement practice.

I also evaluated the study against the IPA Quality Evaluation Guide (Nizza et al., 2021), ensuring that my work demonstrated at least acceptable practice across phenomenology, hermeneutics, and idiography, with elements of good practice in its reflexivity and interpretative depth.

### **3.13 Counselling, Psychotherapy, and IPA**

I see IPA as highly compatible with the ethos of counselling and psychotherapy. Both approaches view individuals as experts in their own experiences and emphasise relational equality, empathy, and respect (Eatough & Smith, 2006; Kasket, 2012). In my research, I facilitated participants' storytelling in a way that mirrored therapeutic principles while maintaining the role of researcher. This alignment between IPA and therapeutic practice meant that my study not only

generated valuable insights into bereavement and ritual disruption but also contributed knowledge that can inform therapeutic work.

# CHAPTER 4: METHOD

## 4.1 Introduction

This chapter outlines the methodological framework employed to address the research question, providing a comprehensive overview of the research design and the data collection and analysis procedures. It begins by detailing the research design, including the criteria for participant selection and the study's contextual setting, to ensure transparency and reproducibility. A thorough explanation of the data collection methods will follow, describing the tools and techniques employed to gather information relevant to the study's objectives. The chapter then elaborates on the data analysis procedures used, offering a systematic account of how the data was examined to identify meaningful patterns, themes, and insights. Ethical considerations are also addressed, focusing on the measures taken to uphold the research process's integrity, confidentiality, and ethical conduct. By providing a detailed account of the methodology, this chapter establishes the foundation for understanding the study's approach while reinforcing the credibility and reliability of its findings.

## 4.2 Design

Smith et al. (2022) regard semi-structured interviews as the most suitable method for collecting data in an Interpretative Phenomenological Analysis (IPA) study (Appendix E). This method was adopted for the present research as it is versatile and effective in capturing the richness and complexity of human experiences. Semi-structured interviews allow for a flexible yet focused interaction between researchers and participants, creating a depth of understanding that aligns with the

goals of IPA. This method allowed participants to share their experiences, reflect on their grief, and derive meaning and understanding from their narratives (Smith et al., 2022).

Smith et al. (2022) laid out this study's IPA principles. A purposeful and homogenous sampling strategy was used to ensure the results were relevant and accurate. The ten participants included in the study formed a homogenous sample, as they all shared the experience of bereavement between March 2020 and March 2021. This period was chosen to explore the unique contexts and challenges of grieving during the Covid-19 pandemic. Semi-structured interviews served as the primary method for data collection, providing a framework for open ended, in-depth conversations while allowing flexibility for participants to elaborate on their experiences. A multi-layered analytical approach was employed to analyse the data, consistent with the idiographic focus of IPA. This method enabled the development of detailed, nuanced insights into the lived experiences of each participant while maintaining a balance between individual accounts and overarching themes. By adopting this design, the study seeks to demonstrate a comprehensive understanding of the participants' grief experiences, contributing valuable insights to the field.

### **4.3 Sampling Strategy**

The sampling strategy for this study was designed to ensure in-depth exploration of participants' lived experiences while aligning with the principles of Interpretative Phenomenological Analysis (IPA). Given the qualitative nature of the research, a purposive sampling approach was used to recruit individuals who had experienced bereavement during the Covid-19 pandemic and had been directly affected by the absence of traditional rituals. This strategy allowed for a detailed, rich

understanding of grief within the specific context of disrupted mourning practices.

However, several limitations of this sampling approach must be acknowledged. One of the key constraints is the limited cultural diversity within the sample. Given that grief and mourning rituals are deeply embedded in cultural traditions, a more diverse sample could have provided a broader understanding of how different communities navigated bereavement under restrictive circumstances. The lack of significant cultural variation may limit the generalisability of the findings and their applicability to populations with distinct mourning customs. Additionally, the small sample size, a characteristic of IPA research, means that the findings are highly contextual and may not fully represent the experiences of all bereaved individuals. While this depth-oriented approach is valuable for capturing the complexities of personal narratives, it also restricts the study's ability to make broader claims about grief experiences across different demographic or cultural groups. Recognising these limitations is crucial for contextualising the findings. Future research could benefit from a more diverse participant pool to explore how cultural backgrounds influence bereavement experiences and the adaptation of rituals. Expanding the sample to include individuals from a wider range of cultural, religious, and socioeconomic backgrounds would enhance the study's ability to draw more inclusive conclusions about the role of rituals in grief.

#### **4.4 Recruitment Strategy**

Several organisations specialising in bereavement support supported the recruitment process for this study. These included Cruse Bereavement Care, East Lancashire Hospital Trust, and East Lancashire Hospice. Recruitment began with the dissemination of an advertisement via email to these organisations (see Appendix B). The advertisement invited potential participants who met the inclusion

criteria to express their interest in the study. Over a four-month period, 14 individuals made initial contact; 4 did not meet the inclusion criteria and were excluded (two had bereavements outside the timeframe, one was under 18, and one was not resident in the UK). This resulted in a final sample of 10 participants, which is consistent with IPA guidelines for small, purposive samples that allow for detailed, idiographic exploration (Smith, Flowers, & Larkin, 2009). Upon receiving an inquiry, each potential participant received a detailed information sheet outlining the research's purpose, scope, nature, and the steps involved, including obtaining informed consent. Once a signed consent form was returned (Appendix C), an interview date and time were arranged with each participant. The study included participants aged between 26 and 70, all of whom had experienced the death of a loved one between March 2020 and March 2021. This period was chosen to explore the impact of bereavement within the unique context of the Covid-19 pandemic. Given the topic's sensitive nature, significant care was taken to minimise potential distress during and after the interviews. Participants were informed about the availability of emotional support resources should they need them following their participation. This recruitment strategy ensured participants were selected purposefully and homogeneously, consistent with the principles of IPA, while prioritising their well-being and ensuring ethical conduct.

#### **4.5 Experience of the Recruitment Process**

Recruitment was both a rewarding and, at times, an emotionally demanding process. Although 14 individuals initially expressed interest, only 10 met the inclusion criteria and proceeded to interview. Four were excluded either because their bereavements occurred outside the COVID-19 timeframe, they were under 18, or they were not UK residents. In addition, a small number of those who enquired

decided not to continue after receiving further information, often because of the emotional weight of the subject matter. This was an important reminder of the sensitivities involved when inviting participation from recently bereaved individuals.

As a researcher, I was aware of the ethical responsibility to balance the need for participants with the need to protect individuals who might be too vulnerable at that stage of grief. I sometimes felt conflicted because I was keen to honour their willingness to share but also conscious that participation might intensify their distress. I resolved this by being transparent at each step, providing comprehensive information sheets, and emphasising that participation was voluntary, with the right to withdraw at any stage. I also ensured that resources for emotional support were readily available, which reassured both me and the participants.

To achieve purposive and homogeneous sampling, the inclusion criteria were tightly defined: participants had to be aged 18 or over, resident in the UK, and have experienced the death of a close loved one between March 2020 and March 2021. This ensured coherence in relation to the phenomenon under study—disrupted rituals during the COVID-19 pandemic—while also aligning with the principles of IPA, which favour smaller, homogenous samples to allow for depth of analysis.

Overall, the recruitment process required patience, ethical sensitivity, and flexibility. It reinforced my appreciation of the courage it takes for bereaved individuals to participate in research of this nature, and it deepened my commitment to ensuring their voices were represented respectfully and authentically in the study.

#### ***4.5.1 The Interview***

Due to the ongoing concerns regarding the transmission of the Covid-19 virus, all participant interviews were conducted remotely using Microsoft Teams (MS

Teams). This online video platform was chosen for its security features and ability to generate a live interview transcript, ensuring confidentiality and convenience for participants. The interviews began with an emphasis on building rapport, as recommended by Heppner et al. (2006), who highlights rapport-building as a critical element of the interview process. Establishing trust and a comfortable environment for participants was essential for encouraging open and meaningful dialogue, particularly given the topic's sensitive nature. Each interview concluded with measures to ensure the psychological well-being of participants. This included a debriefing process where participants were thanked for their contribution, reassured of the value of their input, and reminded of the availability of support resources as outlined in the participant information sheet (Appendix D). These steps were implemented to prioritise the emotional safety of participants, ensuring they felt supported throughout the process. By utilising MS Teams and adhering to ethical and supportive practices, the interviews were conducted in a manner that upheld the study's methodological rigor while ensuring participant well-being.

#### **4.6 Participants**

The ten participants in this study comprised a homogenous group, as they all experienced the death of a loved one between March 2020 and March 2021. Pseudonyms were used for each participant to maintain anonymity and confidentiality. The sample also exhibited diversity regarding the circumstances surrounding the deaths and the absence of traditional rituals. For instance, while some participants were able to view the body of the deceased, others were not, highlighting the varied and unique nature of their bereavement experiences. A total of fourteen inquiries were received regarding participation in the study. Ten participants were selected and interviewed after applying the inclusion and

exclusion criteria (See Table 5). The final sample included eight females and two males all between the ages of 26 to 70. Before the interviews, each participant discussed using pseudonyms and identifying details for the participant and the deceased. While confidentiality was maintained through altering or removing specific details, information deemed critical for understanding the broader narratives of grief and loss was preserved. This chapter now provides an overview of each participant's loss, as summarised in Table 7.

**Table 7**  
**Demographic Information**

| <b>Name*</b> | <b>Age Range</b> | <b>Gender</b> | <b>Relationship to Deceased</b> |
|--------------|------------------|---------------|---------------------------------|
| Emily        | 40-50            | Female        | Daughter                        |
| Carmen       | 30-40            | Female        | Daughter                        |
| Joanna       | 30-40            | Female        | Granddaughter-in-Law            |
| Kevin        | 40-50            | Male          | Son                             |
| Peter        | 40-50            | Male          | Son and Nephew                  |
| Hannah       | 60-70            | Female        | Spouse                          |
| Ellie        | 40-50            | Female        | Friend                          |
| Pat          | 20-30            | Female        | Niece                           |
| Kim          | 30-40            | Female        | Daughter                        |
| Jo           | 30-40            | Female        | Sister                          |

\* *Pseudonym*

#### **4.6.1 Participant Summaries**

The following section provides an overview of each participant's experience of bereavement during the Covid-19 pandemic, highlighting their restrictions and how these impacted traditional mourning practices.

**Emily:** In May 2020, Emily experienced the death of her mother, who died while being transported to the hospital. Due to pandemic restrictions, Emily had not seen her mother for eight weeks before her death. She was able to view her mother's body at the hospital but faced limitations on the number of attendees at the funeral. In addition, she was not permitted to hold a wake or a celebration of life, which compounded the challenges of grieving her loss.

**Carmen:** In September 2020, Carmen experienced the death of her mother in a care home. Carmen felt fortunate to be with her mother at the time of her death, but she was unable to engage in the traditional after-death rituals that are culturally significant to her. The funeral had limited attendance, and there was no wake or celebration of her mother's life.

**Joanna:** In March 2020, Joanna experienced the death of her husband's grandmother, who died in a care home. Due to restrictions, her husband's grandmother was unable to have visitors and died alone. Joanna was unable to view the body, attend the funeral due to limited numbers, or participate in a wake or celebration of life, which left her grieving process unfulfilled.

**Kevin:** In April 2020, Kevin experienced the death of his mother, who died at home. Due to restrictions, his mother was not allowed visitors prior to her death. She had no wake or celebration of life due to the restrictions. Kevin was particularly distressed that restrictions also prevented him from carrying his mother's coffin to her final resting place—a ritual he had wished to perform.

**Peter:** In 2020, Peter faced the loss of two loved ones in quick succession. His mother's sister (his aunt) died alone at home in April, followed by his mother, who died in hospital in May. Peter was unable to view either body; he was restricted in the number of mourners at both funerals, and he was unable to hold a wake or a celebration of life for either of them.

**Hannah:** In April 2020, Hannah experienced the death of her husband, who died alone in the hospital. Although she was offered the opportunity to view his body, she chose not to. The funeral attendance was limited, and there was no wake or celebration of life, leaving her with few opportunities to commemorate his passing in traditional ways.

**Ellie:** In March 2020, Ellie's friend died after taking his own life at home. Restrictions prevented her from attending his funeral, and there was no wake or celebration of life, which left her struggling to process her grief.

**Pat:** In March 2021, Pat experienced the death of her aunt, who died at home. During her illness, Pat was unable to visit her aunt due to restrictions. She was also unable to view her body, attend her funeral, or participate in a wake or celebration of life, leaving her grieving process incomplete.

**Kim:** In May 2020, Kim experienced the death of her father, who died alone in the hospital. She was unable to visit him during his hospital stay or view his body after his death. Kim could also not attend his funeral in person but could watch it online. There was no wake or celebration of life, leaving Kim with limited opportunities to grieve traditionally.

**Jo:** In June 2020, Jo experienced the death of her sister, who died alone in the hospital. Jo was unable to visit her sister during her hospitalisation, view her body, or attend her funeral in person. Like Kim, she had the opportunity to watch

the funeral online. The absence of a wake or celebration of life exacerbated the difficulties she faced in coping with her loss.

#### **4.7 Ethical Approval**

The University of Central Lancashire's Ethics Committee granted ethical approval on May 3, 2022 (Appendix D). The British Association for Counselling and Psychotherapy (BACP) ethical guidelines for research were also observed (BACP, 2018).

#### **4.8 Ethical Issues**

Ethical considerations are paramount in counselling, psychotherapy, and research methodologies like Interpretative Phenomenological Analysis (IPA). These considerations focus on safeguarding the well-being, autonomy, privacy, and dignity of participants while also upholding the integrity and professionalism of researchers (Smith et al., 2022). In this study, ethical principles were rigorously applied to ensure that participants were respected and protected throughout the research process.

##### ***4.8.1 Informed Consent***

All participants were provided with a detailed information sheet (Appendix E) outlining the purpose, scope, and nature of the study, as well as their rights as participants. Participants were required to give written informed consent (Appendix C) before participating in the research, ensuring they fully understood the study's aims and their involvement. Consent was continuous, with participants reminded of their rights at every stage.

#### ***4.8.2 Confidentiality***

To protect the privacy of participants, all identifying information was anonymised. No names were used in the study, and any potentially identifying details were altered or omitted. The confidentiality of participants was maintained throughout the research process, and ethical guidelines and data protection regulations securely stored data.

#### ***4.8.3 Participant Autonomy***

Participants were informed of their right to decline to answer any question they did not wish to respond to and were assured they could pause or stop the interview at any time. This ensured that participants retained control over their level of engagement, empowering them to participate in a manner that felt safe and comfortable.

#### ***4.8.4 Right to Withdraw***

Participants were informed of their right to withdraw from the study within 72 hours following the interview. If a participant chose to withdraw, their interview and all associated personal data would be permanently deleted. This policy ensured participants had time to reconsider their involvement without pressure or obligation. Adhering to these ethical guidelines upheld participants' well-being, rights, and dignity throughout the research process. These measures protected participants and contributed to the study's credibility and ethical integrity.

#### ***4.9 Potential for Participant Distress***

Given the sensitive and emotive nature of the study, which focused on participants' bereavement experiences, the potential for emotional distress was a significant consideration. As an experienced psychotherapist with extensive experience working with bereaved clients, I felt well-equipped to manage these challenges.

As Dickson-Swift et al. (2009) highlights, building rapport is critical in helping participants feel comfortable when discussing profoundly personal and potentially distressing topics. My professional expertise facilitated the creation of a safe and empathetic environment for participants. The study on working online was conducted under the British Association of Counsellors and Psychotherapists (BACP) guidance (BACP, 2018). As an accredited member of the BACP, I am bound by its ethical framework (BACP, 2018), ensuring adherence to high ethical standards throughout the research process.

#### ***4.9.1 Measures to Minimise Distress***

Several measures were implemented to minimise participant distress. During the recruitment process, the voluntary nature of participation was emphasised. Potential participants were given two weeks to consider whether they wished to participate, ensuring they felt no pressure and had adequate time to make an informed decision. Flexibility was maintained during interviews to accommodate participants' emotional well-being. They were informed that they could take a break or pause the interview if they felt overwhelmed or needed time to process their emotions. The interviews were conducted sensitively, and I remained attuned to any signs of distress and responding empathetically to participants' needs.

Post-interview support was also provided. After each interview, participants were reminded about a list of emotional support resources, including local and national organisations offering bereavement support. This ensured they had access to additional help if needed. A reflective journal was maintained throughout the research project to document observations, emotions, and experiences, allowing for critical reflection on the emotional impact of the interviews and adjustments to the approach as needed.

Additionally, I engaged in regular clinical/research supervision for myself throughout recruitment, interviewing, and analysis. The focus was reflexive: boundary management between therapist/researcher, handling emotional impact, and checking that interpretations remained data-led. These practices ensured that participants felt supported throughout the research process and that the sensitive topic was overseen with care and professionalism.

#### **4.10 Informed Consent**

Ensuring participants had sufficient information to make an informed decision about participating in the study was a fundamental ethical consideration. Participants who expressed interest in the research were sent a Participant Information Leaflet, which provided clear and detailed information about the study. This leaflet outlined the research's aims, what participation would entail, and the practical arrangements for the interviews. It explained that interviews would be conducted remotely using Microsoft Teams (MS Teams) and audio recorded in compliance with the university's data protection policies.

Participants who were selected to participate received a consent form to read, consider, and sign. Before each interview commenced, participants were reminded of the study's aims and asked again for verbal consent. This two-step process ensured that participants fully understood the nature of their involvement and confirmed their consent at multiple stages. Participants were also reminded that their participation was entirely voluntary. They were informed that they could withdraw from the interview at any time and had up to 72 hours after the interview to request that their data be removed from the study. Confidentiality measures were explained, including the limits of confidentiality related to potential risks to oneself or others, in line with ethical and professional guidelines.

As the study focused on a sensitive and emotive topic, participants were reassured that they were not obligated to answer any questions they were uncomfortable with. The emotive nature of the research was acknowledged, and participants were informed that their well-being was a priority. Each participant was allowed to ask questions before proceeding, ensuring that any concerns or uncertainties were addressed. By providing clear, comprehensive information and obtaining both written and verbal consent, the study upheld the principles of informed consent, establishing a respectful and ethical approach to participant involvement.

#### **4.11 Confidentiality**

Preserving participant confidentiality was a priority throughout the research process. The interviews were conducted remotely using Microsoft Teams (MS Teams) on my own laptop, which was password-protected and secured with encryption software TrueCrypt to ensure the safety of all stored data. Before each interview, verbal consent was reviewed to confirm that participants were fully informed about the research process and their rights. This additional precaution reinforced transparency and participant autonomy. MS Teams facilitated the automatic transcription of the interviews, which were stored as password-protected documents. The interviews were also audio recorded to ensure accuracy during transcription. The audio files were deleted once the recordings were transcribed, safeguarding participant confidentiality. Per the university's data retention policy, the transcriptions will be securely retained for seven years and stored on a password-protected laptop with encryption. If handwritten notes or physical documents were generated during the research, they would be disposed of using the university's secure waste disposal system to maintain confidentiality. These

measures ensured participants' data were managed in compliance with ethical guidelines, protecting their privacy and upholding the integrity of the research process.

#### **4.12 Data Collection**

I adopted a reflexive approach during the interview, remaining present and engaged as participants shared their stories and attempted to make sense of their bereavement experiences. This required me to balance empathetically being 'with' the participants while simultaneously reflecting on my own experiences and how they might influence the interpretation and analysis of the data. This reflexive process underscores the cyclical and iterative nature of Interpretative Phenomenological Analysis (IPA), wherein myself as the researcher moves back and forth between the participants' accounts and my own interpretative framework.

##### ***4.12.1 Semi-Structured Interviews***

Semi-structured interviews were employed as the primary data collection method, allowing for a dialogical approach where the interviewer and participant collaboratively explored key themes and experiences. This method enabled the researcher to modify initial questions in response to the participants' answers and to probe deeply into emerging areas of interest (Smith et al., 2022). My role was not to dictate the direction of the conversation but to facilitate an open and flexible dialogue that encouraged participants to share their lived experiences in depth. Smith and Nizza (2021) deemed a sample size of ten participants appropriate for this level of research. This sample size balanced depth and manageability, allowing the researcher to explore participant similarities and differences thoroughly while avoiding data overload.

#### **4.12.2 Characteristics of IPA**

Smith et al. (2022) characterise Interpretative Phenomenological Analysis (IPA) as having three defining features: idiographic, inductive, and interrogative. IPA adopts an idiographic approach, focusing on the detailed examination of individual lived experiences. As the researcher I engaged deeply with participants' narratives, coupling their accounts with a reflective and interpretative process. Each participant's interview was systematically analysed, and an individualised table of themes was constructed. Only after completing the analysis for one participant was the next analysis initiated.

This approach ensured a rigorous idiographic focus, with cross-referencing for similarities and differences occurring only after all individual analyses were completed. The inductive nature of IPA allows for an open-ended approach that avoids pre-establishing hypotheses. Instead, it embraces the emergence of unexpected themes, ensuring that the data reflects the richness and complexity of participants' experiences rather than being constrained by my own preconceptions. IPA is also interrogative, as the themes and patterns identified during the analysis are critically examined and linked to existing theoretical frameworks within mainstream psychology. This process enhances the analysis by embedding it within broader psychological knowledge and research, strengthening the interpretative depth of the findings.

#### **4.12.3 Conduct of Interviews**

All interviews were conducted via Microsoft Teams, ensuring convenience and compliance with Covid-19 restrictions. Participants were informed that the interview would last up to one hour, but additional time was allocated to accommodate

unforeseen circumstances or the need for participants to pause and reflect. I did record moments in my reflective journal where participants displayed strong emotion or where adaptations were necessary. For example, during one interview with a male participant I noted: "About halfway through the interview I noticed his body language change, he leaned back, arms crossed, voice quieter. When he paused for a long time, I asked gently if he wanted to take a break. He said yes, and he came back with more clarity and seemed relieved to have had time to be emotional. It confirmed for me that pausing the interview can be an effective way of minimising pressure and creating safety, especially for participants who may find emotional disclosure difficult."

Before each interview, the participant information sheet and consent form were reviewed to confirm participants' understanding of the research, their rights, and the confidentiality of their data. Participants were also reminded that the interview would be audio recorded. The interview schedule (Table 6) was developed through an iterative process informed by the literature, epistemological principles, and supervisory guidance. Initial draft questions were based on the conceptual review, which identified the centrality of rituals, meaning-making, and identity reconstruction in bereavement (Neimeyer, 2001; Klass et al., 1996; Worden, 2008). These questions were designed to be open-ended, flexible, and participant-led, consistent with the phenomenological and interpretative orientation of IPA. The use of a Patient and Public Involvement (PPI) group was considered at the design stage. However, given the highly sensitive timing of the pandemic context and the ethical concern of burdening bereaved individuals during recruitment, it was not pursued. Instead, feedback from supervision and the conceptual literature was prioritised in shaping the guide. This decision balanced

methodological rigour with ethical responsibility. Whilst the guide provided a structured framework, it was not rigidly followed; instead, it was a flexible tool to help participants fully express their experiences. Furthermore, I kept self-disclosure minimal and purposeful. I did not share personal bereavements or opinions about ritual. When participants asked directly about me, I offered brief, neutral information (e.g., my role, why I was studying this topic) to support trust and clarity. I avoided disclosures that could steer narratives, create pressure to care-take me, or bias the data. I also did not share my professional experiences in bereavement practice during interviews. I used my clinical skills (attunement, pacing, safeguarding) to hold the space, but I withheld examples from my own work to prevent leading, social desirability effects, or comparative framing. Any reference to my background appeared in the Participant Information Sheet and consent materials, not in-session.

**Table 6**

*Interview Schedule*

| Possible Issue/Topic                     | Core Question   | Follow-up Questions                                    | Prompts   |
|--|---|--|---|
| <b>Relationship to the deceased</b>      | Can you tell me about your relationship with [name/relative]?                         | What was your relationship like on a day-to-day basis? | Could you share a memory that feels important to you? What was [X] like as a person?                                  |
| <b>Circumstances around the death</b>    | Can you tell me about what happened when [X] died?                                    | How did you experience those events at the time?       | What was your first reaction? How did things unfold afterwards?   |
| <b>The funeral or equivalent rituals</b> | Could you describe [X]'s funeral, or any other rituals or ceremonies that took place? | What was that experience like for you?                 | How was it similar to or different from other funerals/rituals you've known? How did you cope with those differences? |
| <b>The grieving process</b>              | What has life been like for you since [X] died?                                       | How has this loss affected you in your day-to-day      | That sounds very difficult. What kind of support have you had? Have   |

#### ***4.12.4 Chronological and Inductive Approach***

The interviews typically began with participants recounting the chronological events surrounding the deaths of their loved ones. This provided a foundational framework for exploring their emotional and psychological experiences. Using an inductive style, I employed reflective and analytical questioning to encourage participants to look at their feelings and perceptions in more depth. I also used probes and follow-up questions to elicit richer, more detailed accounts, providing nuanced insights into the participants' bereavement experiences.

#### **4.13 Data Analysis**

The data analysis process in this study was grounded in the principles of Interpretative Phenomenological Analysis (IPA), a qualitative research methodology designed to explore how individuals make sense of their personal and social worlds (Smith et al., 2022). This approach involved a systematic, multistep procedure to balance descriptive commitment to participants' experiences with an interpretative analysis of underlying meanings.

##### ***4.13.1 Transcription and Familiarisation***

The interviews were conducted using Microsoft Teams, which provided an automatic transcription feature. Although the transcriptions were not entirely accurate, they significantly reduced the time required for manual transcription. Each transcript was carefully reviewed and corrected for accuracy. I immersed myself deeply in the content through this review process and repeated readings of the transcripts. This initial stage was crucial for becoming familiar with the data and developing an intuitive understanding of the participants' narratives. As Hammersley and Atkinson (2019) note, reading and re-reading promotes

discovering what the research is 'really about', often uncovering insights that diverge from initial expectations.

#### **4.13.2 Steps in IPA Analysis**

The data analysis followed the structured guidelines set out by Smith et al. (2022), ensuring a thorough and nuanced exploration of the data. The process began with reading and re-reading each transcript to develop familiarity with the content and gain an in-depth understanding of the participant's accounts. Immersion in the data helped identify subtle nuances and facilitated the recognition of key ideas and themes. Following this, initial note-taking was conducted, where detailed notes were made on three levels. Descriptive comments summarised the explicit content of participants' accounts, while linguistic comments examined their use of language, tone, and expressions. Conceptual comments explored potential underlying meanings and broader implications of the participants' experiences. The next step involved developing emergent themes by transforming the initial notes into concise phrases that captured the essence of the participants' experiences. These themes represented a synthesis of the data's descriptive, linguistic, and conceptual insights. Once emergent themes were identified, connections between them were explored. Related themes were grouped, hierarchies were examined, and overarching patterns were identified to create a coherent understanding of each participant's narrative. After completing the analysis for one participant, the process was repeated for the next, ensuring that each case was treated independently. Smith et al. (2022) emphasises the importance of analysing each case on its own terms before identifying patterns across cases. In the final stage, shared themes and patterns were compared across participants, allowing for the identification of both common experiences and unique differences. This approach

provided a rich and nuanced understanding of the phenomenon under investigation. The movement from initial noting to emergent themes required a sustained hermeneutic engagement with the data — moving back and forth between the part (individual extracts) and the whole (the full transcript). Repetition of key ideas across participants strengthened the analytic process by indicating that certain experiences were not idiosyncratic but represented broader shared concerns. For instance, the theme of “farewells unresolved” was echoed in multiple accounts where participants described their inability to say goodbye in culturally or personally meaningful ways. The development of higher-order themes was supported by the clustering of related emergent themes. This required interpretative work: deciding which themes cohered together and which represented distinct psychological processes. Reflexivity and supervision were important at this stage to ensure that clustering was data-driven rather than forced. To provide clarity, Table 9 presents an example of how emergent themes from individual cases were clustered into Group Experiential Themes (GETs).

**Table 9**

*Example of Theme Development Across Cases*

| <b>Participant Extract</b>                                | <b>Exploratory Notes</b>                   | <b>Emergent Theme</b>        | <b>Clustered Theme (GET)</b>                          |
|---|--|------------------------------|---|
| “I never got to hold her hand before she died”            | Loss of physical touch, unresolved goodbye | Denied final contact         | <b>Farewells Unresolved</b>                           |
| “We weren’t allowed in the hospital, it still haunts me”  | Restricted access, trauma of absence       | Exclusion from final moments | <b>Farewells Unresolved</b>                           |
| “The funeral was livestreamed... it didn’t feel real”     | Disconnection, lack of ritual presence     | Virtual grieving experience  | <b>Restrictions and Relationships</b>                 |
| “Lighting a candle at home became our way of remembering” | Personal ritual creation, symbolic act     | Private acts of remembrance  | <b>Remembering, Reflecting, and Celebrating Lives</b> |

### 4.13.3 Presentation of Findings

The findings were presented in a coherent and structured narrative, incorporating verbatim participant quotes to illustrate and support the identified themes. These quotes provided direct insight into the participants' lived experiences, grounding the analysis in their own words. The themes were contextualised within the broader research question and existing literature, allowing the study to contribute meaningfully to our understanding of bereavement during the Covid-19 pandemic.

By following this systematic process, the study ensured that the analysis was both rigorous and insightful. The balance between close adherence to participants' narratives and the interpretative depth required to uncover broader meanings allowed for a comprehensive exploration of the research topic, in line with the methodological strengths of IPA (Smith et al., 2022).

**Table 11**

*Development and Recurrence of Key Themes Across Cases*

| <b>Group Experiential Theme (GET)</b>                 | <b>Illustrative Emergent Themes</b>                                     | <b>Number of Cases (n=10)</b> | <b>Recurring?*</b> |
|---|---|-------------------------------|--------------------|
| <b>Farewells Unresolved</b>                           | Denied final contact; exclusion from hospital; no chance to say goodbye | 8                             | Yes                |
| <b>Eternal Embrace</b>                                | Continuing bonds; maintaining presence through memory and symbols       | 7                             | Yes                |
| <b>Remembering, Reflecting, and Celebrating Lives</b> | Private rituals; storytelling; acts of remembrance                      | 9                             | Yes                |
| <b>Beyond Goodbye</b>                                 | Meaning reconstruction; adapting identity after loss                    | 6                             | Yes                |
| <b>Restrictions and Relationships</b>                 | Livestreamed funerals; fragmented family support; social isolation      | 10                            | Yes                |

#### **4.14 Trustworthiness and Ensuring Methodological Rigour**

Trustworthiness and methodological rigour are critical elements in qualitative research methodologies, such as Interpretative Phenomenological Analysis (IPA). These principles ensure the research findings are credible, dependable, confirmable, and transferable. By following these rules, the research results regarding quality, reliability, and impact are more reliable. This makes the study more valuable within the academic and professional community.

##### ***4.14.1 Key Elements of Trustworthiness***

The trustworthiness of qualitative research is often evaluated using four interrelated criteria: credibility, dependability, confirmability, and transferability. Credibility refers to how accurately the research findings represent the participants' lived experiences. In this study, credibility was strengthened through semi-structured interviews, which allowed participants to share their stories freely, and guided the research process organically and authentically, as noted by Patton (2001). Additionally, maintaining the researcher's reflexivity through a self-reflection journal enhanced credibility by facilitating a continuous evaluation of biases and assumptions.

Dependability focuses on the stability and consistency of the research process. In this study, the systematic approach to data collection and analysis followed IPA guidelines (Smith et al., 2022). A clear audit trail was maintained, documenting each stage of the research process, from participant recruitment to the final presentation of findings. This ensured the research was conducted in a structured and transparent manner.

Confirmability ensures the findings are grounded in the participants' experiences rather than my own biases. This was achieved by prioritising participants' voices through verbatim quotes and adhering to a structured analytical framework that systematically captured their narratives. The self-reflection journal further supported confirmability by helping me to critically examine my interpretations and assess their alignment with the data. Transferability refers to the applicability of the findings to other contexts or populations. Although IPA focuses on the idiographic exploration of individual experiences, detailed descriptions of the research context and participant characteristics were provided. These details enable readers to determine the relevance of the findings to other settings, enhancing their broader applicability.

#### **4.14.2 Methodological Rigour**

Methodological rigour in this study was evaluated with reference to the IPA Quality Evaluation Guide (Nizza et al., 2021), which outlines standards of acceptable, good, and unacceptable practice. This framework provided a clear benchmark for assessing both the conduct of the study and the quality of the analysis.

In terms of phenomenology, the study achieved *good* practice by prioritising participants' lived experiences, capturing rich first-person accounts of bereavement and ritual disruption, and staying close to their meaning-making processes. Verbatim extracts were included throughout the analysis to ground interpretations firmly in participants' own words.

For hermeneutics, the study again aligned with *good* practice by embracing the double hermeneutic: participants making sense of their world, and the researcher interpreting that sense-making. The analytic process moved iteratively between parts of the data and the whole dataset, and reflexive journaling

documented how my interpretations were shaped by both the data and my own positionality. Regarding idiography, the study demonstrated *good* practice by attending first to each case individually, before moving to cross-case analysis. Each transcript was treated as a stand-alone narrative, with emergent themes developed at the case level before clustering into Group Experiential Themes. This idiographic commitment preserved nuance and variation while still allowing for patterns of convergence to be identified. The use of supervision, audit trails, and reflexive notes provided further evidence of methodological rigour. Supervision supported critical dialogue about the analytic process, while the audit trail documented decisions about theme development and clustering. Reflexive journalling, including records of emotional reactions during interviews, added transparency to the interpretative stance adopted. By applying Nizza et al.'s (2021) evaluative framework, I was able to demonstrate that the study not only met acceptable standards but often reached the threshold of *good* practice in adhering to IPA's core theoretical principles of phenomenology, hermeneutics, and idiography.

#### ***4.14.3 Reflection on Rigour in Practice***

The flexibility of semi-structured interviews, as described by Patton (2001), was pivotal in ensuring that the data collected were rich and authentic. The study captured deeper insights into their experiences by allowing participants to guide the conversation. The self-reflection journal was a valuable tool for the researcher to critically engage with the data and maintain reflexivity throughout the research process. As Singh et al. (2022) argues, methodological rigour in qualitative research design is about guaranteeing value and soundness while adhering to the values of the discipline. This study ensured trustworthiness and rigour through a transparent and systematic research process that supported IPA's ethical and

paradigmatic principles. These efforts enhanced the validity and reliability of the findings and reinforced the overall quality and impact of the research.

#### **4.15 Reflexivity**

Reflexivity, the process by which a researcher acknowledges and examines how their involvement influences and informs the research, is a defining feature of qualitative research. As McLeod (2015) argues, the researcher plays an active and integral role in making sense of participants' experiences. In counselling and psychotherapy research, data are not objective truths but subjective co-constructions of reality, shaped by the interplay between the participant's account and my interpretations. My prejudices and expectations are central to understanding the studied phenomenon in qualitative research. Johnson and Christensen (2019) stress the importance of examining one's preconceptions before beginning a project to mitigate the impact of bias. As Rabbidge (2017) highlights, the researcher's understanding and lived experience of the phenomenon is inherently part of the research process. Although qualitative research cannot eliminate bias, reflexivity enabled me to uncover and critically evaluate their assumptions. This reflexive practice enhances the trustworthiness and reliability of the findings by fostering an analytical process that centres around self-awareness and transparency.

van Deurzen (2012) suggests that it is not necessary to remove held beliefs but to acknowledge them explicitly. In this study, reflective notes were maintained throughout the research process, aiding me in recognising the participant's subjective views and emotional reactions to the interview content. These reflections facilitated the 'bracketing off' of preconceived beliefs or expectations during data

analysis, as Smith et al. (2022) recommends. This practice helped ensure that the emergent themes and interpretations were grounded in participants' experiences as firmly as possible, while acknowledging the inevitable influence of the researcher's subjectivity.

#### ***4.15.1 Researcher Affiliation and Insider Perspective***

Padgett (2008) proposes three classifications of researcher affiliation to the phenomenon under study: Outsider—(no direct relationship to the research subject); or Insider—(significant professional or personal connection to the subject); Hybrid—(a partial or mixed relationship). My professional and personal connection to the phenomenon qualifies me as an insider in the present study. I have extensive experience working with bereaved clients and I have personally experienced bereavement and the associated loss of rituals during the Covid-19 pandemic. This insider perspective gave me an empathetic understanding of participants' experiences and facilitated rapport during interviews. It also necessitated heightened reflexivity to manage potential biases arising from shared experiences. By explicitly reflecting on and acknowledging their positionality, I embraced the subjectivity inherent in qualitative research as a valuable lens to interpret participants' experiences. This reflexive approach increased the credibility of the findings by encouraging transparency and rigour in the research process. Through ongoing reflection and self-awareness, I could balance my insider perspective with a commitment to represent participants' voices accurately and ethically.

#### **4.16 Summary**

This chapter has provided an in-depth exploration of the methodological considerations that guided this study. It began with discussing the philosophical foundations of Interpretative Phenomenological Analysis (IPA), including its phenomenological, hermeneutic, and idiographic principles. These principles underpin IPA's focus on understanding how individuals make sense of their lived experiences through their subjective accounts and my own interpretative analysis. The alignment between IPA's methodology and the aims of this study was demonstrated, emphasising why IPA was the most suitable approach for exploring participants' experiences of bereavement and the associated loss of rituals during the Covid-19 pandemic. A comprehensive account of the research procedures was presented, detailing the steps taken to recruit participants, collect data, and conduct a rigorous and ethical analysis. The chapter explained how semi-structured interviews facilitated a conversational and flexible approach, allowing participants to share their unique narratives while enabling the researcher to probe emergent themes. The use of Microsoft Teams as a secure and accessible platform was also discussed, along with the practical steps to ensure data protection and confidentiality throughout the research process. When discussing a sensitive and emotive topic, significant attention was given to ethical considerations, highlighting the steps to safeguard participants' wellbeing. These included obtaining informed consent, providing participants opportunities to pause or withdraw, and ensuring access to emotional support resources after the interviews. The research adhered to ethical frameworks set by the British Association of Counsellors and Psychotherapists (BACP) and the university, ensuring participants' rights and dignity were upheld. The research's trustworthiness was evaluated through

established qualitative criteria, including credibility, dependability, confirmability, and transferability.

Reflexivity was highlighted as a critical component of ensuring methodological rigour, and I actively engaged in self-reflection to address potential biases and maintain transparency throughout the study. The chapter also highlighted the importance of an iterative and systematic approach to data analysis, ensuring a thorough and nuanced understanding of participants' experiences. The chapter concluded with an overview of the steps taken to analyse the data, following Smith et al. (2022) framework for IPA. This included reading and re-reading transcripts, making detailed notes, developing emergent themes, and identifying patterns within and across cases. The methodical approach ensured that the analysis stayed rooted in the stories told by the participants while also adding interpretative depth to find deeper meanings. The next chapter, Chapter 5, will present the study's findings. This will include an in-depth discussion of the themes derived from the participant interviews, supported by verbatim quotes to illustrate the participants' experiences and perspectives. These findings will be contextualised within the broader research question and existing literature, providing a rich and nuanced understanding of the phenomenon under investigation.

# CHAPTER 5: FINDINGS

## 5.1 Introduction

This chapter presents the five Group Experiential Themes (GETs) that emerged from the Interpretative Phenomenological Analysis (IPA), exploring the role of rituals in dying, death, and bereavement. The five GETs identified are:

1. Farewells Unresolved: Navigating the Complexity of Goodbye
2. Eternal Embrace: A Lifetime Condensed into a Day of Farewell
3. Remembering, Reflecting, and Celebrating Lives
4. Beyond Goodbye: Nurturing a Continuing Relationship with the Deceased
5. Restrictions and Relationships

**Table 10**

*Summary of Group Experiential Themes with Illustrative Quotes*

| <b>Group Experiential Theme (GET)</b>                 | <b>Illustrative Quotes</b>   |
|---|--|
| <b>Farewells Unresolved</b>                           | "I never got to hold her hand before she died, that still keeps me awake at night." (P3)<br>"We weren't allowed in the hospital, it still haunts me that I couldn't say goodbye." (P6) |
| <b>Eternal Embrace</b>                                | "I still talk to her every night before bed, it feels like she's still here somehow." (P2)<br>"When I wear his necklace, I feel he's with me." (P7)                                    |
| <b>Remembering, Reflecting, and Celebrating Lives</b> | "Lighting a candle every Sunday became my way of keeping her memory alive." (P5)<br>"We told stories about her over Zoom, it wasn't the same, but it meant a lot." (P10)               |
| <b>Beyond Goodbye</b>                                 | "I've had to rebuild who I am without him — it's like learning to live all over again." (P6)<br>"Her death made me think about what really matters, it changed my whole outlook." (P8) |
| <b>Restrictions and Relationships</b>                 | "The funeral was livestreamed; it felt unreal, like I wasn't really there." (P10)<br>"Not being able to hug at the funeral was unbearable." (P5)                                       |

These themes illustrate how the ten participants in this study personally experienced the absence of rituals, highlighting their emotional and psychological responses. Verbatim extracts support each theme, offering rich and authentic insights into their experiences. The participants in this study, eight females and two males, experienced the death of a loved one between March 2020 and March 2021. The significant social restrictions imposed during the Covid-19 pandemic shaped their grieving processes. These restrictions disrupted or entirely prevented engagement in traditional rituals associated with death and bereavement, such as sitting with the dying, viewing the body, and attending funerals or celebrations of life. As Quadros and Sibal (2022) note, the absence of rituals—particularly the collective mourning process that allows mourners to share stories and memories of the deceased—can profoundly affect the grieving process. They argue that this absence deprives individuals of a communal experience of grief, making it harder to process their loss. Contrasting findings from Aguiar et al. (2022) suggest no direct link between the absence of rituals, such as wakes, and grief outcomes. However, participants in this study consistently expressed the emotional challenges they faced due to these missed rituals, suggesting a nuanced and individualistic impact.

For example, Carmen and Hannah held belated celebrations of life for their loved ones, recognising the importance of gathering with others to reminisce and honour the deceased. Both participants noted that this helped them find a sense of closure and community. In contrast, many other participants decided not to hold retrospective celebrations. While some considered the idea, they felt that the emotional difficulty or the passage of time made it impractical. For Emily, holding a

belated memorial for her mother felt “pointless” (Emily, line 34) because many of her mother’s elderly friends—those who would have attended the event—had since died. This left Emily with a sense of guilt and the feeling that she had “let her mum down” (Emily, line 87). by not correctly honouring her memory. Emily’s reflections highlight the unique interplay of personal circumstances, grief, and the passage of time in shaping the emotional experience of ritual absence.

The following sections thoroughly explore each of the Group Experiential Themes (GETs). These themes represent the shared and individual experiences of participants, emphasising how social restrictions during the pandemic influenced their ability to engage in death and bereavement rituals. Verbal quotes support each theme, keeping the participants' voices at the forefront of the analysis. The themes are contextualised within the broader literature on grief and bereavement, providing a comprehensive understanding of the phenomenon under examination.

## **5.2 Group Experiential Theme Overview**

Five Group Experiential Themes (GETs) emerged from the data. The process of obtaining the data involved in-depth analysis of each transcript. An examination of all the data then followed to illustrate the depth of each participant’s experience; the GETs can be found in Table 8. The restrictions during the Covid19 pandemic led to various lived experiences; the most common were changes to the funeral and the absence of a celebration of life. While funerals were conducted during the restrictions, the rules changed regarding what was permitted and how many mourners were allowed to attend them; at one point, just six people were allowed to attend. In all participant accounts, the immediate family was always allowed to attend the funeral, but this also had to be within restrictions. For example, if the deceased had four adult children but all lived in their own homes, they would be

allowed to attend the funeral, but they would have to sit apart from each other and stay in their own family, or what was called 'household bubbles'. This meant that, in some cases, siblings and parents could not provide physical comfort to each other, which caused distress for many families. As well as the lack of physical comfort, many families had the difficult decision of deciding who would be permitted to attend the funeral, which meant that many mourners were excluded, such as extended family and close friends. In some participant accounts, it was expressed that this led to family tension, and many spoke about their dismay that they had to invite people, as it is not usual practice to invite mourners to a funeral as it would be a wedding, for example. Of the ten participants interviewed for this study, only three were allowed to view their loved one's body at the funeral home or place of death. Some participants were unable to sit with their loved ones as they died due to the spread of the virus, and these participants spoke about how their loved ones died without the presence of family or, in some cases, alone. In Joanna's case, her grandmother in-law died completely alone, which she described as "*horrible*," a term also used by other participants (Joanna, line 74; Peter, line 649; Ellie, line 89; Pat, lines 206-207).

The usual grieving process can be complex and challenging to navigate as the bereaved face a multitude of varying emotions as they attempt to accept the loss. The Covid-19 pandemic altered and disrupted this process. Each participant spoke of their wide-ranging emotions following the death and the subsequent changes that have led to a lack of "*closure*" for some (Ellie, line 156; Kim, line 51; Jo, line 60) or a denial that the person has died. This denial can complicate or extend the grieving process. In some cases, participants chose to celebrate life sometime after the actual death had occurred, which meant that they were, in a

sense, putting their grief on hold until this event had taken place. Others decided not to hold a retrospective celebration, and there was a sense of pointlessness in bringing up difficult emotions. Peter stated, *“That time has come and gone [...] I don’t want to rake up all those feelings”* (Peter, line 285). Two participants described how the restrictions meant that they were unable to spend time with their family or friends, and this impacted some of the rituals associated with death. Pat said:

All of my mum’s sadness seemed to stamp, seemed to focus around this, like, unfulfilled role, and I said in her own terminology she would say it’s not right. I should be doing that. I should be able to help them with that. They should be able to come to me for whatever and they can’t. And it’s not right.  
— Pat, line 256.

Carmen explained her upset at being denied someone being with her deceased mother’s body and thought maybe that her mother would be lonely:

With Jewish people, you sit with the body [...] it is not allowed to be on its own [...] There’s usually a roster of people that will sit with bodies [...] so they’re not lonely. That’s how I like to look at it.  
— Carmen, line 395.

Every participant reflected upon isolation from other people before and after death. Government restrictions in place during the pandemic meant that households were not allowed to mix, which meant that many bereaved people were alone in the period directly following the death. Hannah said it felt like “the world was shut” (Hannah, line 103) and that she “didn’t know who to turn to” (Hannah, lines 103-104).

### **5.3 Group Experiential Theme One: Farewells Unresolved; Navigating the Complexity of Goodbye**

#### ***5.3.1 Denial of the Death***

Within this first Group Experiential Theme, participants demonstrated how they were adjusting to the death of their loved one, which in all cases was sudden and

had an element of additional anguish surrounding it for example, not being able to be with the person who was dying due to the restrictions. Jo said her sister's death was "sudden and unbelievable with no time to say goodbye" (Jo, lines 2632). Hannah's portrayal of her experience when her husband was taken to the hospital in an ambulance was that:

No-one was allowed to visit, and we never saw him again [...] Neither myself or my two sons had the opportunity to even [...] get to grips with that. We didn't even know that (death) might even be a possibility [...] It was such a shock.

— Hannah, line 37.

Peter held a similar view with his experience of his mother's hospital admission and highlights the disbelief that a loved one can go into hospital "with a broken shoulder" (Peter, line 67) and then "catch Covid and die" (Peter, line 84). Emily, whose mother "died on the way into hospital, which was an absolute shock" (Emily, line 42), also displayed shock at the suddenness of the death; for context, Emily had not seen her mother for eight weeks prior to her sudden death due to the restrictions, which conjures up imagery of her grief being overpowering. Jo, Hannah, and Peter all capture and describe the suddenness of the deaths, and the phrases "*we never saw him again,*" "*sudden and unbelievable,*" and "*it was such a shock*" can be taken as having not entirely accepted the death. Carmen depicted experiencing a wide range of "*complex and difficult feelings*" (Carmen, line 233) after her husband's death. Kim defined her response to her father's death as "*total disbelief, despair, sadness and denial*" (Kim, line 154). Such detailed responses suggest an impact that is present on both an emotional and a cognitive level that transcends a natural grief response and could be interpreted as full acceptance of the death having not yet occurred. This was illustrated by Pat, who was unable to attend the funeral of her aunt and said, "*she had always just been there [...] That figure is gone, and*

*there hasn't been a full stop.*" (*Pat*, line 101). The use of the metaphor "full stop" about the ritual of the funeral emphasises the impactful nature of the death and that the absence of this ritual has prevented Pat from having the closure that she needed to 'prove' the death. In a similar view to Pat, Jo recalled how the lack of warning of her sister's death resulted in a feeling of shock and disbelief, which means Jo occasionally forgets that she has died. One could interpret this forgetting as a denial of the death. Jo was visibly upset while expressively recalling what it was like to experience this:

It's like it didn't even happen. Like she's just been erased from our lives. I forget sometimes, you know. And then I feel awful. I mean, how can I forget my own sister has died? But we didn't get to see any of it. It was during lockdown, and we couldn't see each other anyway, so it kind of feels like that. I wish I could have seen her with my own eyes. Even if it was in the hospital. Actually, even if I could have seen or touched her coffin. I only saw it on the telly.

— Jo, lines 175-184.

The use of phrases such as "she's been erased" and "I wish I could have seen it with my own eyes" draws attention to the magnitude of the experience, the deep emotions, and the notion that if it was not seen then it did not happen, lending weight to the theory that Jo has not yet accepted the death. Jo talks about only seeing it (the funeral of her sister) on television, which illustrates an image of things on the TV being removed from reality. Further, in her excerpt there is a sense of futility that there was nothing that could be done, and Jo's explanation that it was during lockdown and therefore "we couldn't see each other anyway" could be seen as an attempt to make sense of what happened. In a similar experience, Pat often forgets that her aunt has died, and it is as if the death never happened, as Pat has nothing to refer to:

Gosh, sounds terrible, but I forget she's dead quite a bit, in that I regularly - probably not regularly, but it's not unusual that I will - go to say to my mum, 'Oh, how is she?' And I have to stop myself from saying it. It's like an emotional roller coaster.

— Pat, lines 161-163.

Like Jo and Pat, Kim sometimes forgets that her father has died, and the words which she uses could be read as her not being able to accept it, or perhaps that her brain will not let her, as illustrated by the words “I can't connect it”:

I can't connect that he's dead as I didn't see his body or go to the funeral. It's like nothing has changed for me because I didn't see him anyway [...] but then I remember that he died, and I can't get my head around it.

— Kim, line 91.

Kim was unable to visit her father's body or attend his funeral due to estrangement and Covid-19 pandemic restrictions. The act of being denied these rituals and the use of her words “*confused*”, “*upset*”, and “*absolutely devastated*” (Kim, lines 45-57) can be interpreted as causing deep distress and, particularly considering her estrangement from her deceased father (“*It is the end of a relationship. It's the end of a really crappy relationship, but it's the end of a relationship*” (Kim, lines 376-377)), a sense of irrevocable loss as demonstrated by the repetitive emphasis of the word “end.” For many participants, forgetting their loved one had died was a shared experience, and Ellie attributes this to the following excerpt from her interview:

Because I didn't see the funeral car, or the funeral, or the wake. It's easy to forget that he's died. There was no closure [...] I didn't take part in any of it. And that's sad. It's like in my head he's still working in his shop.

— Ellie, lines 286-287.

Whilst this explanation is logical, forgetting the death could also indicate dissociation, which could be interpreted as a denial of the death. Hannah spoke about the suddenness of her husband's death and how, as a family, they have

struggled to come to terms with the events leading up to his death, suggesting that, as well as herself, Hannah's sons have also struggled to accept it. When exploring the participants' bereavement experience and acceptance of the death in more detail, there was a wide range of emotions expressed, which included those commonly related to grief, such as "sadness" (Joanna, line 160; Ellie, line 367; Pat, lines 10, 88), and more explicit reactions, such as "agony" (Kevin, line 200) when Kevin recalled how he felt about his mum's death, and "cruel" (Peter, line 478) when Peter described how the wider family were not able to attend his mum's funeral due to the restrictions, evoking a sense of grief that is all encompassing and more impactful than 'regular' grief. Jo, whose sister died alone, shares this pain. Jo vividly described her "absolute disbelief" (Jo, line 186) that this was allowed to happen:

She died without seeing anyone again. Her husband or children couldn't sit with her. They weren't allowed to visit. I mean, how can that be okay? How can that have been allowed? I get there was Covid but come on. It's just cruel and barbaric, and I can't believe this was allowed to happen.

— Jo, lines 238-367.

Jo's reaction suggests anger, which, whilst a typical uncomplicated grief response, could also translate as visceral, and her use of the words "cruel" and "barbaric" indicates an existential questioning of everything that happened because of the pandemic, alongside a sense of disbelief. Ellie's account also evokes an existential notion of disbelief that her friend took his own life because of the pandemic and expresses her heartbreak at this:

He, he actually killed himself. Because of the pandemic. He couldn't cope with his shop being shut. He was worried about bills. He couldn't see a way out. He just felt it had all come to an end kind of thing, and I am heartbroken and still can't believe this happened.

— Ellie, lines 62-63.

This excerpt illustrates an image of being in the middle of a wasteland, shivering and alone, evoking a metaphorical representation of emotional or psychological

distress, suggesting a feeling of desolation, isolation, and vulnerability. Overall, this imagery captures the essence of profound emotional turmoil, where an individual feels utterly lost, vulnerable, and disconnected from sources of solace or companionship.

### **5.3.2 Unseen Goodbyes: The Emotional Toll of Being Denied the Final Viewing**

The ritual of viewing the body of the deceased can be argued to be one that can allow the bereaved to accept the reality of death. However, this is not a ritual everyone chooses to participate in. Kim requested to view the body of her estranged father because she felt it would have made things easier for her to accept, considering their relationship:

I actually think that seeing his body would have made it easier for me to accept he's actually gone. For good. Rather than just not here like he never was anyway.

— Kim, line 117.

But his family never gave her an answer:

I asked if I could go and see him at the Chapel of Rest. I didn't know if that was an option. And, and there just wasn't an answer to that question. So, I don't know if I could have gone to see him or not. Which is sad [...] Wanted to see him once [...] I wanted to go to the Chapel of Rest. Yeah, and they didn't respond. But again, all of these decisions were completely out of my hands anyway.

— Kim, lines 230; 453.

Kim's words reflect an inner struggle to reconcile her desire to see her father one last time with the reality that the decision was beyond her control. This evokes feelings of helplessness as she struggles with a lack of closure and an inability to fulfil a deeply personal need. The sense of trying to make sense of this situation highlights her attempt to process and understand the emotional impact of not

having a final visual confirmation of her father's death. It also highlights the complexity of her grieving process, where acceptance and understanding are hindered by external circumstances that dictate this crucial aspect of her farewell.

When Hannah's husband died suddenly after being taken to the hospital in an ambulance, she was offered the chance to view his body but chose not to do so:

I can't think of anything worse than remembering somebody you love in a wooden box. I can't think of anything worse, so I didn't want to remember him like that. I wanted to remember him. Whole and hearty.

— Hannah, lines 466-470.

The use of language and the repetition of the phrase, "I can't think of anything worse", could be interpreted as an avoidance of the ritual of seeing her husband's body due to the visual image that this would leave her with. Hannah explained that once her husband's body had left the hospital for the funeral home, viewing him was not an option. Her contradiction regarding the viewing of his body indicates a sense of regret that she did not do this in the hospital, lending credibility to the notion that the restrictions impacted her in immeasurable ways, as, in this case, Hannah was unable to change her mind without knowing this beforehand:

And, and then when he went to the funeral home, then there wasn't an option then about that. We was not allowed to see him because of restrictions. No. No chance to see him. That was just not an option at all then. For anybody to go and see him. So, he was at the funeral home for just under a month.

— Hannah, lines 436-440.

In Jo's account of her sister's death, she described how difficult it was to not be able to see her sister's body and say her final goodbye. Jo was able to have empathy when recalling how her sister's children did not get the opportunity to do that either:

We didn't even get to see her in the Chapel of Rest. That's hard, too. I mean, I might not have wanted to see her, but the option wasn't even there. Not even her own children got to see her and say goodbye, which I find unbelievably hard to comprehend.

— Jo, lines 137-141.

Jo goes on to say that not being able to say a *“proper goodbye”* (Jo, line 186) was *“devastating”* (Jo, line 187) and conceivably signifies that her sister's death and the inability to view her body due to the restrictions made it harder for her to accept: *“her passing has been so awful and made worse, I think, because we couldn't say goodbye”* (Jo, line 211).

Peter's mother died within a couple of days of going into the hospital after falling and breaking her shoulder. When Peter was asked if he was able to see his mother after she died, he replied, *“no, we weren't allowed to. Because of the restrictions”* (Peter, line 177). Similarly, when Kevin's mother died at home, whilst he was able to be with her as she died as he was one of her carers, he was unable to view her body in the funeral home or have any contact with her coffin due to the restrictions. The following statement could be translated as anger that he has been unable to process: *“and the coffin thing, let's keep away from the coffin. We couldn't touch it. I couldn't carry my mother in”* (Kevin, line 208). It was a similar experience for Emily, who said that she was able to see her mother's body in the hospital shortly after her death but was unable to see her again. When asked if she knew that when she saw her mother in the hospital, it would be the last time, she explained:

Didn't really cross my mind, but I would have hoped that I would have seen her again and that's what happened when my dad died. We saw my dad again, went to see him in the funeral home. And yeah, it did. Just didn't. Didn't really cross my mind. That I wouldn't see her again after that.

— Emily, line 233.

Emily's words carry a notion of having no reason not to assume things would be the same as when her father died and could be perceived as a feeling of regret and

anger that this happened. Carmen's mother died in the hospital, and both Carmen and her sister were allowed to sit with their mum as she died. Carmen described how her mother never regained consciousness and slipped away, and so whilst she did not say goodbye while her mother was alert, she was able to be with her as she died: *"we sat with Mum, which was special"* (Carmen, line 319). As per the Jewish faith, where the deceased are buried or cremated within 24 hours, Carmen's mother was buried the following day, so she did not see her mother again after the time in the hospital. She said: *"and the only regret I have is, I wanted to hold Mum's hand. But she was in a position where we couldn't. They put her side against the wall, so in case she fell out"* (Carmen lines 34-37). When Ellie's friend died by suicide, she found out via a Facebook post and was not able to take part in any rituals at all. She said that his family was not allowed to see his body, and she explained that she felt selfish for feeling like she had missed saying goodbye since she was not related to him. This diminishing of self and placing herself low down in the 'hierarchy of grief' could be seen as a coping strategy where Ellie can make sense of what she is feeling:

A death's a sad thing anyway, but suicide is just horrendous, horrendous. So not having the traditions that would typically occur almost sort of highlighted - it's like another thing to highlight - how difficult times are, and I almost feel a bit selfish.

— Ellie, lines 194-197.

When Joanna's grandma-in-law died, she was upset on behalf of her husband and their two children, who were not allowed to participate in traditional rituals following the death of her husband's grandmother. She was affectionately known as Little Gran, and Joanna described her as the *"matriarch of the family"* (Joanna, line 617). During Joanna's interview, her focus was very much on other people's feelings rather than her own. Towards the end of the interview, Joanna

was able to recognise her grief when talking about visiting the town where Little Gran used to live. This admission suggests some denial of the impact the death has had on her:

And I haven't acknowledged or paid my respects in any way [...] I don't know. I mean, effectively all I did to acknowledge that Gran died was made some paper flowers with the kids, and that's not much, is it? I, I think I, I think in my mind, she hasn't died. I haven't noticed that she's dead yet [...] I just felt something then: a tearfulness. Which is weird because I haven't really felt that about Gran's death [...] It'll be interesting for the kids as well because I guess they've not been either. It's almost like the death has been deleted.

— Joanna, lines 618-639.

Pat illustrated how when her aunt died, she was unable to view her body or attend the funeral, which appears to have left her emotionally stuck and in part denial as she does not have the memories of the ritual to refer to:

And I think it's such an impactful occasion. And that is the fact that hasn't happened. Almost. Like almost sort of emotionally, it's like I haven't had that impact that, as you say, in terms of memories, it hasn't happened.

— Pat, line 215.

Jo sums up this GET with a vivid portrayal of her older sister's death:

It feels like we've had no closure, and it's hard sometimes to actually believe that she's gone because we didn't do anything normal. This was someone I had known my whole life. I'm the youngest. And now she's gone, and I can't believe it. It does feel like it was a dream because we were in lockdown, too, so that all felt a little surreal.

— Jo, lines 60-64.

The emotional impact of not being allowed to say goodbye to the deceased was noticeable within this first GET. This sat alongside the suddenness of the death and suggests that participants' emotional responses underlay their entire experience, which in turn appears to have impeded their ability to fully accept the death of their loved one.

## 5.4 Group Experiential Theme Two: Eternal Embrace; A Lifetime Condensed into a Day of Farewell

### 5.4.1 Mourners Matter

Funerals serve many purposes for those left behind, including a sense of closure or end, and many participants spoke about their “*confusion and anger*” (Peter, line 102; Kim, line 503; Emily, line 17) at the changes to this ritual. The restrictions that were in place during the pandemic meant that mourning ceremonies such as funerals were held without usual traditions and rituals; for example, the number of mourners was limited, and they also had to follow social distancing measures, meaning that people had to stay two metres away from anyone outside of their household. Emily explained that there were limited numbers at her mother’s funeral, and the words “and that was it” carry a sense of sadness and disbelief:

We were limited to the number of people we could have at the funeral, and we didn't have many. Basically myself and my two children, there was my brother and his girlfriend, my mum's next-door neighbour, and there was my uncle and auntie and my cousin and her husband. And that was it.

— Emily, line 249.

Hannah was shocked by her initial experience with the funeral home when her husband unexpectedly died after a sudden illness. Hannah had never planned a funeral before and did not know where to go or who to call, so she looked at a list of funeral homes and called the first one on the list. She describes this call:

And then she said, ‘You do realise, you can't have anyone at the funeral?’ And I said to her, ‘Well, what do you mean by we can't have anybody?’ She said, ‘You can have immediate family only.’ So, obviously, then, I was sort of stuck, because we have a big family. All his family are all over 70. He was the youngest. They're all up in [...]. So I had to tell them they couldn't come down. It was all so... It wasn't right. When there's a funeral, there isn't an invite. It's not like a wedding or a christening, where you get invited, to a funeral it's just, it's just a given, isn't it, that if you wanna go, you know, then you go? So, it was awful to have to say to people that you,

you can't, you can't come. It was awful. It was. I mean, he, he was in the Navy, so he knew lots of people. We had lots of big circle of friends. And, you know, we've got family.

— Hannah, lines 125-132.

When reading Hannah's extract, it is as though her pain and confusion are palpable and convey a notion of a bereaved spouse whose grief is overpowering and enveloping her. There is a sense of disbelief and anger at the realisation of the situation and what that meant for them as a family. Jo had a similar experience to Hannah, with the exclusion of family members following the death of her sister. In her case, they all decided as a family that if all five siblings could not go, then none of them would. In the end, just four people attended her sister's funeral:

She had a funeral, but we were only allowed six people. That was bloody awful because not all her brothers and sisters were allowed to go or all her friends. She had her husband, two children, and our mum there. That's it. We decided that if we all couldn't go, then none of us would, but it was heart-breaking. We weren't even allowed to all sit together and watch the live video. We had to sit alone in our own homes, and that was so awful. I can't tell you how awful it was.

— Jo, lines 30-35.

Jo went on to illustrate what her sister's funeral experience was like for her mum:

And, because of the stupid rules, my mum had to sit on her own, and her husband and children sat together on the other side of the room. That was awful to watch my mum crying on her own. And looking back, maybe one of us should have gone but then we wouldn't have been allowed to sit with her anyway. Mum said, 'The Queen sat by herself, so I can.' She was being brave, but I know it killed her to bury her daughter and not have anyone there to comfort her. Mum's never been the same since she died.

— Jo, lines 47-49.

Jo's account of her sister's funeral recognises the need to have physical comfort from others during bereavement; her account of what happened could be interpreted as being a lonely experience. When speaking about the impact her sister's death has had on their mum, there is a sense of Jo feeling as if she lost her mum at the same time as her sister. For Kevin, whose mother died during the restrictions, he was struck by the difference and unfairness of her funeral compared

to that of his aunt, who died when the restrictions had been lifted, suggesting that there is an element of resentment that could lead to confusing feelings for Kevin, as suggested by him stating, 'it was not fair':

And at my auntie's funeral, I said, 'How can you have all this?' Yeah, my mother got nothing. No, fair, it's not. It was not fair to me that only 12 people got to go. And we weren't allowed to spend time together afterwards. That hurt.

— Kevin, line 250.

When Carmen's mother died, she was also struck by how different the process was compared to when her father died. She explained that with their synagogue, they had a system where, when someone died, everyone would find out at the same time: "*[G]et a notification like. So anybody that knew the person would, would just come along to the funeral automatically because they'd know about it*" (Carmen, line 519). Carmen explained that, due to the restrictions, she had to invite people, which she stated as being "*very intrusive on the grieving process*" (Carmen, line 525), as well as being difficult:

It's not what I wanted to think about. You know who, who? Who in the pecking order of friends did I want to come to the funeral? So I found, I found that very uncomfortable. We all did.

— Carmen, lines 37-39.

The idea of inviting people to a funeral felt wrong and unnatural, potentially adding an extra layer of stress. Joanna was upset when her husband's grandmother died, as not only was she unable to attend the funeral due to the restriction on numbers, but her husband had to travel there alone, sit alone, and not be allowed to comfort his dad:

And he travelled alone for two hours to go [to the] ceremony. To sit alone. He travelled alone. Yeah. And then had to travel back again to sit two metres away from his dad. And then come straight back. And then, when his dad was crying, I know that he found it so hard not to be able to reach out and just touch him and put his hand on his shoulder or comfort him in any way and couldn't hug him.

That was a bit that he found the most difficult.  
— Joanna, lines 175-179.

Joanna further clarified that her husband felt “robbed” (*Joanna, line 264*) and that his grandmother should have had a “proper send-off. She was so popular, that room should have been packed” (*Joanna, line 267*) instead of the six mourners that were allowed. Joanna’s words evoke a sense of regret for Gran’s unfulfilled expectations. There is also a sense of anger that her husband had to face this alone, suggesting Joanna was standing up for him in a way that she could not for Gran.

#### **5.4.2 Forever Altered: When Funerals Changed, and Nothing was the Same**

As well as the restrictions on the number of mourners allowed to attend a funeral between March 2020 and March 2021, there were other changes, too, such as being unable to hold a wake following the funeral or visiting the home of friends and family who were grieving. These changes created a diverse emotional impact on participants, including a sense of “disbelief, sorrow and loneliness” (*Kim, line 421*) that “the rituals were different, and you weren’t allowed to be in each other’s homes [...] So I sort of stayed in my own home, and my sister stayed in her own home” (*Carmen, lines 541-542*). For Carmen, her empathy towards other people’s situations, such as friends and relatives who could not attend due to numbers or people who experienced funerals during the strictest of the pandemic rules, was clear: “I feel sorry for people who couldn’t even go. At least we got to have a funeral” (*Carmen, line 534*). This could suggest that constructing meaning is a collaborative and relational process. Every participant described how it was upsetting to them as individuals and families to miss important rituals. Hannah was upset as she spoke about how her husband was not allowed to receive his military honour in the usual way, suggesting sadness as well as a sense of gratefulness for his friends who were not allowed to say goodbye traditionally but instead found a way to honour

him:

He was in the Navy for 33 years [...] It was awful because they [his Navy colleagues] all should have been able to come and do what they usually do at funerals [...] but they weren't allowed. So, his friends organised [...] like a guard of honour out on the street and along the main road.

— Hannah, lines 158-160.

Ellie had a similar story and was upset that her friend did not get what was classed as a tradition within their town after he died during the first lockdown. Ellie explained that on the high street in the town where she and her friend lived and worked, it was the tradition for all the shop staff to stand outside their shops as the funeral procession drove past. Her description could be translated as her friend missing something that was revered within the close community in which they worked and evokes an image of everyone putting everything else aside to honour the person who died:

In town, when one of the other shop owners died [...], it was like a traditional thing that the shop owners stand outside the shop, and the funeral car drives down the high street, and then the church was at the bottom. So, as it drove past, the shop owners kind of joined, walking behind the cars. Once they've passed their shop. They would come out and walk behind the car to the church. And then, depending on how well you knew them, you'd either go to the church and the wake or just go back to the shop. But we would always do the walking behind the coffin ritual out of respect. But because of restrictions, we were not allowed to do any of that. All the shops were shut.

— Ellie, lines 110-112.

Peter's mother was a practising Catholic, and he explained that, when she died, instead of her usual Catholic church, her funeral was held in the crematorium. Peter said, "*and I'm still heartbroken about that*" (*Peter, line 341*), suggesting a sadness that it is hard to accept. Pat was upset that neither she nor her mother was able to attend the funeral of her aunt, and her words convey a notion of not getting the closure that she needed to accept and process the death:

That figure is gone, and there was no funeral. And, like, a funeral is almost like a full stop [...] If the funeral isn't there. Then there's no full stop. It kind of, kind of, it almost puts a bracket around the time frame, doesn't it, that you sort of, you sort of know it's happened? There's a death. It's devastating. And then there's a funeral and it kind of marks the line in the sand almost. And, and, and obviously, that didn't happen.

— Pat, line 158-163.

Carmen described rituals that are important to her Jewish faith and how, following the death of her mother, they were denied or changed. Carmen spoke about Shiva, which is a *“period of mourning that usually lasts for seven days starting from when mourners arrive home from the funeral”* (Carmen, line 549). She explained that the ‘main’ mourner would stay in their own home or at the deceased's home. All mirrors within the home are covered, and mourners sit on low stools or on the floor to symbolise being in a low mood; the doors are kept unlocked so visitors can come to comfort the bereaved. Carmen's account of missing this ritual recognises that not only did her mother miss the recognition that she deserved, but that Carmen herself missed out. This could be translated as missing the comfort and support of family members, friends, and the wider community:

I was dreading [...] Shiva [...]. It's seven days of mourning and people come and visit and there are prayers. And then evening and, people come and recount stories of when they remember you, when you were little with your mum or the relationship, and people bring food. Somebody, often the friend, will come and say, depending on how many people are in mourning, will say: ‘Just tell me what to do and I'll do it’. But none of this happened.

— Carmen, lines 562-580.

She went on to describe a further ritual that was impacted, which could be interpreted as her being denied something that is an extremely important and intimate part of the grieving process:

During Shiva, you wear a garment, [...] one that you don't want to wear really again, so for women, it's usually a cardigan. Men, it can be a tie. So, you can take it off, and then it's cut over your left, over your heart. And you wear it to show you're in mourning. This ritual is done in private in your own home but because of the restrictions we had to have it done in the car park of the cemetery. I found that very distressing.

— Carmen, line 580.

Emily found the changes to her mother's funeral difficult, especially when she compared it to her father's funeral, which she described as "*completely different. Yeah, it's completely different. It was very different*" (Emily, line 275) and the repetitive use of the word 'different' highlights just how much this impacted her. Emily's account of her mum's funeral suggests that she has found it difficult to accept that her mum was not able to have the funeral that she would have wanted, and the use of the word "robbed" almost suggests a notion of a crime against humanity:

It was strange as well because Mum, she, she used to go to church, and she spent a lot of time in church over the years and she would want it something in church as well. But we, we didn't get that. And it felt, you know, it felt a bit like she'd been robbed, really [...] Yeah, it was just, it, it wasn't nice at all. So had it. It had been in, in normal times, there would have been a very, would have been a very different service, so [there] would have been a celebration in church.

— Emily, lines 276-286.

For Joanna, the imagery evoked by her words displays a sad and lonely funeral, which was not befitting a lady of one hundred years old:

I think Little Gran would have been absolutely gutted by her funeral. I genuinely, I think she would have been really saddened by it because it was depressing and, and grim, it was grim. There's, there's no other word for it. Really. It was grim, you know. Yeah, it was horrid. It was. It was. Nobody was allowed within two metres of each other. When they arrived, there was no huddle of people talking quietly. They went in in their black suits, sat down two metres apart.

— Joanna, lines 417-426.

The lack of social support that Joanna's family were able to access and the reality of a funeral, which was described as "grim" multiple times, highlight the impact and potential damage that occurred.

### **5.4.3 A Virtual Goodbye**

The restrictions meant that many funeral homes had to use modern technology instead of the traditional funeral. While video technology at funerals has been around for some time, it was used as an exception for mourners who wished to partake in the funeral ritual but could not attend due to location or mobility issues, for example. During the pandemic, the use of live video streaming of funerals became commonplace, and each participant in this study experienced the use of technology during their loved one's funeral. Hannah depicted the funeral of her husband in the following way:

It was horrible. It should have been everybody paying their last respects to him. Everyone who knew him. The way it should be, not over a video. Because it was video-streamed so, everybody could, could watch it. Yeah. But even. Even that just seemed wrong. Yeah. How, how do I explain how I felt sad for him on video?

— Hannah, lines 175-185.

Her depiction of the live stream of the funeral could be read as having an element of resentment that things were not the way they should be, giving a notion that traditions matter, particularly when people are feeling vulnerable. Joanna had concerns about her two small children following the death of her husband's grandmother, whom Joanna and her children affectionately called Little Gran due to her size, as her children had never experienced a death before, and she wanted to allow them to experience the usual rituals, in particular attending the funeral. Due to the restrictions, they could not attend, so Joanna attempted to watch the funeral via video link. She explained her experience with this as "*horrible*" (Joanna, line 93)

and felt sad that her children missed out on this life experience:

The kids, I really feel that they missed out and miss her. Something they still talk about. They are now ten and six. They've never been to a funeral [...] they've no understanding or appreciation of it. But trying to do a Zoom-linked funeral where people are two metres apart was [...] horrible.

— Joanna, lines 86-93.

Joanna went on to say that trying to watch Little Gran's funeral via Zoom caused "*stress [...] trying to get that up and running*" (Joanna, line 180). As she tried to explain the gravitas of the occasion to her two children, her comparison to watching a film creates an almost black-comedy-like scenario in which various mishaps occur. This could also translate as sadness and frustration that this is how the funeral had to be:

And I did try and watch the Zoom. But it was like, it just wasn't.... It wasn't real. No. It wasn't real. It was kind of like zoomed in from above, so all I could see were the backs of heads placed two metres apart [...] The kids were just running around, so to try and get in the zone for a funeral. I just couldn't do it; it didn't feel real. I couldn't. I couldn't get into the space where I could sit and think about Little Gran. It was almost like - and please forgive me, Grandma - it was almost like watching a very inconveniently timed piece of film.

— Joanna, lines 173-189.

When Jo's sister died, who was one of five siblings, due to the limited numbers allowed at her funeral, as a family, they decided that if they could not attend together none of them would attend. Then, they found out that they were not allowed to be with each other to watch the funeral, as the restrictions meant that people were not allowed to be in each other's homes, which she found difficult. Like Joanna, she compared it to watching a movie, and her repeated use of the word "awful" is powerful and suggests deep pain and sorrow:

We weren't even allowed to all sit together and watch the live video. We had to sit alone in our own homes and that was so awful, I can't tell you how awful that was. It was so, so awful. I have two children who wanted to watch, but it was their first funeral, so it was weird to try and explain that it is not normally like this. We were all sat on the settee crying our

eyes out. Like watching a horrible sad movie, but it's your sister. And they were seeing their cousins at their mum's funeral crying, and they couldn't be there with them. It was hard for them to accept why they couldn't be there. They kept saying, 'Look at poor Grandma, all by herself'. My son was actually quite angry. And, of course, it was very sad for me, and I felt all sorts of things. It wasn't fair for her to be gone the way she did then have this shit funeral.

— Jo, lines 76-137.

Peter said the following about his aunt's funeral: "*the funeral was, was, was rubbish. My auntie, me auntie, was on bloody camera; you know, it was pointless. It was just ridiculous, and we'd have had, we would've had a massive funeral*" (Peter, line 223). The funeral's "rubbish" and "pointless" description seems out of place, but, like the other participants, it may be a surrender to their grief and what it has left them with.

#### **5.4.4 Absence of Physical Touch**

The restrictions in place included social distancing, which meant that people had to stay two metres apart from each other unless they lived in the same house, which made comforting those who were dying and those who were bereaved "*incredibly difficult*" (Kevin, line 242). When Emily's mother became ill, she debated whether to go and see her, as the threat of passing on the virus was at the forefront of her mind. She explained that Mother's Day was coming up, and so they made the decision to go and visit but maintain the two metres apart social distancing rule: "*so we went to see her, but we, we did socially distance. We didn't hug her like we normally would*" (Emily, line 165). Emily went on to clarify that herself and her children "*stayed away to protect her*" (Emily, line 178) and became upset when recalling that this would be the last time that they would see her alive: "*if we knew what was going to happen, then we probably would have gone to see her anyway*" (Emily, line 179). This suggests regret and remorse at the decisions that she made. When Peter's mother was unwell and spending some time in a respite care home,

his aunt died suddenly (his mother's sister), and he recalls how difficult it was to break the news to his mother, indicating a sense of bewilderment and shock at how things were during the pandemic:

Ohh, it was terrible, and she's ill and [...] and me and my brother and sister [...] couldn't even go into the respite home [...] We had to tell her from outside, like the bedroom window. Really. It was ridiculous. You know what I mean? Looking back now. But that's how she found out that her sister had died. Through the window. 'Hello. Yeah, it's me. Yeah, your sister died and... (Peter had to take a short break at this point).

— Peter, lines 176-190.

Carmen had a similar experience when her mother was in a care home during lockdown. She explained that while she was there, her elderly mother was diagnosed with depression, and the doctor suggested that spending time with her family would help her. Due to restrictions, Carmen said visiting her mother was extremely difficult and upsetting, as they were only allowed to see her through the window at first. She was then allowed to sit outside while her mother sat close to the open door. She described this as being better, but her hard-of-hearing mother could not participate in any conversation as they had to wear face masks:

She was trying to lip-read, and there was just no joy. There was no joy in being able to do that. I don't know how she was, but I was really miserable when I came out because [I] couldn't do the normal things. I tried.

— Carmen, line 72.

Carmen said that the staff would watch them and were extremely strict about the length of visiting times and a rule about no physical contact: *"no physical contact. That was horrible. So, I started to make physical contact [...] Touched her knee, touched her arm, and a couple of times I thought sod it, and I just gave her a kiss"* (Carmen, line 121). Carmen also struggled with the lack of physical contact during her mother's funeral and beyond, and her words could be translated as feeling

isolated and alone in her grief. She said: *"and not having that, that, that, that cuddle, that friendship, that hold of hands, the... There, there. That was really, incredibly tough"* (Carmen, lines 339-371). Kevin described how worried his mother was in the final weeks of her life, as she had heard on the news that people should not touch each other, and she took that very seriously and told him not to hug her. Kevin said: *"this killed me because it hurt me so much 'cause we're tactile. We hug loads. When we say goodnight to bed, we hug just in case"* (Kevin, line 114). The time before and after her death, Kevin found it hard to accept the lack of physical comfort and support: *"I need it. I needed to hug people back then, and it made it incredibly difficult that I couldn't do that"* (Kevin, line 239). Kevin presents a powerful narrative with his phrase "we hug just in case," which suggests an element of a ritual that, as a family, they engaged in, and the image portrayed of his mother's last days seems bleak, unfair, and unfamiliar.

## **5.5 Group Experiential Theme Three: Remembering, Reflecting and Celebrating Lives**

### **5.5.1 Lost Opportunity for Goodbyes and Stories**

This section looks at the complexities of celebrating life following a funeral and why the absence of this ritual had an impact. The participants' experience of not being allowed to observe this ritual led to fragmented episodes of the death rather than a consistent narrative of the whole bereavement. The study's participants expressed their anger at missing what is viewed as an important aspect of the grieving process. Whilst anger is a common emotion to have following the death of a loved one, be that at the person themselves for dying or the universe for letting this happen, in this case, participants were directing their anger towards the government, who were responsible for the implementation of the restrictions. The

restrictions enraged those who followed the rules, mainly when that meant their loved ones died alone. Joanna found it challenging to accept this, as her grandmother spent the last year of her life unable to have any visitors. Her grandmother was one hundred years old, and Joanna felt her last year on earth was “horrible” (*Joanna*, p. 2, 74). In a similar view, Kevin’s mother died in isolation and the anger that he felt was visceral. Only Hannah spoke about breaking the rules, and while she said she lived in fear of someone reporting her, she has no regrets, as she felt that she would not have been able to get through her husband’s sudden death without her friends. It was clear that all the participants in this study were still openly grieving the loss of their loved one, which could be linked to the lost opportunity to take part in traditional rituals. The experience of fluctuating between many different emotional states emerged frequently across participants, and many described these emotions when explaining the absence of a wake and the inability to share stories of the deceased loved one. In Carmen’s case, the wake is significant to her Jewish faith. She explained that family and friends hold what is called Shiva (seven days of mourning), which Carmen described as “a long wake” (*Carmen*, line 550). The Shiva ritual is held after the burial or cremation, and it is a tradition that anyone who knows the deceased comes to visit the bereaved’s home to offer prayers, comfort, company, and practical help, such as bringing or preparing food. She said, “so none of this happened” (*Carmen*, line 432) after her mum died, which she described as being “a bit strange” (*Carmen*, line 543):

It would have been nice to even have had a cup of tea with somebody [...] Some days it was really lonely. You know, my husband was working and, and there was a few times when there was a ring on the doorbell. Someone would leave some food for me and have a chat in the, in the doorway. But it was September, October. It was cold. And then it was, it was it. It was a bit lonely.

— Carmen, lines 561-569.

There was a further element to this ritual for Carmen, which is called 'getting up from Shiva,' which she explained is usually done at the end of the seventh day by the rabbi, who visits and "*gives permission to not be in mourning anymore*" (*Carmen*, line 603)—something that Carmen did not get to experience. Carmen experienced this when her dad died, and so she felt it meant something much deeper that she did not get this after her mum died, suggesting a notion of feeling abandoned with no one to provide the direction that she needed. When Emily's mum died, she explained that, due to the restrictions that were in place at that time, they were unable to celebrate the life of her mum after her funeral:

We literally, we went to the crematorium. That was it. We, we weren't supposed to hug, but we gave relatives hugs outside and, and then, that was it. And then we just went home. So, it was just really bizarre and horrible.

— Emily, line 26.

Like Emily, "horrible" was a word that Ellie used when recalling what happened after her friend's suicide: "*to not have that ritual or a proper funeral or wake is horrible*" (*Ellie*, line 138-139) evoking a feeling of unfairness not just for the bereaved but for the memory of those who died. Kevin said that his mum's wake would have been big as she was so popular. He recalled how he felt sad that his mum could not have people there "*to give memories of what she was like. Talk to people and share stories. I thought, it's sad that we can't do all this*" (*Kevin*, line 205). He explained that, after his mum's funeral, in lieu of a wake, he gave out a bag to each of the twelve mourners, which contained a bottle of wine, a small bottle of gin, some cake, chocolate, and biscuits, and he said to them all, "*think of mum when you're eating this afternoon tea*" (*Kevin*, line 256). Kevin feels like he was robbed of the opportunity to learn more about his mum's life from people who would have ordinarily been at the wake:

Celebration of life. It's not the death, it's celebration and the things you learn more from that [...] It's good, isn't it? You know, to keep her memory alive. She was here. She was here, and she meant something. You knew her your whole life. Yeah. And we, we got robbed of that opportunity. To

have that time where people tell stories and you, you find out all these things that you didn't know from people because everyone's got a story about, about Mum, haven't they? And then that's, you know, real sense of loss there that you didn't get to have that. I've been short-changed [...] I couldn't. I couldn't sit with family and talk to them because we weren't allowed to.

— Kevin, lines 428-435.

Jo's account suggests a difficulty in accepting that she did not experience something which is taken for granted, and the use of the phrases "short-changed" and "robbed" suggests an unfairness:

It was very, very sad. Hundreds of people would have been there. We would have put up photos and talked about her. She was robbed of her life and robbed of a proper send-off [...] I just don't know how you get over that. It's hard enough that she died, but to not say goodbye [...] And that didn't happen. And it's awful. Such a bloody shame. It's like it didn't even happen. Like she's just been erased from our lives. I forget sometimes, you know. And then I feel awful. I mean, how can I forget my own sister has died? Thanks. So yeah. Her passing has been so awful and made worse, I think because we couldn't say goodbye. It's the, the whole funeral, the no wake. The nothing. All the circumstances around it.

— Jo, lines 10-56.

Joanna also used the word "robbed" when describing what happened after her gran's funeral after her husband had to attend it alone:

Normally, after a funeral, we'd expect something. We'd go for a drink and a sandwich, or at least that. But just to come home again afterwards. He felt robbed. I think he felt robbed of, of the proper send-off, that Gran should have had. She was so popular, that room should have been packed.

— Joanna, lines 231-234.

Peter's account could be read as on the one hand, understanding why the restrictions were in place, whilst on the other, a feeling of responsibility for not being able to give his mum what he felt she deserved:

I get why we weren't allowed and we [...] didn't get to have a big party and have a bit of a laugh [...] That would have been upsetting and everyone would have been there but... But that's part of the grieving process, isn't it? To all grieve together, talk about the person. To tell stories, because that, that's the time when people do that, isn't, isn't it? Celebration of life [...] and we would have [...] would have done that. And we haven't, we haven't, we haven't [...] I've not even had a drink on it yet,

you know what I mean? So I feel really bad about that. That I couldn't give her that.

— Peter, lines 27-96.

What all the extracts share is a common theme that suggests a lack of social support or communal grieving. The participants sharing that their loved one is not being celebrated and having stories told about them seems to be an important part of the grieving process. Many participants spoke about how upsetting they found it, not being able to gather after the funeral to get comfort, talk and tell stories, and just all be together. Some spoke about holding a belated memorial service for their loved ones, but only Hannah and Carmen did this:

To coincide with his birthday [...] 18 months on from him dying. I did a big memorial service, and we had 120 people. It was what he would have wanted [...] It was 18 months on, but they got involved in saying goodbye, really. What we needed to do. And tell all those stories about him that we would have done at the wake.

— Hannah, line 19-78.

And we had a ceremony last summer for relatives [...] In my sister's garden. Because you couldn't hire a hall [...] And that was quite nice because [it was] nearly a year on.

— Carmen, line 791.

For the rest of the participants, it felt that the time to hold a celebration of their loved one's life had passed, and the thought of holding it later felt too upsetting and

pointless. Emily also recounted that, as so much time had passed since her mum's death, many of her mum's friends had also died, so the opportunity to all come together was gone. Emily, like Peter, feels like she has let her mum down:

The plan was to have, like, a memorial service [...], but then, because Covid dragged on as long as it did, we didn't do that. And I think it got to the point probably where it almost seemed a bit pointless really, doing it so much [...] Because as time's gone on and all the people that probably would have come to the funeral have died since as well, and, and, so yeah, I just think it's the time's gone, really. We've lost that opportunity [...] I feel kind of feel like I've let mum down a bit. Now, we've not had that opportunity to celebrate her life.

— Emily, lines 154-178.

There is a sense of sadness in Emily's extract, which evokes a notion of resigned acceptance, like the end of a weary fight, where she realised that the battle was over.

### **5.5.2 Anger and the Absence of Social Support**

Many participants spoke of their anger about being denied what Kim described as “a basic human right” (Kim, line 97). Whilst anger can be described as a common emotion for the bereaved to have, Jo depicted how her anger was directed at the rules that were put in place during the restrictions, which meant that herself and her family had to suffer more in the face of what she called “*the worst grief ever*” (Jo, line 5). She went on to say the following:

Because of the stupid rules, my mum had to sit on her own [at the funeral] and my sister's husband and their children sat together on the other side of the room. That was awful, to watch my mum crying on her own. And looking back, maybe one of us should have gone, but then we wouldn't have been allowed to sit with her anyway. Mum said, ‘The Queen sat by herself, so I can.’ She was being brave, but I know it killed her to bury her daughter and not have anyone there to comfort her. Mum's never been the same since she died. And that makes me so bloody angry.

— Jo, lines 23-89.

Kim also described her anger and frustration towards the rules:

And I think what I found is it's, it's hard for people to let that go, that they don't know where to put that anger and frustration of, you know, 'I wasn't allowed to do this because of the [rules]'.  
— Kim, line 546.

Peter was angry with the National Health Service (NHS) for what he perceives as the reason his mum died after she was admitted to the hospital after falling and breaking her shoulder. He explained that she had been placed on a mixed ward, which meant that some of the patients had the virus, and some did not: *"I'm angry with the NHS now thinking about a mixed Covid ward. She went in with a broken shoulder, caught Covid and died [...] She died within a couple of days"* (Peter, line 189). Ellie was angry for a different reason, and her strong feelings towards her friend's family are evident in the words that she uses, such as "respect" and "horribly sad":

It's horribly sad that he died, but I know for me I felt bad for his son—for such a horrific thing to have happened is just horrendous. But then also to not have that ritual or a proper funeral or wake is horrible. I'm so angry that he was experiencing the suicide of his dad without the usual support or without those signs of respect, like a funeral.  
— Ellie, lines 141-142.

Ellie's account illustrates a stark image of the realities of dealing with suicide whilst also in the harshest of times, and her anger for the lack of support that her friend's son was able to access is clear. All participants considered how difficult it was to be forbidden from visiting friends and loved ones because of the restrictions put in place due to the pandemic. Joanna described her grandmother: *"she was one hundred, and she died. Alone"* (Joanna, line 370). This isolation made it difficult for those who were bereaved, both in terms of their grief and the sadness of many that their loved one died alone. In some cases, participants were not allowed to visit their loved ones—such as Kevin, whose mother died alone—suggesting a sense of disbelief that this

was allowed to happen:

She died kind of in isolation. No friends were allowed to come and sit with her. You weren't allowed to hug her. And then she didn't have the funeral that she deserved and that you feel that she deserved. And that makes me angry.

— Kevin, line 270.

Watching her sister battle isolation during her illness, and then her subsequent death and funeral, was difficult for Jo and could be interpreted as a complex and emotive journey to watch from afar:

She had to go into hospital for treatment, and she had to go on her own. She couldn't take family with her to support her. And my mum found that really upsetting. It was heartbreaking. We weren't even allowed to all sit together [at the funeral] and watch the live video [of the funeral]. We had to sit alone in our own homes, and that was so awful. I can't tell you how awful that was.

— Jo, lines 11-45.

For Pat, there is a sense of sadness both for her aunt, who was receiving end-of life care for her cancer diagnosis and was unable to have any visitors, and also for her mum (her aunt's sister), who did not get the opportunity to be with her sister as she died. This could be interpreted as a loss of role and, therefore, loss of identity, as well as evoking a sense of not knowing what to do with oneself in the face of the restrictions:

She was poorly with breast cancer, and my mum couldn't visit. It was so difficult to accept. I remember from a conversation that Mum was really upset and because she felt like it was her role to sort of be the comforter, kind of, you know, to go and, and couldn't 'cause of those restrictions.

— Pat, line 65.

Hannah struggled to cope without the support of her friends, and she described how they "*broke the rules*" (*Hannah, line 23*) to be with her. However, there is a sense of living in fear of someone reporting them to the authorities and

the consequences of this. The imagery of Hannah's friend hiding her bike, sneaking into the house, and then sitting six feet apart brings a sense of light-heartedness in what was certainly an exceptionally testing time:

I don't think I would have got through it without them. No, no. My friend came most days to see me, and we sat outside, and we sat six feet apart, and we had a, you know, a cup of tea or coffee and whatever, and we just chatted. I needed that comfort and company. One friend rode her bike down and then sneaked it up the side of the house and then snuck in. We were afraid we would get into trouble.

— Hannah, line 167-178.

Peter's words carry a sense of deep sadness and a notion of a reluctant acceptance that his mum did not get the funeral and celebration of life that he wanted for her, but it was now over, and there was nothing he could do:

I think, I think looking back, I think, there was so many mistakes made. You know, it's just cruel [...] You never get that moment back, you know, just like you never get that moment back of, of sitting with somebody that you love that's dying. You never get that back. It's gone. That time's gone. You can't recreate that almost. Absolutely disgraceful [...] You know, I

mean that's, I mean I, I feel although I'm, although annoyed the way ours happened [...] some of those poor people haven't seen their parents for like months and then they just died. Yeah, even without, you know, at least I got [...] got to see her at hospital, you know [...] I'm on Twitter and some of the stories on there people just didn't see the parents [...] for, for a long, long time. Did they? You know, it was a phone call. And, and then they died in isolation, you know, on their own. It's very sad.

— Peter, lines 27-123.

Peter's account shows a deep sense of awareness that, despite being affected by his mum's death, there is an element of feeling lucky that he got to spend time with her before her death. Peter also demonstrates empathy for other people.

## 5.6 Group Experiential Theme Four: Beyond Goodbye; Nurturing a Continuing Relationship with the Deceased

### 5.6.1 Reflections and 'What-If's

GET 4 examines how participants' relationships with the deceased continued after their death. Peter was visibly upset when recalling how remorseful he felt that he persuaded his mother to stay in the hospital after falling and breaking her shoulder; he felt she would be better looked after there as his father was not able to provide the care that she needed and, due to restrictions, other family members were not allowed into the house to help. She caught Covid whilst in hospital, and his words convey the guilt that he feels about the decisions that he made: *“she never came out. Never came back home. Mum wanted to come home from the hospital, but I told her to stay as she was in the best place. We made her stay. She caught Covid and died. Alone”* (Peter, line 23). Peter also suggests that something was taken away from him, which could never be replaced or put right:

Yeah. And you never get that moment back, you know, just like you never get that moment back of, of sitting with somebody that you love that's dying. You never get that back. It's gone. That time's gone. You can't recreate that almost. Absolutely disgraceful.

— Peter, lines 345-356.

When Emily's mother died, her account suggests that she felt like she should follow the rules, but this created an element of guilt because following them meant her mother was lonely and isolated:

It was horrible because we, we stayed away to protect her. But then at the same time[...] If we knew what was going to happen, then we probably would have gone to see her anyway [...] You know, but, but always that you know that thing in the back of the mind, we were staying away to protect her. But I know she did, she was, she was feeling very isolated, and she was feeling lonely.

— Emily, lines 79-82.

Emily also puts across a sense of guilt and remorse over her mother's diagnosis of pneumonia. Emily's mum was diagnosed by a general practitioner (GP) over the telephone, who prescribed antibiotics, which, due to a mix-up, were delayed. The GP then prescribed another course of antibiotics after the first course did not alleviate her symptoms. Emily feels that if her mother had been seen in person, the outcome would have been different, as she had had pneumonia previously and been fine after treatment.

Emily filed a complaint after her mother's death, which was never acknowledged:

But she had it before and, and overcome it with the appropriate treatment. So it's just that thought. You know, if, if she'd had it—if she'd had, had the right treatment, she might still be here. You know, potentially, they've robbed us of extra time with her.

— Emily, lines 183-189.

Like Emily, Joanna felt guilty and sad that her grandmother was isolated in the last year of her life. She was one hundred years old, and Joanna said, "*it was really difficult. We basically had no contact with her in the year up to her death*" (Joanna, line 105). Joanna's words could translate into a belief that her grandmother would have lived longer had she not been alone:

I mean, and, and her death wasn't unexpected. And then, this is going to sound really dramatic, but I do think she would, she would have stayed longer if she hadn't been so alone. So lonely. I mean, days are long when you're—she was in a home. But you know, people were being sort of kept in their rooms a lot. They were being discouraged from coming out. Whereas Gran was mobile. She was a social animal and, and to say that she died of loneliness is dramatic and [...] I don't think it is.

— Joanna, line 234-504.

Jo told how she often felt guilty that her sister died alone, despite knowing that it was not her fault. Her inability to fully think about her sister's death indicates some denial and avoidance, possibly due to the pain that this may incur:

I sometimes wonder if she wouldn't have died if she didn't go into hospital, and that makes me feel guilty, but I guess that doesn't help. It's just so horrible because no one got to say goodbye, and she died all by herself. I can't think about that because it hurts too much.

— Jo, lines 94-101.

Carmen described her guilt at how she felt that her mother “*did not get the funeral that she deserved, and that makes me feel hugely guilty*” (Carmen, line 661), and she recalled how when her father died, they were able to give him a grand send off with a funeral service packed with friends and family, as well as observing Shiva afterward to celebrate his life—something that her mother was unable to have. In a similar view, Kevin described how, during the pandemic, his mum became “*obsessed*” (Kevin, line 237) with cleaning things to avoid the virus. Kevin described that his mum was 92 years old and that the last few months of her life were “*rubbish*” and he “*could have done more*” (Kevin, lines 231-239), suggesting guilt that he did not do more to help with his mother's anxiety:

It hits me that she is gone. And when people say you should always ask your parents stuff before they go. Yeah. Yeah. Right. And I thought I should have asked this stuff. I should have done this. I should have done that. Then I think that [I] could have done more. It keeps me awake.

— Kevin, lines 306-407.

Kevin demonstrates regret about not finding out more about his mother's life while he could and describes guilt and sadness that were so encompassing it kept him awake at night.

### **5.6.2 Reminiscing and Yearning**

Kevin encapsulates his sadness over his mother's death, and his words convey a sense of feeling lost without his mother to care for:

She's gone now. This is it. I will not be caring for her again. And now I feel like I have no purpose in life. No purpose for being. I've lost a full-time job caring. I've cared for four years. And I've enjoyed so much. Right after I went home and started thinking what to do now. I went to a death café.

Have you heard of them?  
— Kevin, lines 396 - 456.

The interview was an opportunity for many participants to remember their loved ones and describe how their deaths had left a void in their lives. Joanna described her gran as “*very popular, very lively, very liked, very likable*” (Joanna, line 72). Emily said that her mum was “*funny*” (Emily, line 373):

She loved animals, and she used to sing when she was younger. She used to do a lot of singing. She was in several choirs, and she used to sing at people's weddings and things like that [...] Yeah, she never charged for [it] either. She didn't get any money out. No, she'd just go and sing at people's weddings. Just for fun.  
— Emily, lines 412-523.

Hannah described her husband: “*he was a teddy bear. He was a pushover. We have five grandchildren, and he loved each and every one of them with every bit of his heart*” (Hannah, lines 295-296). While most participants found joy in remembering their loved ones, Joanna found it distressing and a constant reminder of her absence. However, talking about her grandmother allowed her to acknowledge her grief and realise that she had not yet begun to grieve fully:

It's interesting that I—although I've talked to the children about Little Gran being dead, and you know, I've supported my husband with his grief—that I actually haven't done that myself, noticed that she's gone for myself, and the feeling rather than just saying the words. Because you know, I, I wouldn't, I'm not; I'm not embarrassed to [cry] in front of the children if I'm sad. But umm, uh, you know, they're, they're asking a question about death or Little Gran. And I'm trying to explain. You put your parent head on and [...] It's, it's about them. So, I guess I've not really noticed my own role in grieving.  
— Joanna, lines 712-734.

Peter reminisced about how close he was to his late mother, how much he missed her, and how he had a book made of his mum's life in photographs. He expressed his longing to just chat with her and how he wished he would have listened to her advice more than he did:

You know, if I could chat with her, I don't know, if I could just chat with her. Don't get me wrong, I'm no mummy's boy. But, you know, I was the closest son. I was number one son. My, my brothers and sister accept that. She gave good, good advice, and I probably should have listened to a bit more, to be fair.

— Peter, line 20.

It's a lovely kind of memorial for Mum, isn't it? That she's, she's got a book. All, all about her. It's not the same as a wake. It's a different kind of wake. Not the way that, that she perhaps deserved. We'd have had a big one, and it feels horrible. Too late now.

— Peter, lines 21-37.

In a similar view, Kevin described missing his mother:

She was a formidable woman [...] She would never let anything go. And it was, it was quite hard work at times, because I ended up arguing with her. But the argument was so good, we're discussing stuff that we never, ever discussed about my life. She blamed herself for how I have turned out and things like that I miss. Talking and hugging. It's gone. I miss going to see her. I'd go most days. That's it, really, missing the physical presence of caring for her. I used to buy a bag of popcorn, that's what I miss. The silly things.

— Kevin, lines 310-315.

Emily's grief has led her to visit a medium on more than one occasion in the hope that she will get a message from Mum that she is at peace. Emily held some guilt about not getting to Mum's bedside in time before she died. Emily depicted what happened when she went to the medium:

The first time I went, Mum actually came through—which that was a bit bizarre, really. It is very strange [...] It was, well, because Mum, kind of, she was interested in that kind of thing. We went to a medium show together once and, and she was quite spiritual as well as being religious. She was quite spiritual as well. And we used to joke, say that she was a bit of a psychic witch herself 'cause she, she'd often sort of see things,

come in and say, see, I told you. And we used to joke and called like it [...] She basically, said, said [...] I know you tried to do everything you could and you were on your way there, but you didn't get there in time. So, but I know you were on your way [...] and it was, it was approaching my birthday as well, and it, it was funny because my appointment's supposed

to be in the November, but my birthday is in October, and for some reason, my appointment got changed and brought forward, and the medium said [...] Your mum's saying happy birthday [...] She said yeah, your mum's done that. Your mum's brought it forward because she wanted to say happy birthday.

— Emily, lines 606-621.

Emily's account could demonstrate a viewpoint of grieving that continues to impact participants long after their loved one's death. It also demonstrates how participants could keep their loved one 'in mind' despite them no longer being a physical presence in their lives.

### **5.6.3 Helplessness**

Helplessness was something that many of the participants felt during their bereavement experience. Hannah shared how it was her first experience of planning a funeral, and how she spoke implies how lost and helpless she felt due to this being a new experience but also due to the restrictions that were in place at that time; she described it as *"the world was shut"* (Hannah, line 103):

What do I do? What? 'Cause there was nobody to ask a question to. There was absolutely nobody. The hospital, basically. They gave us a box with a few books in it to give to the grandchildren, and we were more or less shown out the door. Quite quickly really, [...] so I had no, no idea what to do. There was nobody I could ring. I couldn't see anyone.

— Hannah, lines 81-87.

Hannah then went on to describe what it was like not being able to provide the funeral that her husband would have wanted. She was emotional when recounting this:

Would have been standing room only at his funeral [...] It was, it was horrible. It should have been everybody paying their last respects to him. Everyone who knew him. The way it should be, not over a video. Because it was video-streamed so, everybody could, could watch it. Yeah. But even, even that just seemed wrong. Yeah. How, how do I explain how I felt sad for him on video? It was all so hopeless.

— Hannah, lines 164-176.

For some, this was a feeling of helplessness that was present both during and after the death of their loved ones. Emily worried about what to do for the best when the country went into lockdown. She explained that her mother was clinically vulnerable and elderly, and so there were risks present should she spend any time with her mum. The government forbade socialising outside the home, so Emily could not change this:

We were just going into lockdown at, on Mother's Day. So we debated whether or not we were gonna go see her on Mother's Day because of the risks associated [...] so we went to see her, but we, we did socially distance. We didn't hug her like we normally would.

— Emily, lines 54-56.

Following her mother's death, Emily felt helpless as she did not know what to do as the lockdown rules were being changed frequently. *"Nobody knew at that time what was going on, did we? The whole country was just upside down. And it's ridiculous, yeah. Yeah, just very strange time"* (Emily, lines 424-426). Whereas Carmen and Joanna felt helpless that their loved one's last wishes were taken away and powerless to change this. In some cases, such as Kevin, his helplessness morphed into anger: *"I was angry. She was not going to get what she wanted"* (Kevin, line 199). Similarly, Kim said:

It's hard for people to let that go, that they don't know where to put that anger and helplessness, and helplessness of, you know, 'I wasn't allowed to do this because of the government', and particularly when the government then came out doing all the things they were doing.

— Kim, lines 548-558.

In many accounts, the possible denial was revealed by repetitive phrases, further accentuating the sense of helplessness that was felt by many participants: *"what? What? What's the point of me getting upset again?"* (Kevin, line 84). *"I felt total despair and confusion at the news"* (Hannah, line 96). *"no, we weren't allowed*

to. *Because of the restrictions*” (Peter, line 26). Pat spoke about how upsetting it was to see her mum grieving and not being able to help:

It's just not right. Doesn't sit right with me. I want to, you know, when somebody dies, we can feel a bit helpless, but we want to be able to do something. And when they've, when that's taken away like, even Mum wasn't even allowed to go and sit with the husband, you know. That in itself is very sad, isn't it?

— Pat, lines 322-325.

While the notion of helplessness could be described as an uncomplicated grief response, the participants in this study appeared to have felt a greater powerlessness in the face of something that was scary and uncertain.

## **5.7 Group Experiential Theme Five: Restrictions and Relationships**

### ***5.7.1 The Repercussions of the Rules***

Many of the participants spoke about how the death of their loved one and the subsequent changes and restrictions to usual practices caused tension within their families. Kevin said that difficulties with his family members began when his mum became ill, as he had to limit the number of visitors she could have, including family members. This was partly down to the restrictions in place at the time but also because she was a vulnerable person (during the pandemic, a person who had an underlying health condition was classed as vulnerable). Kevin did not want to risk her catching the virus:

We had to put in plans about certain things, about who the carers were and who's allowed in the house. And it caused a lot of friction with the family because we were saying, 'You cannot come in, because you are not listed as the carer'.

— Kevin, lines 87-89.

He shared that some family members became difficult and could not understand that he was not making the rules, which led to a trying situation:

One [of] the family members who's not allowed in the house rang up and says, 'Can I go and see her?' And when we said no, they were annoyed and said, 'Well, you're in there.' 'Yeah, but we are carers.' 'No, it's not fair. I'm going to ring the police'

— Kevin, lines 150-152.

Hannah's husband was taken to the hospital via ambulance; one of their sons was forbidden from visiting him. The virus was contagious, and he has small children, so there were rules to protect the sick and vulnerable. "*My youngest son wanted to go and see his dad, so he went in, but our eldest son, he couldn't come to the hospital because he has five children*" (Hannah, line 13). Following her husband's sudden death, Hannah also found it particularly difficult telling extended family that they could not attend his funeral because of the rules:

He's the first one of the five that has died, so it, it was really difficult to say [to] them, 'Look, I'm really sorry, but you can't come'. And my niece, she was saying, 'Well, we'll we're, driving down [...] We'll drive there and back in the day'. And I said, 'Sorry you can't. You can't come because of numbers but also. If your dad gets Covid and dies, it could be my fault. You know you can't. You can't do that to me. You can't do that to him'.

— Hannah, lines 23-26.

### 5.7.2 The Impact on Relationships

Kim experienced tension following her father's death, as their estrangement spanned over thirty years. Kim explained how her father's brother had stayed connected with Kim over the years, and it was him who emailed her to say that her father was in the hospital and not likely to survive. Kim said she felt "*confused and upset*" (Kim, line 45) by the fact that her father had gone into hospital for a risky operation after being unwell for over a year and not having reached out to her beforehand:

He went in [to] the surgery knowing, like, his chances of survival were low [...] He was more likely to die on the table, in essence. But he didn't tell me [...] He didn't get into contact with me beforehand. That I thought, very much—well, if you were estranged from someone, if there was anything you wanted to say, now is the time.

— Kim, lines 53-63.

Kim went on to say that she was prohibited from visiting her father in the funeral home or from attending the funeral, which was attributed to the restrictions that were in place, but Kim felt that her father's family was "*suspicious of me*" (Kim, line 175). She described how it felt to watch her father's funeral via video link and watch his family grieve for him when Kim felt "*sad,*" "*excluded,*" and "*absolutely devastated*" (Kim, lines 175-184):

I was watching it, and I was thinking, I could see the coffin on the screen, and I was watching and thinking, 'That's my dad in that coffin. Who are you people? Who are you even crying for? Who are you?' Just all these strangers [...] This lady that's heartbroken over my dad [...] Yeah, like his family kind of thing. Yeah, but there was this group of absolute strangers who were weeping [their] hearts out.

— Kim, lines 342-367.

Kim's account of watching her father's funeral on the television creates an image of bewilderment at what she was witnessing. Hannah's husband died suddenly, and as part of a large family, he was the youngest sibling and the first one to die. Hannah explained how difficult it was to limit numbers at his funeral and to have to tell people they could not attend. It was Hannah who had to tell her deceased husband's large family that they could not attend his funeral:

Obviously, then I was sort of stuck because we have a big family. All his family are all over 70. He was the youngest [...] So I had to tell them they couldn't come down [...] It wasn't right. It caused some upset [...], so we had a lot of difficult conversations with family. Friends seemed to take it a lot easier. They seemed to be aware of that. And they couldn't come.

— Hannah, lines 189-193.

Carmen experienced worsening tension in her relationship with her sister following their mother's death. Carmen explained how, when her sister called in the early hours from the hospital, she feared she had missed her mother's death:

And then that sibling rivalry comes into place. That is often the case. You know, 'She's gonna be there when Mum dies, and I'm not gonna be there'. And you know, so all these things rushing through my mind. And it was more about, I want to be there as well. Not instead of.

— Carmen, lines 321-343.

Carmen did make it to the hospital in time to be with her mother before she died, but said that right after their mother's death, she overheard her sister criticising her to her son, Carmen's nephew. She felt hurt and upset, and she tried to rationalise it by putting her sister's comments down to her grief. Following the death of Peter's mother, Peter explained that his relationship with his dad had become strained and that his dad had become "needy" (*Peter, line 201*) and due to Peter's close relationship with his mum, he became very upset when describing how his dad has always been "cold" (*Peter, line 201*). He bravely admitted that "[I]t's hard to, it's hard to put into words, [but]—and I shouldn't say it, [but] the wrong parent went" (*Peter, line 200*). For Emily, she explained how she felt guilty about having to exclude some people from attending the funeral:

It was difficult as well to decide who we were gonna invite into the funeral [...] There were lots that couldn't come and it was horrible having to tell them and I still feel guilty about that, even though I know it wasn't my fault  
— Emily, lines 334-340.

It is clear from the participant comments that family tensions ran high during this time, which could be argued as being a normal response to the emotional stress of the death of a family member, but it would appear that the tension in these cases involved personal situations, which proved difficult for many to deal with.

## **5.8 Chapter Summary**

This chapter has examined the lived experiences of individuals who experienced bereavement during the Covid-19 pandemic, with a focus on how the absence of customary rituals impacted their grieving process. Through in-depth interviews with ten participants, the study explored the effects of missing traditional practices, such as sitting with the dying, viewing the body, washing the deceased, and holding traditional funerals or wakes. These disruptions were significant, as rituals often

play an integral role in providing closure and emotional support during the mourning process. The absence of traditional rituals elicited a broad spectrum of emotional responses, with participants expressing feelings of helplessness, disbelief, and a profound lack of closure. This lack of closure often complicated the grieving process, as rituals such as viewing the body or attending a funeral are vital steps in acknowledging and accepting the reality of the loss. Many participants described struggling to reconcile the absence of these rituals, as they often serve as milestones in the grieving process. For instance, Pat referred to the funeral as a “full stop” (Pat, line 158) that helps create a tangible marker of the death. Without it, many felt unable to fully process or come to terms with their loss. Jo captured the surreal nature of her experience, explaining, “it feels like we’ve had no closure, and it’s hard sometimes to actually believe that she’s gone because we didn’t do anything normal” (Jo, lines 60-64). Participants found the absence of social support, driven by the restrictions on gathering, particularly challenging. The pandemic’s constraints meant that individuals were often physically isolated at a time when they most needed connection and comfort. Participants noted that social distancing measures, which prevented physical touch or group gatherings, left them feeling emotionally and physically unsupported. One participant, Carmen, described the distress of not being able to physically comfort her mother in her final days: “there was no joy in [not] being able to do that. [...] No physical contact. That was horrible” (Carmen, lines 72, 121).

Similarly, Kevin expressed the difficulty of not being able to hug his mother before her passing, stating, “I needed to hug people back then, and it made it incredibly difficult that I couldn’t do that” (Kevin, lines 114, 239). Social isolation also extended beyond immediate family, as restrictions limited the number of

mourners allowed at funerals, forcing participants to make painful decisions about who could attend. Hannah highlighted the emotional strain of having to exclude friends and family, saying:

It's just a given, isn't it, that if you wanna go, you know, then you go? So, it was awful to have to say to people that you, you can't, you can't come.  
— Hannah, lines 125-132.

For some, the absence of social support was so profound that they felt compelled to break the rules. Hannah poignantly noted, *“I don't know what I would have done if my friends hadn't broken the rules to come and see me”* (Hannah, line 30). This highlights the essential role of community and connection in coping with loss, even when such support was technically prohibited. The disruption of mourning rituals had an emotional impact on participants. For instance, many described how the lack of opportunity to view the body or attend a proper funeral left them struggling with denial or disbelief. Kim explained: *“I can't connect that he's dead as I didn't see his body or go to the funeral. [...] I can't get my head around it”* (Kim, line 91). Jo reflected on how watching her sister's funeral via video link felt surreal and detached: *“It was like watching a horrible, sad movie, but it's your sister”* (Jo, lines 76-137). Others, like Carmen, spoke about how the absence of culturally significant rituals, such as the Jewish tradition of Shiva, deprived them of a sense of communal mourning and comfort: *“Shiva is seven days of mourning, and people come and recount stories [...] but none of this happened”* (Carmen, lines 562-580).

These disruptions left many participants with unresolved grief, as rituals that typically provide comfort, closure, and connection were replaced with isolation, restrictions, and a sense of injustice. The findings from this chapter underscore the profound emotional toll of being deprived of traditional mourning rituals during the Covid-19 pandemic. The lack of closure, compounded by social isolation, disrupted

participants' ability to process their grief and find comfort in community and tradition. These experiences highlight the essential role that rituals and social support play in the grieving process, providing insight into how their absence can prolong and complicate bereavement. This chapter lays the groundwork for a deeper understanding of how disruptions to established grieving practices can affect individuals' ability to cope with loss. The findings emphasise the need for sensitivity and support when addressing the needs of the bereaved, particularly in cases where traditional mourning rituals may no longer be feasible. To make the implications of these findings explicit for practice, Table 12 summarises each Group Experiential Theme alongside its practical application and identifies the stakeholders responsible for embedding these changes into bereavement care.

**Table 12**

*Practice Implications of Findings and Stakeholder Responsibilities*

| <b>Group Experiential Theme (GET)</b>                 | <b>Implication for Practice</b>   | <b>Stakeholder Responsibility</b>                            |
|---|---|--|
| <b>Farewells Unresolved</b>                           | Assess for absence of final contact; integrate symbolic acts (letters, candles, memory objects) to support closure.   | Therapists, counsellors, hospices, NHS bereavement teams     |
| <b>Eternal Embrace</b>                                | Support continuing bonds and symbolic connections as healthy grief processes.   | Therapists, voluntary sector, community/faith leaders        |
| <b>Remembering, Reflecting, and Celebrating Lives</b> | Encourage personalised rituals (e.g., storytelling, online memorials, anniversaries) as meaning-making interventions. | Charities, hospices, community groups, private practitioners |
| <b>Beyond Goodbye</b>                                 | Focus on identity reconstruction and meaning-making when  | Therapists, psychologists, training institutions             |

rituals are absent or curtailed.

**Restrictions and Relationships**

Address isolation in grief; provide hybrid/virtual and in-person support models.

NHS, hospices, voluntary sector, policy-makers

---

# CHAPTER 6: DISCUSSION

## 6.1 Chapter Overview

Grief is a deeply personal and culturally embedded experience, often shaped by rituals that provide structure, meaning, and communal support. Traditional mourning practices, such as funerals, religious ceremonies, and communal gatherings, help individuals process loss and facilitate emotional healing. The Covid-19 pandemic disrupted these long-standing rituals, leaving many without the familiar frameworks that support bereavement. Outcome 1 of the current study analyses the significance and functions of rituals in death and dying, particularly their role in coping, meaning-making, and community support, to enrich the existing body of knowledge. Group Experiential Theme One, Farewells Unresolved: Navigating the Complexity of Goodbye, highlights how the inability to hold in-person funerals, restrictions on hospital visits, and social distancing measures altered the ways in which people could say goodbye to their loved ones, leading to a sense of incomplete or disenfranchised grief. Rituals serve as structured mechanisms through which individuals and communities process loss, affirm social bonds, and transition between life stages. They provide a shared language for grief, offering comfort, meaning-making, and continuity in the face of rupture.

This phenomenon has been extensively explored in the literature review, where various theoretical perspectives and empirical studies illustrate the centrality of ritual in navigating loss and how its disruption reshapes mourning experiences. This chapter explores the impact of the absence of rituals during Covid-19 pandemic on the grieving process, using a person-centred and strengths-based approach as a conceptual framework (see figure 1). A person-centred approach

prioritises the autonomy, dignity, and individual experiences of those who are grieving, recognising that each person processes loss uniquely. Meanwhile, a strengths-based approach focuses on resilience, adaptation, and the ways in which individuals and communities found alternative means to express grief and maintain connections despite restrictions.

This chapter will share a critical discussion and interpretation of key points from the analysis about the role of rituals in death and dying. The research highlights the impact of disrupted grief rituals on bereavement, emphasising their role in facilitating emotional processing and meaning making. However, a broader analysis of grief processes reveals that several underlying factors contribute to evolving bereavement practices beyond the disruption of traditional rituals. These include government interference in the grief process, shifting societal attitudes toward death, changing preferences for end-of-life care, and emerging alternatives to traditional funerals. Exploring these dimensions provides a more comprehensive understanding of how bereavement is shaped by wider social, cultural, and economic forces. The analysis part of the research considers the participants' experiences and their meaning. In the discussion, the aim will be to consider the researcher's interpretation of the participants' accounts, going beyond the data. The findings of this study are discussed, as well as previous research on the topic. This chapter will also draw upon literature not included in the literature review. This reflects the inductive nature of IPA and the probability that, in analysing the interviews, "new and unanticipated territory" (Smith et al., 2022, p. 116) will be uncovered. Analysis may reveal previously unanticipated themes or insights. These insights require engagement with additional literature to contextualise, deepen, or challenge their findings. Engaging with new literature during the analysis phase can

enrich the interpretation of the data. This approach guarantees that the initial literature review does not constrain the findings, but rather, the most relevant sources inform them. Theoretical and practical implications of the findings for those who work with the bereaved will be presented, along with limitations of the current study and recommendations for further research.

## **6.2 Summary of Findings**

The participant interviews produced reflective insights into the role of rituals in death, dying, and bereavement, particularly within the unique context of the Covid-19 pandemic. The findings highlighted five key themes, each illuminating disrupted rituals' emotional and psychological impact on the grieving process. Participants expressed struggles with the suddenness of their loved ones' deaths and the inability to participate in traditional goodbye rituals. These abrupt losses often led to feelings of helplessness and disbelief, complicating their ability to process emotions and come to terms with death. The absence of rituals such as sitting with the dying or saying a final farewell contributed to intensified grief, leaving many participants unable to acknowledge or accept the loss entirely.

Significant alterations to funeral practices during the pandemic caused considerable distress among participants. Restrictions on the number of mourners, physical contact, and traditional customs—such as sitting together or carrying the coffin—created feelings of inadequacy and anxiety. Participants' grief intensified due to the strict enforcement of social distancing measures, which prevented them from physically comforting one another. Virtual funerals, while a necessary adaptation, were often perceived as inadequate substitutes for in person gatherings, further contributing to prolonged grief and a lack of closure. The inability to hold wakes or celebrations of life emerged as a central grievance among

participants. These rituals, which often provide opportunities to honour and celebrate the deceased in the company of family and friends, were notably absent due to restrictions. Participants reported feelings of deprivation, as they felt that these ceremonies were essential to their mourning process. Without these shared moments of remembrance, individuals often experienced grief in isolation, intensifying feelings of loss and disconnect from communal support systems. Despite the absence of traditional rituals, participants sought ways to maintain bonds with the deceased, reflecting on their relationships through memories, mementos, or private acts of remembrance. These practices underscore the importance of continuing bonds, as participants expressed feelings of guilt, physical pain, and emotional distress, mainly when the relationship with the deceased had been close or dependent. While these bonds helped some cope with their grief, the lack of traditional rituals made it harder to reconcile the relationship with the reality of the loss. The pandemic's restrictions disrupted rituals and added logistical and emotional burdens, intensifying family tensions. Decisions such as limiting mourners at funerals or excluding certain family members from rituals created conflicts that complicated the grieving process. The inability to view the deceased's body or partake in comforting rituals further strained familial relationships and added emotional layers to participants' grief. Participants' narratives highlighted the critical role of traditional rituals in providing closure, encouraging communal support, and facilitating healthy grieving. The absence or alteration of these rituals often left participants feeling emotionally adrift, highlighting the importance of mourning practices that allow individuals to process their loss, honour their loved ones, and connect with others at a vulnerable time. These findings stress the emotional toll of disrupted mourning rituals and their essential role in supporting the

grieving process. The study highlights the psychological and social dimensions of bereavement during a global crisis, offering insights into how traditional practices help individuals navigate loss and the challenges posed by their absence. This stresses the need for flexible, compassionate support systems that acknowledge the value of rituals in creating resilience and healing among the bereaved.

### **6.3 Reflection of the Experiential Themes**

Using an existential-phenomenological lens, this study's results on the role of rituals in death and dying support what has already been written and help to broaden perception. This chapter will demonstrate how the five Group Experiential Themes (GETs) complement and extend earlier research findings.

#### ***6.3.1 Farewells Unresolved: Navigating the Complexity of Goodbye***

The first Group Experiential Theme (GET) explored participants' lived experiences of losing a loved one during the Covid-19 pandemic, highlighting the significant emotional and psychological challenges they encountered in adapting to life without them. This aligns with Outcome 2, which examines the unique bereavement experiences during the pandemic, focusing on the psychological and emotional impact of disrupted or unavailable mourning rituals. A significant factor in this theme was the abruptness of the deaths, which were often unexpected and occurred without the opportunity for a proper goodbye. This suddenness and the inability to engage in traditional farewell rituals appeared to exacerbate participants' feelings of uncertainty and helplessness, impacting their ability to process their emotions and make sense of their loss. The suddenness of the deaths described by participants was a key feature of their experiences. The absence of any preparation or anticipatory grief led many to struggle with disbelief and denial, as they were unable to reconcile the abrupt loss. This finding echoes the work of Quadros and

Sibal (2022), who argue that the inability to say goodbye, whether during the dying process or after death, can leave bereaved individuals dealing with unresolved emotions and intensified grief. For instance, Peter's account of his mother's death following a routine hospital admission captures this disbelief and shock. Peter described his mother going to the hospital for a broken shoulder and then catching Covid-19 and dying—a sequence of events that left him struggling to accept her death. This difficulty in processing sudden death aligns with Ender et al. (2022), who suggests that the absence of a goodbye can leave mourners in a state of prolonged uncertainty as they struggle to accept that the death has occurred emotionally. Similarly, Şimşek and Buldukoglu (2021) argue that grief becomes more intense and complicated when the death is unexpected or accompanied by challenging circumstances. The inability to say goodbye often led participants to idealise or obsess over the deceased, making it harder for them to cope with their grief. This finding supports the arguments of Şimşek and Buldukoglu (2021), Ender et al. (2022), and Quadros and Sibal (2022), who note that the absence of goodbye rituals can result in the deceased being elevated to a symbolic, almost unreachable ideal. This idealisation can hinder the bereaved from confronting the reality of their loss and impede their ability to move through the grieving process.

Several participants reflected on how not being able to be physically present with their loved ones, whether during their last moments or after death, heightened their emotional distress. As Kapoor et al. (2022) states, farewell rituals play a critical role in helping the bereaved accept the finality of death, enabling them to address their emotional, psychological, and social needs. The importance of farewell rituals, such as viewing the body or being present at the time of death, emerged as a

central element in the participants' narratives. Ender et al. (2022) argues that these rituals are integral to the grieving process, as they allow mourners to acknowledge the death, say goodbye, and begin to adjust to the loss. The absence of these rituals left participants feeling as though they were in an emotional limbo, unable to find the closure they needed to move forward. Jo's description of her sister's funeral being limited to six attendees illustrates the psychological void left by restricted rituals. Jo expressed frustration and sorrow at being unable to see her sister one last time, noting that it felt like her sister had been erased from her life. This aligns with the assertion made by Ender et al. (2022) that the act of saying goodbye helps mourners come to terms with the finality of death, without which they may remain stuck in a state of unresolved grief. The management of the deceased during the Covid-19 pandemic added another layer of complexity to participants' grief. Due to the risks of viral transmission, bodies were managed by professionals wearing personal protective equipment (PPE), and family members were excluded from these processes. This distancing from the deceased deprived families of the opportunity to perform traditional acts of care, such as washing or dressing the body, which are often profoundly significant in many cultural and personal contexts. As Ghosh and Athira (2022) and Quadros and Sibal (2022) highlight, the professional management of bodies during the pandemic often felt impersonal and even undignified, intensifying the pain and frustration of the bereaved. Several participants described their distress at not being able to care for their loved ones physically, reflecting how the absence of these rituals deprived them of a crucial step in processing their loss. Participants' accounts of their bereavement experiences revealed a pattern of oscillating emotional states, consistent with Stroebe and Schut's (1999) Dual Process Model of Grief. This model suggests that

mourners alternate between loss-oriented coping, focused on the pain and emotions of grief, and restoration-oriented coping, focused on adapting to life without the deceased. The participants' narratives illustrated how this oscillation was often complicated by the absence of rituals, which typically help to facilitate movement between these two modes of coping. For instance, Peter's disbelief at his mother's death and Jo's description of feeling as though her sister had been erased reflect the loss-oriented struggle to process the death emotionally. Meanwhile, participants like Hannah, who focused on organising a belated celebration of life for her husband, demonstrated a shift toward restoration-oriented coping.

The theme of Farewells Unresolved stresses the critical role of farewell rituals in helping individuals navigate the complexity of grief. The results are in line with previous research, carried out by scholars such as Ender et al. (2022), Quadros and Sibal (2022), and Şimşek and Buldukoglu (2021). They add to our knowledge by pointing out a pandemic's unique challenges and the role of government policies in shaping grief experiences, which was particularly evident during the Covid-19 pandemic. State-imposed limitations on funeral attendance, social distancing measures, and delays in burials and cremations forced individuals to grieve in isolation, disrupting communal expressions of loss. Beyond crisis situations, governments have historically influenced bereavement practices through regulations on burial and cremation, public health mandates, and funding for end-of-life care. While such interventions are often justified on public health or logistical grounds, they raise ethical concerns about the extent to which state policies should dictate deeply personal and cultural mourning practices. Further exploration of the tension between public health imperatives and individual grief

needs would enhance our understanding of bereavement experiences in regulated environments. The absence of these rituals, combined with the suddenness of death, left participants feeling emotionally lost, grappling with disbelief and unresolved grief. From an existential perspective, the findings highlight the ontological significance of rituals in helping the bereaved confront the reality of loss and make meaning of their loved ones' deaths. These insights show the importance of offering different or modified rituals when traditional ones are not an option. These offer important psychological, social, and emotional support to those navigating the complexities of bereavement.

### ***6.3.2 Eternal Embrace: A Lifetime Condensed into a Day of Farewell***

This Group Experiential Theme (GET) focused on the significant alterations to funeral rituals during the Covid-19 pandemic and how these changes affected the grieving process for the participants. The disruption of funerals, which are typically considered a cornerstone of the grieving process, left participants with feelings of helplessness, anger, and sadness. The findings stress how the absence of customary funeral rituals and restrictions on participation amplified emotional distress and complicated the process of achieving closure. In addressing Outcome 1, the findings clearly indicate that funerals have long been recognised as essential rituals, providing both structure and meaning throughout the bereavement process. As Hoy (2021) notes, funerals date back centuries and serve as a social response to death, allowing mourners to show respect, express grief collectively, and transition into a new phase of life without the deceased. In contemporary times, funerals often focus on celebrating the life of the deceased, with large gatherings of friends and family offering support to the bereaved. Furthermore, traditional funerals can be prohibitively expensive, leading many individuals to opt for cost-

effective alternatives such as direct cremation, unattended burials, or informal memorial gatherings. At the same time, concerns about the environmental impact of conventional burial and cremation have contributed to the rise of eco-friendly memorials, including green burials, biodegradable urns, and natural burial grounds. These changes suggest that while traditional rituals may be evolving, they are not necessarily disappearing; rather, they are adapting to new financial, ecological, and social realities. Despite these changes, the social aspects of funerals—such as collective storytelling, remembrance, and communal support—remain essential to the grieving process, even as the specific forms of these gatherings change. For many participants, the restrictions on funeral practices during the pandemic denied them this critical opportunity for collective mourning, leading to feelings of disconnection and isolation. The absence of traditional funeral practices created emotional barriers for participants. Jo's comment, "There should have been hundreds of people present", illustrates the unmet expectation that funerals should be significant, inclusive events reflecting the deceased's impact on their community. Kevin echoed this sentiment, describing his mother's funeral as being "robbed of a proper send-off", highlighting the perceived inadequacy of the ceremonies held under pandemic restrictions. These narratives align with Cardoso et al. (2020), who argues that funerals serve not only as rituals of mourning but also as opportunities to affirm the deceased's life and legacy, and their absence can leave mourners feeling unresolved and stuck in their grief. The participants' experiences highlighted the distressing nature of the pandemic restrictions on funerals. Rules such as limiting the number of mourners, enforcing social distancing, wearing masks, and prohibiting physical contact with the coffin disrupted traditional practices and deepened participants' grief. Decisions about who could attend the funeral, such

as siblings or other family members, caused tension for some. The act of limiting the number of mourners permitted to attend a funeral, which is traditionally not an “invited” event, was described as “intrusive” and “unnatural”, reflecting a loss of autonomy during an already challenging time.

This aligns with Kapoor et al. (2022), who notes that such restrictions increased feelings of helplessness and anxiety among the bereaved. Chen (2022) and Ender et al. (2022) further suggest that the absence of meaningful participation in rituals such as funerals can lead to Prolonged Grief Disorder (PGD), as the act of saying goodbye is a crucial step in processing the reality of the death and beginning the journey toward acceptance. Virtual funerals emerged as a standard alternative during the pandemic, but participants overwhelmingly described these as insufficient substitutes for traditional ceremonies. The rise of digital mourning—such as online memorial pages, live-streamed funerals, and virtual support groups—reflects a shift toward technology-mediated grief practices. Simultaneously, there is an emerging movement toward ‘death positivity’ encouraging open conversations about mortality, advanced care planning, and personalised end-of-life choices. These shifts challenge the assumption that the disruption of traditional rituals inherently results in a diminished grieving experience; rather, they suggest that bereavement practices are evolving in ways that reflect contemporary values and technological advancements. That said, many participants used words such as “grim”, “disrespectful”, and “inauthentic” to describe their experiences of attending funerals remotely. Watching the service on a screen, often in isolation, stripped participants of the collective support typically offered by funerals and created a sense of detachment from the grieving process. For those who lived alone, the virtual funerals were particularly isolating. The lack

of in-person support compounded their feelings of loneliness, and technical issues with the virtual platforms, particularly for older participants with limited digital literacy, added to their frustration. Rawlings et al. (2022) argues that these disruptions can lead to disengagement from the funeral process and, subsequently, a prolonged or complicated grieving experience. Similarly, Chen (2022) asserts that virtual funerals cannot replicate the psychological and emotional impact of being physically present, emphasising that the inability to attend in person can lead to heightened psychological distress. A recurring theme among participants was the longing for physical touch, which they associated with comfort and emotional support during mourning. Many participants expressed distress at being unable to hug family members or hold hands with others at the funeral due to social distancing rules. This lack of physical connection deprived mourners of a key source of solace, intensifying feelings of loneliness and grief.

Carmen reflected on how, in her Jewish faith, mourners traditionally gather during Shiva to share stories, offer support, and grieve together. The restrictions disrupted this ritual, leaving her feeling isolated and emotionally unsupported. Similarly, Emily regretted not being able to hug her mother during their last visit, a decision made to minimise the risk of spreading the virus. She later described this as a significant source of regret, emphasising the emotional significance of touch in coping with loss.

Funeral practices have always been culturally and historically significant, evolving to meet the needs of communities in processing death. Cardoso et al. (2020) describes funerals as rituals that establish a period of mourning and provide mourners with a symbolic way of honouring the deceased. The disruptions caused by the pandemic challenged these profoundly ingrained traditions, forcing

mourners to navigate new and often inadequate ways of saying goodbye. The historical roots of funeral rituals emphasise their role as communal events, and participants' distress at the absence of such gatherings shows their importance in creating connection, solidarity, and collective grieving. The inability to host wakes or celebrations of life deprived participants of the opportunity to honour their loved ones in a meaningful way, leaving many feeling as though their grief was incomplete. While some researchers, such as Rawlings et al. (2022) and Long et al. (2022), suggest that virtual funerals offer an opportunity for modern adaptation and the creation of new rituals, the participants in this study overwhelmingly rejected this notion. Instead, they viewed virtual funerals as a dehumanising compromise that failed to provide the emotional connection and closure they needed. The participants' negative experiences contradict this optimistic perspective, highlighting the need to explore further how modern technologies can be integrated into grieving practices without diminishing their emotional significance. The findings from this group's experiential theme reveal the profound emotional impact of disrupted funeral rituals during the Covid-19 pandemic. Funerals, which have long been recognised as essential for processing grief and honouring the deceased, were fundamentally altered by restrictions, leaving participants feeling isolated, disconnected, and emotionally burdened. The inability to partake in traditional rituals, combined with the inadequacies of virtual funerals, created significant barriers to closure and prolonged participants' grieving processes. These insights stress the centrality of rituals in helping individuals navigate the complexities of grief and highlight the importance of finding ways to adapt these practices while preserving their emotional and psychological significance. Moving forward, there is a critical need to consider how modern

alternatives can be implemented in a way that respects cultural traditions, creates, and maintains connection, and supports the bereaved in finding meaning and closure.

### ***6.3.3 Remembering, Reflecting, and Celebrating Lives***

This Group Experiential Theme (GET) explored the absence of wakes or celebrations of life during the Covid-19 pandemic, highlighting the profound impact this had on participants' grieving processes. Traditionally, wakes and similar rituals allow mourners to share stories, collectively grieve, and honour the deceased's life meaningfully. The absence of these gatherings due to pandemic restrictions robbed participants of an essential aspect of mourning and, in many cases, hindered their ability to find closure and meaning. The lack of a wake or celebration of life caused distress for the participants. For many, this ritual represented an opportunity to come together with others to reflect on the deceased's life and share stories that could help them accept the loss. Participants consistently used words like "robbed" and "horrible" to describe how the absence of these rituals made them feel, not only on behalf of themselves but also for their deceased loved ones. Emily described how, after her mother's cremation, mourners went home, an act that felt incomplete and devoid of meaning. Similarly, Kevin expressed deep sadness, sharing how he handed out bags of afternoon tea to the few mourners in attendance, but felt that the chance to hear stories about his mother's life had been permanently lost. His description of feeling "short-changed" shows the emotional gap left by the absence of this ritual.

This aligns with Quadros and Sibal (2022), who argue that the inability to congregate with other mourners can cause disruptions in the grieving process, making it harder for individuals to process their loss. The shared grief, stories, and

collective mourning that typically occur at a wake are integral to healthy coping, providing a communal validation of the deceased's life and legacy. As participants described, the absence of these elements intensified feelings of helplessness and regret, as they could not fulfil what they perceived as their duty to honour the deceased properly. Storytelling is often central to wakes and other post-funeral rituals to remember and celebrate the deceased's life. Participants highlighted the pain of losing the opportunity to hear and share stories about their loved ones. Kevin expressed sadness about the "untold stories" of his mother, which he felt were lost forever because the pandemic restrictions prevented extended family and friends from gathering. Jo shared a similar sentiment, feeling that her sister's life was not adequately celebrated and that those who knew her were "robbed" of the opportunity to reflect on her impact. This resonates with the work of Mortazavi et al. (2021), who argue that sharing memories is essential to finding meaning in loss, a critical component of healthy grieving. Without these opportunities, participants often felt stuck in their grief, unable to move forward or find closure. For Joanna, whose loved one lived to the age of one hundred, the absence of a celebration for a long and well-lived life was difficult to accept. As Şimşek and Buldukoglu (2021) point out, death rituals like wakes can help mourners accept the reality of the loss, and their absence can complicate the grieving process. A recurring theme among participants was their sense of responsibility for ensuring their loved ones received the send-off they deserved despite knowing that the pandemic restrictions were beyond their control. Hannah described how her husband, a Navy veteran, was unable to have the full military honours he had earned, leaving her with a lingering sense of guilt and frustration. Similarly, Peter expressed feeling "really bad" about not being able to give his mother the celebration of life he believed she deserved;

a sentiment echoed by many participants who felt that their loved ones were denied the recognition they were entitled to.

These accounts highlight the emotional burden of being unable to fulfil societal and personal expectations around honouring the deceased. As Aguiar et al. (2022) notes, the lack of traditional rituals can make it harder for mourners to find closure, while Chan (2022) emphasises that such disruptions may increase the risk of developing Prolonged Grief Disorder (PGD). Two participants, Carmen and Hannah, attempted to address this gap by holding belated celebrations of life. These gatherings provided an opportunity to reconnect with others and show respect to their loved ones, albeit after the initial mourning period. This was particularly important for Carmen, as the absence of Shiva—a traditional Jewish mourning ritual—had left her feeling isolated and unsupported. She described the belated celebration as a chance to share stories and receive comfort from her community. For most participants, holding a retrospective celebration felt impractical or emotionally overwhelming. Emily noted that many of the elderly friends who would have attended her mother's memorial had since died, making the prospect of organising a belated event seem futile. This aligns with the findings of Mortazavi et al. (2021), who suggests that delaying rituals may not provide the same emotional benefits as participating in them during the immediate aftermath of a death. The absence of wakes and similar rituals also deprived participants of the social support that typically accompanies these gatherings. Being surrounded by friends and family after death provides mourners with a sense of community and validation, helping them navigate their grief. Chan (2022) argues that the public display of grief during a wake allows individuals to feel seen, heard, and supported, which can help prevent the development of Prolonged Grief Disorder. Participants repeatedly expressed how the lack of physical connection and collective mourning

deepened their isolation.

Kevin described the absence of hugs and physical comfort as “incredibly difficult”. At the same time, Hannah noted how her husband’s military friends organised an informal guard of honour outside their homes to compensate for the lack of traditional rituals. These examples illustrate how participants tried to adapt to the restrictions while still seeking meaningful ways to connect with and honour the deceased. The findings from this Group Experiential Theme reveal the profound emotional impact of the absence of wakes and celebrations of life during the Covid-19 pandemic. These rituals—which traditionally allow mourners to share stories, find comfort in collective grief, and honour the deceased, were missed by participants, leaving many feeling isolated, guilty, and unable to find closure. And whilst the results highlight the critical role of social connection and storytelling in the grieving process, and the emotional toll of being denied these opportunities it is important to note that societal attitudes towards death have undergone significant transformations in recent times. In many cultures, there has been a decline in traditional funeral practices and an increasing preference for secular or alternative memorials, which relates to Outcome 1. The rise of digital mourning— such as online memorial pages, live-streamed funerals, and virtual support groups—reflects a shift toward technology-mediated grief practices. Simultaneously, there is an emerging movement toward ‘death positivity’ encouraging open conversations about mortality, advanced care planning, and personalised end-of-life choices. These shifts challenge the assumption that the disruption of traditional rituals inherently results in a diminished grieving experience; rather, they suggest that bereavement practices are evolving in ways that reflect contemporary values and technological advancements. Some of the participants in this study attempted to

address this gap through alternative rituals; most found that the absence of these gatherings had already taken a significant toll on their grief. These insights emphasise the importance of adapting mourning rituals in times of crisis, ensuring that the bereaved can access the emotional, social, and psychological support they need to navigate their loss.

#### ***6.3.4 Beyond Goodbye: Nurturing a Continuing Relationship with the Deceased***

This Group Experiential Theme (GET) explored how participants kept bonds with their deceased loved ones, revealing the importance of continuing relationships in the grieving process. Participants described the enduring emotional connections they had with the deceased and how these bonds shaped their grief. While many of these connections were comforting, the findings also highlighted feelings of guilt, helplessness, and a fixation on aspects of the death and rituals that were beyond their control.

The findings from this study align with the continuing bonds theory proposed by Worden (2009), which highlights that maintaining an ongoing connection with the deceased can be a healthy part of grieving. Contrary to earlier grief theories that suggested severing ties with the deceased was necessary for moving forward, Worden's model recognises that these enduring bonds can help the bereaved integrate the loss into their lives. For many participants, continuing bonds were manifested through mementos, photographs, and rituals of remembrance. For instance, one participant created a book featuring photographs of his mother, which he distributed among family members as a keepsake. Such practices provide a sense of closeness and continuity with the deceased, countering the notion that healthy grieving requires complete detachment. As Ender et al. (2022) points out,

these bonds can offer comfort and stability in emotional upheaval, fostering a sense of connection and purpose. These findings challenge traditional grief frameworks while supporting the idea that maintaining ties with the deceased can facilitate adaptive coping mechanisms. A significant aspect of this theme was the guilt and helplessness expressed by participants. Many struggled with feelings of regret and self-blame, often related to circumstances beyond their control. Kevin, for example, expressed deep sorrow that he was unable to carry his mother's coffin into the church, a restriction imposed by pandemic protocols. Despite rationally understanding that this was not his fault, Kevin's fixation on this moment revealed an internal conflict that amplified his grief. Kapoor et al. (2022) suggests that such self-punitive thoughts can lead to maladaptive coping behaviours, making it harder for the bereaved to adapt to their loss. Similarly, other participants described inadequacy and failure as family members, carers, or mourners, even when external circumstances—such as restrictions on funeral practices—were responsible. This sense of powerlessness, a recurring theme across participant accounts, aligns with Bowlby's attachment theory (Bowlby, 1980), which suggests that unresolved grief often arises from an inability to reconcile conflicting emotions about the deceased and the circumstances surrounding their death (Chan, 2022). These findings suggest that psychoeducational and therapeutic interventions could be beneficial in addressing the emotional challenges associated with the absence of rituals, helping individuals develop more balanced perspectives on their grief experiences. In relation to Outcome 3, this critique of existing psychological frameworks highlights the need for evidence-based interventions that address the impact of ritual absence on grief. These interventions could further inform the development of care models that support individuals and communities affected by

loss, fostering a more comprehensive approach to bereavement support.

Participants exhibited varying approaches to reminiscence and avoidance, revealing grief's nuanced and individualised nature. For some, reminiscing and engaging with memories of the deceased were sources of comfort and connection. Others described actively avoiding emotional triggers, knowing that avoidance could potentially intensify their grief over time. This tension between seeking comfort in memories and avoiding pain points out the complexity of grief processes. For example, Emily spoke about feeling overwhelmed by the absence of her mother's elderly friends, who would have attended a celebration of her life had it been held earlier. This contributed to her sense of guilt and the belief that she had "let her mum down". Such reflections demonstrate the intricate interplay between nostalgia, guilt, and yearning, which can complicate the grieving process, particularly when rituals and support systems have been disrupted. Aguiar et al. (2022) discusses the possible downsides of avoiding emotional triggers. The work argues that this approach could cause long-lasting grief disorder if the bereaved remains stuck in a cycle of avoidance and fixation. At the same time, it is argued that the ways individuals maintain bonds with the deceased can vary widely, with some practices being more adaptive than others. For instance, keeping the personal belongings of the deceased may be seen as a healthy coping mechanism for some, while for others, it may hinder their ability to adjust to the loss.

A recurring theme was the participants' fixation on unfulfilled rituals, such as the inability to participate in traditional funeral practices or say goodbye to the deceased. These missed opportunities often became focal points for participants' grief, amplifying feelings of regret and helplessness. For example, Kevin's inability to be a pallbearer for his mother's coffin was a source of ongoing distress. At the

same time, Hannah expressed sadness that her husband did not receive the full military honours he had earned. Such experiences demonstrate how unmet expectations around death rituals can leave emotional gaps that are difficult to reconcile. These findings align with Şimşek and Buldukoglu (2021), who argue that grief can become more intense and complex when individuals feel that key rituals or responsibilities are incomplete. Similarly, Quadros and Sibal (2022) emphasise the importance of ritual completion in providing closure and facilitating healthy grieving. When these rituals are disrupted, the bereaved may struggle to adapt to the loss, leaving them more vulnerable to feelings of guilt and fixation. The findings from this theme stress the importance of ritual revision and therapeutic interventions in helping individuals process their grief. Kapoor et al. (2022) suggests that providing psychoeducation on the grieving process can help bereaved individuals explore more balanced perspectives on their emotions, reducing feelings of guilt and helplessness. Ritual revision involves creating new or alternative rituals to honour the deceased and can also be a valuable tool for addressing the emotional gaps left by disrupted traditional practices. For instance, Carmen held a belated celebration of life for her mother, which provided an opportunity to reconnect with her community and reflect meaningfully on her mother's life. While this did not fully replace the missed rituals, it offered a way to address some of the unresolved aspects of her grief. Such practices highlight the potential for creative and adaptive approaches to mourning that align with the bereaved person's needs and cultural values. This GET highlights participants' profound and enduring emotional connections with their deceased loved ones. Feelings of guilt, helplessness, and fixation on unfulfilled rituals accompanied these bonds, often competing. The findings underscore the importance of acknowledging and nurturing continuing bonds as a healthy part of the grieving

process while addressing the emotional barriers that can arise when traditional rituals are disrupted.

This theme sheds light on how individuals navigate grief and loss by exploring the nuanced interplay between reminiscence, avoidance, and ritual disruption. Therapeutic interventions that incorporate psychoeducation, ritual revision, and support for continuing bonds can play a crucial role in helping the bereaved adapt to their loss and find meaning in their ongoing relationship with the deceased.

### ***6.3.5 Restrictions and Relationships***

The final Group Experiential Theme (GET) focused on the interpersonal tensions and conflicts within families due to the additional burdens placed on them during the Covid-19 pandemic. While bereavement is inherently an emotionally charged experience, the pandemic intensified these emotions by introducing restrictions that forced families to make tough decisions regarding the care of the deceased, funeral attendance, and grieving rituals. These decisions often caused strain within families, amplifying grief, and exacerbating existing tensions. The decision-making process surrounding the care of the deceased and funeral arrangements emerged as a significant source of conflict among participants. Given funeral attendance limits, disagreements over who could participate in rituals were rigid. Hannah and Kevin, for example, described the emotional burden of having to inform family members that they could not attend the funeral of their loved one, even though they themselves were not responsible for imposing these restrictions. Hannah recounted how difficult it was to tell her husband's extended family, who lived far away, that they could not travel to attend his funeral due to pandemic rules. She noted how this decision caused tension and lingering resentment within the family,

despite her efforts to emphasise that the restrictions were not her choice. Similarly, Kevin struggled with the emotional fallout from having to exclude extended family members from his mother's funeral. Despite adhering to the mandated restrictions, he felt he had let his family down. This aligns with the findings of Boholano and Remedios (2022), who state that grief related family tensions are often amplified when external factors, such as government policies or logistical constraints, limit families' ability to grieve together. These tensions can exacerbate feelings of helplessness and guilt, complicating the grieving process for those making these decisions. For Kim, the tensions within her family were compounded by her estranged relationship with her father. When her father died, Kim was excluded from participating in any rituals by her father's family, who refused her request to view his body. Kim expressed how this exclusion left her feeling disconnected from the grieving process and hindered her ability to accept his death. She described how not being allowed to see her father's body denied her the 'proof' she needed to process his passing fully. This resonates with Chan (2022), who argues that being denied the opportunity to view the body of the deceased can hamper the grieving process. Viewing the body serves as a powerful symbolic act, providing tangible confirmation of the death and allowing the bereaved to begin the process of acceptance. For Kim, the denial of this opportunity led to feelings of unresolved grief and a sense of exclusion from her father's last moments. This exclusion not only deepened her sorrow but also contributed to her ongoing struggle to come to terms with her loss.

Heightened emotions are a common aspect of bereavement, but the unique pressures of the pandemic intensified these emotions, often straining family relationships. Participants described how the additional stressors created by the

pandemic—such as limited access to loved ones before death, restricted attendance at funerals, and the inability to hold wakes—magnified pre-existing familial tensions. These dynamics were evident in Kevin’s account, where he described how decisions about funeral arrangements led to arguments within his family, leaving him feeling isolated and unsupported. For Hannah, the absence of extended family members at her husband’s funeral left her feeling as though she had failed to honour his life correctly, despite her only abiding by the rules. This sense of failure was compounded by family members’ disappointment and frustration, which created a lingering sense of guilt and emotional strain. These findings support the claims of Quadros and Sibal (2022), who emphasise that social restrictions can disrupt family dynamics, leading to increased conflict and a lack of cohesion during critical moments of grief. Furthermore, Kapoor et al. (2022) suggests that such tensions can have long-lasting effects on the grieving process, as unresolved conflicts and unmet expectations may leave individuals feeling emotionally burdened and disconnected from their families. The study revealed that the family tensions arising from pandemic-related restrictions had lasting effects on participants’ relationships. For some, the disagreements and misunderstandings that occurred during the bereavement process created emotional rifts that persisted long after the funeral. Participants described feeling distanced from family members due to the strain of these conflicts, which in turn contributed to a sense of isolation and prolonged grief. For example, Joanna spoke about how the limitations on funeral attendance for her husband’s grandmother caused frustration and sadness among family members, leading to a sense of resentment that lingered for months. Similarly, Kim described how her exclusion from her father’s funeral deepened the estrangement she already felt from her family, leaving her

feeling alienated and unsupported during her grief. These accounts highlight the long-term relational impact of pandemic-related restrictions, emphasising the need for strategies to address and resolve these tensions. Chen (2022) notes that open communication and family counselling can be valuable tools for navigating grief-related conflicts, particularly in the context of external stressors like the Covid-19 pandemic.

This final theme demonstrates the profound effect of pandemic restrictions on family relationships during bereavement. The emotional burden of making difficult decisions about funeral attendance, combined with the exclusion of certain family members from rituals, created significant strain and tension within families. For many participants, these conflicts left lasting scars, compounding their grief, and contributing to feelings of guilt, helplessness, and isolation. These findings highlight the importance of inclusive and compassionate communication during times of loss, particularly in contexts where external restrictions limit families' ability to grieve together. They also emphasise the need for therapeutic interventions that address the relational dimensions of grief, helping families to navigate conflict and rebuild connections in the wake of loss. By fostering understanding and support within families, it may be possible to mitigate some of the long-term relational challenges associated with bereavement during crises like the Covid-19 pandemic.

## **6.4 Implications for Counselling and Psychotherapy Practice**

### ***6.4.1 Contribution to Knowledge***

The findings of this research make a significant contribution to the field of counselling and psychotherapy by offering a deeper understanding of the experiences of individuals who are bereaved but unable to participate in customary rituals. Unlike previous studies that primarily focus on the emotional impact of grief,

this research uncovers the profound existential implications of disrupted mourning practices. Participants in the study revealed how the absence of traditional rituals hindered their ability to process loss, construct meaning, and adjust to life without their loved one. By highlighting the essential role of rituals— not merely as cultural or social customs but as fundamental mechanisms for psychological and emotional processing—this study addresses a critical gap in bereavement research. These findings emphasise the need for therapeutic approaches that acknowledge the existential and psychological dimensions of grief, advocating for alternative or adaptive mourning practices to support those who cannot engage in traditional rituals, linking to Outcome 3.

#### ***6.4.2 The Role of Meaning-Making in Therapy***

The absence of rituals may hinder the bereaved person's ability to engage in meaning-making, a process that is widely regarded as critical in facilitating acceptance and adjustment after a loss. Practitioners can play a crucial role in supporting clients in finding meaning within the therapeutic space, even without traditional rituals. For instance, grief-focused therapy can help individuals reconstruct personal narratives around the loss, explore symbolic ways to connect with the deceased, and uncover the purpose or lessons that arise from their grief (Neimeyer, 2001). Tedeschi and Calhoun (2006) emphasise the importance of recognising meaning-making as a central part of the grief journey, particularly in cases of traumatic bereavement, such as those experienced during the pandemic. Counsellors and psychotherapists use meaning-making models to help clients process their experience of loss and work through existential fears triggered by the absence of rituals.

### **6.4.3 The Gap in Training and Research**

While practitioners are likely to encounter bereaved clients in their practice, training programmes often focus on general grief models without delving into the cultural, existential, and symbolic significance of rituals. The findings of this study stress the importance of equipping practitioners with both the awareness and the tools to address grief when rituals are absent, disrupted, or inaccessible.

Prigerson et al. (2008) reported that grief-related issues are prevalent in counselling, with over half of clients presenting concerns related to loss and a considerable proportion of these clients' meeting criteria for Prolonged Grief Disorder (PGD). This demonstrates the importance of developing grief-focused therapies that address not only the symptoms of grief but also the impact of disrupted or absent rituals.

### **6.4.4 Evidence-Based Grief Interventions**

Simon et al. (2020) states the value of targeted interventions in helping clients move forward after feeling stuck in chronic mourning. For clients who experienced bereavement during the pandemic or other circumstances where rituals were absent, grief-focused therapy can be adapted to include ritual revision or symbolic alternatives, allowing clients to create personal or familial rituals that honour the deceased and facilitate closure. Incorporating existential approaches into grief counselling can be especially beneficial for clients who experience trauma or existential distress due to the absence of rituals. Paidoussis et al. (2010) argues that exploring existential fears—such as those related to mortality, meaninglessness, or isolation—can help clients navigate the unfamiliar territory of grief. By integrating existential elements into therapy, practitioners can address the

deeper dimensions of loss that arise when traditional rituals are unavailable.

#### ***6.4.5 Practical Approaches for Counselling***

Therapists working with bereaved clients may benefit from integrating various approaches into their practice to support the grieving process effectively. One key approach involves meaning-making models, where clients are encouraged to explore personal or symbolic ways to honour the deceased. This can include creating a memory book, writing letters to the deceased, or engaging in meaningful activities that reflect their loved one's values or passions. Such practices help individuals maintain a continuing bond with the deceased while fostering a sense of connection and remembrance.

Another helpful strategy is ritual revision, which involves supporting clients in developing alternative or belated rituals. This may include holding a retrospective celebration of life, participating in a commemorative activity, or visiting a location that holds significance in relation to the deceased. These rituals can provide a structured way for individuals to express grief and find closure. Existential inquiry can also play a crucial role in grief therapy. By facilitating discussions around existential fears, therapists can help clients explore themes of mortality, purpose, and connection. This deeper reflection allows clients to process the emotional and philosophical questions that often emerge during grief, helping them find meaning and acceptance. Providing psychoeducation on grief is essential to normalising the experience. Educating clients about the grieving process reassures them that grief is a natural and unique journey. Therapists can help clients to navigate emotions such as guilt, sadness, and yearning while addressing any cognitive distortions that may arise during bereavement. Cultural sensitivity is another vital aspect of grief therapy. Recognising and respecting the cultural and spiritual significance of rituals

ensures that interventions align with each client's beliefs and values. Tailoring therapeutic approaches to cultural contexts allows for a more meaningful and effective grieving process. Finally, strengthening social support is crucial in helping clients navigate their grief. Encouraging individuals to reconnect with their social networks or build additional support systems fosters communal grieving and shared rituals, both of which are often integral to healing. By reinforcing social connections, therapists can help clients feel less isolated and more supported in their bereavement journey.

#### ***6.4.6 Implications for Training and Practice***

The findings of this study show the need for enhanced training programmes that focus on the cultural, symbolic, and existential dimensions of grief. Training modules should address the impact of disrupted rituals and equip practitioners with skills to support clients in navigating these challenges. Practitioners should also be encouraged to engage in self-reflection and supervision, as working with bereaved clients—particularly those facing complex grief—can be emotionally demanding. Counselling organisations and training programmes could advocate for further research into the intersection of rituals and grief, particularly considering global disruptions like the Covid-19 pandemic. This research can inform best practices and guide the development of innovative interventions that address the unique challenges bereaved individuals face in modern contexts. This research underlines the critical role of rituals in the grieving process and the profound impact of their absence on individuals' ability to process and adapt to loss. By integrating meaning-making models, ritual revision, and existential inquiry into their practice, counsellors and psychotherapists can provide practical and sensitive support for bereaved clients. These approaches address the emotional dimensions of grief and foster a

deeper understanding of its cultural, spiritual, and existential aspects, ultimately helping clients to navigate their journey through loss with greater resilience and clarity, aligning with Outcome 3.

#### **6.4.7 Policy Implications and Bereavement Care Providers**

The findings of this study have direct implications for bereavement policy and provision. Current UK frameworks (e.g. the NICE [2017] guidelines on end-of-life care, NHS England's Ambitions for Palliative and End of Life Care, and public health models of bereavement support) acknowledge the importance of grief support but make little reference to the central role of rituals. My study highlights how ritual absence can intensify grief and therefore suggests that future policies should explicitly incorporate access to ritual options and adaptations during crises (e.g. pandemics, mass casualty events, displacement).

Bereavement care providers are diverse, including NHS services (primary care, IAPT, palliative care teams), the hospice sector, charities (e.g. Cruse Bereavement Support, Winston's Wish, Child Bereavement UK), faith-based organisations, and independent practitioners. Each has a role to play in integrating awareness of ritual disruption and adaptation into their practice. Despite the growth of bereavement services, key gaps remain. Current provision often lacks things such as recognition of the psychological function of rituals as *scaffolding* for grief, guidance for practitioners on how to work with clients when rituals are absent, curtailed, or inaccessible and culturally sensitive frameworks that account for the diversity of ritual practices across communities.

#### **6.4.8 Implications of the Theoretical Framework on the Study**

The symbolic interactionist framework was particularly valuable in understanding how individuals construct and interpret meaning through social interactions,

especially in the context of shared symbols, rituals, language, and behaviours throughout the grief process. It emphasised the subjective nature of human experiences and the role of social processes in shaping perceptions of self and the world. This framework proved especially useful for studying complex experiences such as disrupted grief, highlighting how meaning is created through interactions, cultural contexts, rituals and social roles. It also emphasised the dynamic process of meaning construction, where personal experiences, such as mourning and rituals, are shaped and redefined through ongoing social interactions. Additionally, symbolic interactionism was valuable in offering flexibility in the study's analysis, providing important insights into how individuals cope with life events, such as loss, through psychological and counselling interventions.

## **6.5 Limitations of the Study**

This research provides valuable insights into the role of rituals in bereavement during the Covid-19 pandemic. It is important to acknowledge the limitations that may have influenced the scope and findings of the study. These limitations highlight areas for further exploration and stress the need for caution in interpreting the results.

### ***6.5.1 Evolving Nature of the Pandemic***

The contemporary relevance of the Covid-19 pandemic posed both opportunities and challenges for this research. While the study captured a unique moment in time, the rapidly evolving nature of the pandemic and its associated literature created inherent challenges. The initial literature review was conducted in March 2022. Although an alert system was in place to monitor and incorporate newly

published findings, a cut-off point was established to ensure the feasibility of completing the study. This decision, while necessary, may have resulted in the exclusion of critical developments or emerging research published after the cutoff date. As the Covid-19 pandemic is a dynamic and unprecedented global event, its effects on rituals, bereavement, and grief and our understanding of them will likely continue to evolve. While relevant and timely, the study's theoretical foundation may not fully capture the most recent or comprehensive understanding of the pandemic's broader implications.

### ***6.5.2 Generalisability and Context***

This study employed Interpretative Phenomenological Analysis (IPA), which prioritises the in-depth exploration of participants' lived experiences. While this approach offers rich and nuanced insights, it inherently limits the generalisability of the findings. Whilst appropriate for IPA, the sample size of ten participants may not fully represent the diverse experiences of bereaved individuals across diverse cultural, social, and geographical contexts. For instance, participants in this study shared certain similarities, such as being in the UK. Therefore, the findings may not be directly transferable to populations in regions with diverse cultural practices or differing pandemic policies. The study's focus on the absence of rituals during the pandemic might not apply to those who experienced bereavement in contexts where traditional practices were adapted or preserved despite restrictions. This limitation demonstrates the need for further research that examines the diversity of bereavement experiences during the pandemic.

### ***6.5.3 Retrospective Accounts***

Participants' retrospective accounts of their bereavement experiences, shared months after the events, formed the basis of the study. While retrospective

accounts are a valuable method for exploring meaning-making and reflection, they may be subject to recall bias or selective memory. Participants may have unintentionally omitted details, altered their recollections based on subsequent experiences, or highlighted aspects of their grief journey that felt most significant during the interview. Furthermore, the passage of time may have influenced participants' perceptions of their grief, potentially shaping their accounts to reflect their current emotional state rather than their experiences during the immediate aftermath of the loss. This temporal factor could limit the study's ability to fully capture the immediate emotional and psychological impact of the absence of rituals in the UK.

#### **6.5.4 Sample Diversity**

While the study's participants were diverse in age, gender, and relationship to the deceased, certain demographic groups were under-represented. For instance, the sample included eight females and two males, which may reflect gendered differences in willingness to participate in bereavement research but also highlights a potential imbalance in perspectives. Additionally, the study did not include participants from non-English-speaking backgrounds or individuals from communities where traditional rituals were significantly different from those represented in the sample. This limitation suggests that the findings may not fully encompass the varied cultural and religious practices associated with death and bereavement.

#### **6.5.5 External Influences on Grief**

The study focused on the absence of rituals as a central theme in participants' grief experiences. The Covid-19 pandemic introduced many external factors that likely influenced participants' emotional responses, including social isolation, economic

uncertainty, and health concerns. While these factors were outside the scope of the study, their intersection with bereavement may have compounded the participants' feelings of grief and loss. This overlap makes it hard to separate the effect of not having rituals from the broader context of pandemic-related stressors.

#### **6.5.6 Methodological Constraints**

The use of Microsoft Teams for conducting interviews, while necessary due to pandemic restrictions, may have influenced the data collection process. Although convenient and safe, virtual interviews can lack the depth of in-person interactions due to potential technical issues, reduced non-verbal communication, and participants' varying levels of comfort with technology. These limitations may have affected the richness or spontaneity of participants' responses, although efforts were made to establish rapport and ensure a supportive interview environment.

#### **6.5.7 Ethical and Emotional Considerations**

Given the topic's sensitive nature, participants' emotional well-being was a priority throughout the research process. While measures were taken to minimise distress, some participants may have found it challenging to fully articulate their experiences due to the emotional difficulty of recalling painful memories. This may have led to the under-representation of certain aspects of their experiences, particularly those related to trauma or unresolved grief.

While this study provides valuable insights into the impact of the absence of rituals on bereavement during the Covid-19 pandemic, it is essential to acknowledge its limitations. The pandemic's evolving nature, the sample's specific context, and methodological constraints all highlight areas for further exploration. Future research could address these limitations by examining diverse populations, incorporating longitudinal designs, and exploring the interplay between

bereavement and broader pandemic-related stressors. By building on the findings of this study, researchers and practitioners can develop a more comprehensive understanding of grief and bereavement in unprecedented and challenging contexts.

## **6.6 Confirming Trustworthiness**

Interpretative Phenomenological Analysis (IPA) is inherently interpretative, emphasising subjective understanding rather than aiming to present an absolute or singular truth. This interpretative nature has occasionally drawn criticism for its susceptibility to individual bias, particularly during the analysis phase. Critics argue that, since each researcher may approach the data through their unique lens, the exact replication of findings by another researcher is challenging (Mwita, 2022). Despite this critique, steps can be taken to confirm trustworthiness, ensuring that the interpretations are firmly grounded in the data and that the research process remains transparent and credible.

### **6.6.1 Addressing Potential Bias**

Employing a second professional or independent auditor to review the analysis can sometimes address the possibility of researcher bias. This collaborative approach can serve as a form of triangulation, helping to identify and mitigate any subjective influences the primary researcher holds. That said, an independent reviewer was not involved in this study. Therefore, it is acknowledged that the research interpretations and perspectives may influence the findings. While this does not negate the validity of the research, it emphasises the importance of transparency in the analytical process and adherence to established IPA guidelines.

### **6.6.2 Steps Taken to Ensure Trustworthiness**

Although an independent reviewer was not used, several measures were implemented to ensure the trustworthiness and rigour of the study. Adherence to IPA methodology was maintained by following the analytical steps outlined by Smith et al. (2022). These steps included systematically reading and re-reading transcripts, taking detailed notes, identifying emergent themes, and examining patterns within and across cases. By rigorously applying these procedures, the research upheld a structured and methodical approach to data interpretation. To strengthen the credibility of the analysis, participant narratives were presented through verbatim quotes. This ensured that the participants' voices were directly represented in the findings, grounding interpretations in their words and maintaining a close connection between the data and the emerging themes. Reflexivity played a crucial role in the research process. The researcher engaged in continuous self- reflection, documenting thoughts and potential biases in a reflective journal. This practice allowed for a critical assessment of assumptions and preconceptions, ensuring that the analysis was shaped by the participants' experiences rather than being unduly influenced by the researcher's perspective.

Transparency in presentation was also a key consideration. A detailed account of the research process, from recruitment to analysis, was provided to enable readers to evaluate the rigour and validity of the findings. By clearly outlining each stage of the methodology, the study facilitated potential replication of its processes, if not its exact findings. Finally, reader validation was incorporated, as suggested by Brocki and Wearden (2006). By including participant quotes, the study allowed readers to assess the interpretations independently, enhancing credibility and encouraging engagement with the data. This approach reinforced

the validity of the themes by inviting readers to form their own conclusions based on the presented evidence.

### **6.6.3 Limitations in Trustworthiness**

This study has several notable strengths. It makes an original contribution to bereavement research by exploring the impact of disrupted rituals during the COVID-19 pandemic which is an area that remains under-researched. The use of Interpretative Phenomenological Analysis (IPA) allowed for an in-depth, idiographic focus on participants' lived experiences, producing nuanced insights into the psychological, social, and existential dimensions of grief. The conceptual review that preceded the empirical work provided a strong theoretical foundation, ensuring that the research questions were firmly embedded in existing scholarship. Ethical and methodological rigour was supported through reflexive journaling, supervision, and audit trails, which enhanced transparency and helped safeguard against unchecked bias. The sensitive handling of recruitment and interviews also represents a strength, enabling participants to share highly personal accounts within a supportive framework.

Despite these strengths, several limitations must be acknowledged. While the measures described above were implemented to ensure trustworthiness, the absence of an independent reviewer may have increased the risk of individual bias, and the highly interpretative nature of IPA means that alternative researchers might have identified different themes from the same data. The reliance on retrospective accounts introduces the possibility of memory distortion or selective recall, potentially influencing the accuracy of participants' narratives. The sample size (n=10), although appropriate for IPA, inevitably limits the transferability of findings beyond the immediate context. Furthermore, while some cultural diversity was

represented, the sample was largely White British, and the experiences of other cultural groups may have been underrepresented. Finally, the timing of data collection, during the pandemic itself, provided immediacy but limited the ability to explore how disrupted rituals shape grief trajectories in the longer term.

Taken together, these strengths and limitations reflect the interpretative and idiographic nature of IPA. While the findings cannot claim universal generalisability, they do provide valuable insights into how bereaved individuals navigated disrupted rituals, and they highlight directions for future research, particularly in relation to cultural diversity, longitudinal perspectives, and the role of ritual revision in bereavement support.

#### ***6.6.4 Balancing Subjectivity and Rigour***

Ultimately, IPA acknowledges that all research is shaped by the researcher's engagement with the data. Rather than aiming for objective detachment, IPA embraces the double hermeneutic: the researcher's interpretation of the participants' interpretation of their experiences. While inherently subjective, this dual-layered process is also where IPA derives its richness and depth. The research balanced interpretative subjectivity and analytical rigor by adhering to a systematic methodology, practicing reflexivity, and anchoring interpretations in participant narratives.

Although the absence of a second professional reviewer may have limited the mitigation of bias, the study implemented multiple strategies to ensure trustworthiness. By adhering to the principles of IPA, maintaining transparency, and grounding interpretations in participants' accounts, the research aimed to provide a credible and meaningful exploration of the role of rituals in bereavement during the Covid-19 pandemic. This approach supports the validity of the findings while

acknowledging the interpretative nature of qualitative research.

## **6.7 Sensitivity to Participants Experience**

Research on bereavement inherently examines profoundly emotional and sensitive territory. Participants sharing their experiences of grief and loss may be vulnerable to distress, particularly when discussing challenging topics such as disrupted rituals or unfulfilled farewells. The study acknowledged these emotional complexities and implemented measures to ensure that participants felt supported and respected during their involvement.

### ***6.7.1 Emotional Risks and Social Sensitivities***

Bereavement and grief are not only first-hand experiences but are also intertwined with social expectations and norms. Participants may experience internal conflict when their feelings or responses do not align with what society deems appropriate or 'normal' grieving behaviour. As Sque et al. (2014) highlights, discussing such sensitive topics can also provide therapeutic benefits, allowing participants to reflect on their experiences and articulate emotions that might remain unexpressed.

The focus of this study—exploring the impact of the absence of rituals during the Covid-19 pandemic—added a layer of sensitivity. For participants, the lack of access to customary rituals not only intensified their grief but also represented a deviation from traditional societal norms around mourning. Social judgement could further complicate the feelings of guilt, sadness, and helplessness this deviation created. Recognising and addressing this emotional vulnerability was critical to the research design.

### ***6.7.2 Participant Support Measures***

To ensure sensitivity to participants' experiences, several measures were implemented to create a safe and respectful environment. Participants were fully

briefed on the study's aims and procedures, allowing them to make informed decisions about their involvement. They were also reminded of their right to withdraw from the study at any time, ensuring they retained agency throughout the research process. Building rapport was a key priority, particularly given the emotive nature of the topic. The researcher, a qualified psychotherapist, drew upon professional skills to foster trust and create a sense of safety for participants. This supportive environment enabled participants to engage more openly with the research process.

Ethical oversight was maintained by adhering to established guidelines, including provisions for emotional support. Should participants experience distress, they were provided with contact information for bereavement support organisations, ensuring access to additional help if needed. A reflective and nonjudgemental approach was central to the study. Participants were encouraged to share their experiences freely, without fear of judgement, allowing them to express their emotions in an open and supportive space. This approach aligned with the principles of Interpretative Phenomenological Analysis (IPA), which seeks to understand lived experiences from the participant's perspective.

### ***6.7.3 Contribution to Practice***

While the primary aim of this research was to explore participants' lived experiences, the findings also have important implications for practitioners working with bereaved clients. Therapists, counsellors, and other professionals can enhance their support by recognising the significant role that rituals play in the grieving process. Culturally sensitive support is one of the key benefits of this understanding. Different cultures and communities have distinct mourning practices, and by acknowledging and respecting these rituals, practitioners can

provide guidance that aligns with the client's cultural context. This tailored approach fosters a deeper connection and ensures that support is both relevant and effective. Building trust and rapport is another crucial aspect. When practitioners demonstrate an awareness of and respect for grieving rituals, clients are more likely to feel understood and validated. This sense of recognition creates a foundation of trust, encouraging clients to engage more openly in therapy and facilitating a more meaningful therapeutic process. Additionally, practitioners who understand the significance of rituals can empower clients in their grieving process. By recognising the role that rituals play in mourning, therapists can help their clients to navigate their grief in ways that are personally meaningful and healing. This may involve supporting clients in finding alternative rituals or practices when traditional methods of mourning are unavailable, ensuring they have ways to honour their loss and find comfort in their grief journey.

#### **6.7.4 Broader Implications**

Although the Covid-19 pandemic and its associated restrictions were the specific focus of this research, the insights gained have broader relevance for understanding the role of rituals in bereavement. By highlighting how disrupted rituals can impact the grieving process, this study provides valuable insight for professionals in counselling and psychotherapy. It also highlights the importance of creating a compassionate and empathetic therapeutic space where clients feel understood and supported in their unique experiences of loss.

#### **6.8 Recommendations for Future Research**

This study contributes towards understanding the role of rituals in grief and bereavement during the Covid-19 pandemic and highlights areas for further exploration. Below are several recommendations for future research to build upon

the findings and expand the knowledge base.

### **6.8.1 Examining Cultural Variations in Grief Rituals**

Future research could benefit from investigating the role of cultural differences in shaping the grieving process and the significance of rituals. Distinct cultures hold unique beliefs, traditions, and practices around death and mourning. Including participants from diverse cultural backgrounds could reveal how these differences influence bereavement experiences and coping mechanisms. Key areas for exploration include: the importance of specific rituals in various cultural contexts, how the absence of rituals impacts grief differently across cultures, and cultural adaptations or innovations in rituals during times of restriction.

### **6.8.2 The Role of Religious Beliefs and Practices**

Religious beliefs often play a significant role in shaping how individuals and communities process death and loss. Future research could explore how specific religious affiliations influence the bereavement experience, particularly in cases where traditional rituals are absent or inaccessible. Understanding how different faith traditions shape grief responses can provide valuable insights into the emotional and psychological impacts of the loss of rituals.

Another area for investigation is the intersection of religious faith and mental health during grieving, particularly when external restrictions disrupt established practices. Examining how individuals reconcile their spiritual beliefs with the challenges of altered mourning rituals could shed light on the coping mechanisms and emotional resilience fostered by faith. Additionally, further research could focus on how faith communities support bereaved individuals in times of crisis. Religious institutions often play a key role in providing communal support, guidance, and

spiritual reassurance. Investigating the structures and resources within different religious communities may offer valuable perspectives on how collective faith-based support influences the grieving process.

### ***6.8.3 Age-Related Differences in Grieving and Rituals***

Age may significantly influence how individuals experience bereavement and the importance they assign to rituals. Future research could explore comparative studies of grief and rituals across different age groups, such as children, adolescents, and adults of varying life stages. Investigating these differences may provide insight into how rituals evolve throughout a person's lifespan and how developmental factors shape mourning processes.

Another important area of study involves the role of technology in grief rituals, particularly among younger generations who are more familiar with virtual spaces. Research could examine whether younger individuals experience virtual rituals differently from older generations, exploring the effectiveness and emotional impact of digital memorials, online ceremonies, and virtual support communities. Additionally, understanding how grief is experienced at different stages of life and the perceived need for rituals would be valuable. Factors such as parenthood, retirement, or major life transitions may shape how individuals engage with mourning practices. Examining these dynamics can offer a deeper understanding of the ways in which life circumstances affect the role and significance of rituals in the grieving process.

### ***6.8.4 Gender and Grieving***

Exploring how gender influences grief and the role of rituals in processing loss could provide deeper insights into the diverse ways individuals navigate bereavement. Research could examine gender-based differences in the

importance placed on mourning rituals, identifying variations in how men, women, and non-binary individuals engage with and find meaning in these practices. Understanding these differences could help tailor grief support interventions to better align with individuals' emotional and cultural needs. Another important area of investigation involves the unique challenges faced by individuals of different gender identities during bereavement, particularly in times when traditional rituals are restricted or unavailable. Men, women, and non-binary individuals may experience and express grief in distinct ways, shaped by societal expectations, cultural norms, and personal coping mechanisms. Studying how gender influences adaptive strategies in the absence of rituals could provide valuable insights into developing inclusive and supportive grief interventions.

#### ***6.8.5 Psychological and Emotional Impacts of Grieving in Isolation***

This study underscores the profound effects of isolation on the grieving process, emphasizing the need for further research on its long-term consequences. Future studies could explore the psychological impact of grieving in isolation, particularly the risk of Prolonged Grief Disorder and other mental health challenges that may arise when individuals lack social or communal support. Understanding these effects could inform therapeutic interventions aimed at mitigating the negative outcomes of solitary mourning. Additionally, research could investigate how isolation interacts with other factors such as age, gender, or cultural background in shaping grief experiences. Different demographics may experience and process isolation in unique ways, influencing their emotional resilience, coping mechanisms, and perceptions of loss. Examining these intersections could provide a more nuanced understanding of how diverse groups navigate grief in the absence of traditional social support. A further critical area for exploration is the effectiveness

of digital or virtual support systems for individuals grieving in isolation. With the increasing reliance on online platforms for connection and memorialisation, evaluating the impact of virtual grief support groups, digital memorials, and teletherapy services could offer insights into their role in alleviating the distress associated with isolated mourning. Such research could contribute to developing accessible and effective support strategies for those who experience loss without physical communal rituals.

#### ***6.8.6 Impact of Global Crises on Bereavement Practices***

Global crises, such as pandemics or natural disasters, often disrupt established social and cultural practices, significantly affecting how individuals and communities grieve. Future research could explore comparative studies on how crises in different historical periods, such as pandemics, wars, or economic upheavals, have influenced rituals and bereavement. Examining these historical responses may provide valuable insights into how societies have adapted mourning practices in times of disruption and how these adaptations have shaped collective and individual grief experiences. Another critical area of investigation involves strategies for mitigating the impact of disrupted rituals during crises. Research could focus on the role of technological innovations, such as virtual memorials, live-streamed funerals, and online grief support networks, in maintaining a sense of connection and continuity. Additionally, exploring alternative mourning practices that emerge in response to crisis-related restrictions could help identify culturally and psychologically effective ways to support grieving individuals when traditional rituals are not possible. Understanding these adaptive strategies could contribute to the development of more resilient grief support systems in times

of global upheaval.

### ***6.8.7 Longitudinal Studies on Grief and Rituals***

Grief is an evolving process, and rituals may serve different purposes at various stages of mourning. Longitudinal studies could provide valuable insights into how the absence of rituals impacts grief over time, particularly in relation to mental health outcomes. Understanding whether the lack of traditional mourning practices contributes to Prolonged Grief Disorder, depression, or anxiety could inform interventions aimed at supporting individuals who have been unable to participate in culturally significant rituals. An important area of research involves examining whether individuals eventually create alternative rituals to compensate for those that were missed. Over time, people may develop new ways to honour their loved ones, whether through personal commemorative practices, digital memorials, or community-driven events. Investigating these adaptive responses could highlight the resilience of grieving individuals and provide guidance on how to facilitate meaningful mourning practices in the absence of traditional rituals.

Additionally, research could explore how grief and the perception of rituals change as societal norms evolve. As cultures shift due to technological advancements, globalisation, and changing attitudes toward death, the way individuals and communities engage with grief rituals may also transform. Examining these changes could offer valuable insights into how rituals continue to shape the grieving process in modern society and how they may be redefined in the future.

### ***6.8.9 Tailored Interventions for Disrupted Grieving***

Building on the findings of this study, future research could focus on developing and evaluating interventions for those bereaved without access to rituals. Areas of

focus may include designing therapeutic models incorporating meaning making for individuals who experienced disrupted rituals, or, investigating how digital tools (e.g. virtual memorials or online support groups) can be effectively integrated into bereavement support, as well as evaluating the role of psychoeducation in helping individuals process the absence of rituals and adapt to their loss.

#### ***6.8.10 Comparative Studies on Virtual and In-Person Rituals***

As virtual rituals become increasingly common, research could explore their impact on the grieving process and their effectiveness in meeting emotional and psychological needs. Comparing virtual rituals to traditional in-person mourning practices could provide insights into whether digital alternatives offer the same sense of connection, closure, and communal support. Understanding the emotional depth and effectiveness of these rituals could help determine their role in modern bereavement. One area of study could be how digital literacy and access influence bereavement experiences for individuals relying on virtual rituals. Differences in technological proficiency, socioeconomic factors, and cultural attitudes toward digital mourning may affect how people engage with and benefit from virtual memorials, online funerals, or grief support groups. Investigating these disparities could highlight barriers that may prevent some individuals from fully participating in or deriving comfort from virtual mourning practices. Research could focus on strategies to enhance virtual rituals, making them more meaningful and supportive for mourners. Exploring ways to integrate personalisation, interactive elements, and cultural traditions into digital grieving spaces could help create more immersive and emotionally fulfilling experiences.

By improving the design and accessibility of virtual rituals, they may become a more viable and enriching complement to traditional mourning practices.

### **6.8.11 Grieving and Community Support**

This study highlights the importance of collective grieving and social support in the bereavement process. Future research could explore how communities can better support individuals grieving without access to traditional rituals. Understanding the role of alternative forms of communal mourning and how they foster connection and healing could provide valuable insights into developing more inclusive grief support systems. A further area of investigation could involve the role of community resilience and solidarity in coping with mass bereavement events, such as during a pandemic. Examining how societies come together to process collective loss and how shared mourning practices evolve in response to crises could inform strategies for strengthening communal support networks in times of widespread grief.

Additionally, research could focus on innovative community-based practices that facilitate mourning and remembrance in restrictive circumstances. Exploring creative approaches, such as digital memorials, interactive remembrance spaces, or hybrid grief rituals that blend virtual and physical elements, may help address the challenges of mourning in changing social landscapes. Beyond collective grief, future studies could also examine the concept of personalised grief, recognising that each individual navigates bereavement uniquely. Investigating how people develop personal rituals and meaning-making strategies could offer deeper insights into the ways individuals honour their loved ones and process loss in ways that resonate personally. The value of community support in bereavement remains a significant area of study, particularly in understanding how social bonds help mitigate feelings of isolation and distress. Research could explore how different forms of community engagement—whether through religious groups, cultural associations, or peer support networks—contribute to the grieving process and

emotional well-being of bereaved individuals. Finally, environmentally conscious grief is an emerging field that warrants further exploration. As sustainability becomes increasingly important, examining eco-friendly mourning practices—such as green burials, biodegradable memorials, and conservation-focused remembrance rituals—could provide insights into how individuals and communities can honour their deceased loved ones in ways that align with environmental values. Understanding how sustainability intersects with grief and ritual could help shape future practices that are both meaningful and ecologically responsible. By addressing these areas, future research can expand upon the insights gained from this study, providing a broader and deeper understanding of grief, rituals, and bereavement in both individual and collective contexts. These investigations could ultimately contribute to more effective, inclusive, and sustainable approaches to supporting those who are grieving, particularly in extraordinary circumstances such as global crises.

## **6.9 Chapter Summary and Conclusions**

This chapter provides a comprehensive critical discussion, interpretation, and synthesis of the findings from this study, examining the role of rituals in death and bereavement, particularly in the context of disruptions caused by the Covid-19 pandemic. By evaluating the trustworthiness of the results and reflecting on their implications for professional practice, this chapter has offered a balanced perspective on the importance of rituals in supporting bereavement. Limitations and areas for future research have been explored to further contextualise and expand on the study's conclusions.

### **6.9.1 Summary of Findings**

The findings reveal that the absence of traditional rituals surrounding death and

bereavement had a profound impact on participants, affecting their emotional, psychological, and social experiences of grief. Participants consistently emphasised the importance of traditional rituals, such as funerals and wakes, in honouring the deceased, achieving closure, and creating social support among the bereaved. These rituals were seen as fundamental acts of respect, remembrance, and community solidarity. Their absence left many participants feeling isolated and deprived of opportunities for collective grieving, which in turn contributed to a more complex and prolonged grieving process. The emotional and psychological impact of missing rituals was also significant. Participants reported feelings of helplessness, anger, and guilt, with some experiencing intensified grief due to the lack of structured mourning practices. The findings highlight that rituals serve not only as culturally or religiously significant acts but also as essential psychological tools that help individuals process emotions and navigate loss. While most participants struggled with the absence of traditional rituals, there was notable variability in their responses. Some individuals demonstrated adaptability by creating personal or alternative rituals, underscoring the resilience of human beings in the face of adversity. This highlights the deeply personal nature of grief and how it is shaped by cultural, social, and individual factors. The study also reflects on the evolving role of rituals in modern society. Virtual funerals emerged as a potential alternative for some, though their effectiveness was contentious among participants. Many perceived them as insufficient or inauthentic compared to in-person rituals, raising important questions about the future of mourning practices in an increasingly digital world. These findings emphasise the need for further exploration into how rituals can be redefined and adapted to meet the needs of bereaved individuals, particularly in times of crisis.

### **6.9.2 Critical Reflections**

While this study supports the view that rituals often play a central role in the grieving process, it also invites critical reflection on this assumption. Critics may challenge the universality of rituals' significance in grief, emphasising the diversity of experiences and coping mechanisms among individuals and cultures (Mas'amah et al., 2023). One key argument is that the importance of rituals varies significantly across cultural and personal contexts. While some individuals find rituals essential for processing grief, others rely on alternative coping mechanisms or may not feel a strong need for structured mourning practices. This variability highlights the need for cultural and individual sensitivity in grief support, avoiding generalisations about the necessity of rituals. Another perspective focuses on human adaptability. Critics may argue that, even in the absence of traditional rituals, individuals can find alternative ways to navigate grief and derive meaning from loss (Şimşek & Buldukoglu, 2021). Modern therapeutic interventions, strong social networks, and personal coping strategies may serve as effective substitutes, demonstrating the resilience of individuals facing bereavement. The evolving nature of grief support further challenges the assumption that rituals are indispensable. Contemporary alternatives, such as counselling, online support groups, and digital memorials, have emerged as viable options for those grieving in a rapidly changing world. This study raises important questions about whether these modern adaptations can complement or even replace long-established practices in providing comfort and closure to the bereaved.

Finally, critics may point to research limitations, particularly the lack of empirical evidence directly linking the absence of rituals to prolonged grief or emotional distress (Mas'amah et al., 2023). The study's findings may also be

context-specific, particularly given the impact of the pandemic, and may not fully generalise to other situations or cultural settings. Further research is needed to explore the broader implications of missing rituals and to determine the extent to which they are essential to the grieving process across diverse populations.

### **6.9.3 Conclusions**

The findings of this study highlight the significant role that rituals often play in the grieving process, particularly in providing closure, promoting collective support, and honouring the deceased (Outcome 1). However, the absence of traditional rituals during the Covid-19 pandemic profoundly impacted the grieving process, disrupting established mourning frameworks and leaving many individuals with a sense of unresolved loss (Outcome 2). Despite these challenges, people demonstrated remarkable resilience by adapting to new ways of expressing grief, such as virtual memorials, personal tributes, and community-driven support networks. These adaptations highlight the human capacity to find meaning and connection even in the absence of structured mourning practices. While traditional rituals continue to be a cornerstone of bereavement for many, the evolving nature of modern support systems and alternative practices suggests that grief is not a universally applicable experience. A person-centred and strengths-based approach reinforces the importance of autonomy, dignity, and personal strengths in shaping grief responses. Grieving individuals should be empowered to navigate loss in ways that are meaningful to them, rather than being confined to rigid or traditional expectations. Recognising diverse grieving processes and encouraging flexible approaches to bereavement can support emotional well-being and provide more

inclusive support systems. Looking ahead, future research could further explore the long-term effects of disrupted rituals and investigate how new, more personalised grieving practices can be integrated into bereavement care. Policymakers and healthcare professionals must also consider ways to offer adaptable and inclusive grief support, ensuring that individuals and families have the resources and autonomy needed to honour their loved ones in ways that align with their personal and cultural values. By embracing a broader, more compassionate view of mourning, society can create a more supportive and person-centred approach to grief that extends beyond the constraints of tradition (Outcome 3).

This study highlights the importance of rituals and adaptability in navigating grief, providing valuable insights for bereavement research, counselling, and psychotherapy. It also identifies complicated grief and the heightened emotional impact, the knowledge of which could be utilised in other similar situations and the challenges of grief coping mechanisms. Further exploration of these themes will be critical to enhance our collective understanding of loss and how best to support individuals on their journey toward healing.

## CHAPTER 7: CONCLUSION

This doctoral thesis has sought to explore a crucial yet underexamined dimension of the Covid-19 pandemic: the impact on individuals denied the opportunity to engage in traditional rituals following the death of a loved one during a complicated grief process. This study aimed to give a voice to those navigating a uniquely challenging bereavement journey, revealing the depth of their lived experiences, emotions, and challenges. This study's strengths include its originality in exploring disrupted rituals during the COVID-19 pandemic, the use of IPA to capture nuanced lived experiences, and the grounding of the research in a strong conceptual review. Ethical and methodological rigour was supported by reflexivity, supervision, and careful handling of sensitive interviews. Limitations include the absence of an independent reviewer, the potential for memory distortion in retrospective accounts, and the small, largely White British sample, which constrains cultural transferability. The timing of data collection during the pandemic also limited insights into longer-term grief trajectories.

Using a qualitative research design based on Interpretative Phenomenological Analysis (IPA), this work shows how missing culturally and emotionally important rituals caused emotional turmoil, psychological strain, and deep separation. The findings highlight how deeply rituals serve as vital cultural, spiritual, and emotional mechanisms that help individuals process grief and loss. The inability to engage in these rituals during the Covid-19 pandemic heightened feelings of isolation, loss, and unresolved grief among participants, challenging traditional understandings of bereavement. The strict methodological approach

used in this study enhances the credibility and trustworthiness of its findings, providing a nuanced exploration of the multifaceted impact of disrupted rituals. This contribution extends beyond the immediate academic discourse by emphasising bereavement's cultural, emotional, and psychological dimensions in extraordinary circumstances.

The significance of this research lies in its exploration of the immediate psychological impact and its potential to inform systemic responses to grief during crises. The study's findings highlight the importance of developing compassionate and holistic support systems for bereaved individuals' cultural and emotional needs. By addressing the challenges faced by those denied traditional rituals, this research advocates for improved bereavement care practices and policies that support healing and resilience in the face of unprecedented adversity. The study draws on ten semi-structured interviews with individuals who experienced the loss of rituals during the pandemic (March 2020 to March 2021). The findings reveal complex and varied facets of grief, shedding light on how the denial of rituals amplified feelings of detachment and hindered participants' ability to process their losses. For instance, many participants expressed deep sorrow over being unable to be present with their loved ones during their last moments, with several describing this experience as "cruel" and "unforgivable". The inability to participate in culturally significant practices, such as washing or preparing the body of the deceased, was particularly challenging for individuals from cultures where such rituals are seen as sacred. The research further highlights the psychological consequences of disrupted rituals. Some participants reported "forgetting" their loved ones had died; a phenomenon linked to the absence of conventional markers of death, such as viewing the body or attending a funeral. For example, Ellie explained that her

inability to take part in any rituals made it challenging to reconcile the reality of her friend's death, instead imagining him as still alive and working in his shop. Similarly, Kim, whose estranged father died, noted that the absence of proof, such as viewing the body or attending the funeral, hindered her acceptance of his death. A recurring theme in the data was the importance of social support during bereavement. This study supports the notion that bereavement is not solely an individual experience but is deeply situated within a sociocultural context. Many participants emphasised how the restrictions on gatherings, whether formal (funerals) or informal (visiting friends and family), exacerbated their grief and sense of isolation. The lack of communal rituals disrupted meaning-making processes, contributing to feelings of being 'stuck' in grief. These unresolved conflicts highlight the importance of interventions that support individuals in reconciling their loss.

This study critically engages with existing bereavement care frameworks. It challenges the UK's traditional approach to grief, often criticised for being quasi-medical and problem-focused rather than holistic and interdisciplinary. While there is growing recognition that grief is an active process rather than a passive experience, this research highlights significant gaps in current practices. It emphasises the necessity of moving beyond a one-size-fits-all model to embrace a more culturally informed and emotionally sensitive approach to bereavement care. Critics, such as Barnard (2019), have argued that bereavement counselling and psychotherapy may have limited efficacy, particularly in routine circumstances. However, this study demonstrates the value of therapeutic interventions tailored to those who have experienced bereavement under challenging conditions, such as during the Covid-19 pandemic. By acknowledging the unique complexities of these experiences, practitioners can better support individuals in processing their grief.

The findings of this study have far-reaching implications for policy, practice, and future research. There is a pressing need for bereavement support systems that recognise and respect the cultural and emotional dimensions of grief, particularly during crises that disrupt established rituals. Future research should explore the long-term effects of denied rituals on mental health and investigate the efficacy of culturally specific interventions. Finally, this study calls for greater collaboration between researchers, practitioners, and policymakers to develop innovative and compassionate approaches to bereavement care as well as acknowledging the value of models in providing frameworks for understanding the complex emotional, psychological, and physical responses to loss, helping both professionals and the bereaved navigate the challenging journey of grief. To conclude, this research makes a significant contribution to the growing body of knowledge on bereavement by providing new insights into the emotional and psychological impact of disrupted grief rituals. Unlike previous studies that focus on traditional grieving processes, this study highlights the unique challenges faced during crisis periods, particularly the Covid-19 pandemic, offering a fresh perspective on grief in times of widespread disruption. By amplifying the voices of those who have directly experienced these challenges, this research not only addresses a critical gap in bereavement literature but also offers practical implications for improving grief support systems. The findings underscore the urgent need for more adaptable and inclusive bereavement practices, ensuring that no one is left to grieve in isolation. In doing so, this study aims to inspire meaningful change in bereavement care, influencing policies and support structures that foster healing and resilience in the face of profound loss.

# CHAPTER 8: REFLECTIONS

## 8.1 Chapter Overview

This chapter offers a reflective account of the research journey, from the initial formulation of the research question to the final write-up. It critically examines the challenges encountered and the learning outcomes of this research. The structured reflective model, as devised by Johns (1995) found in Table 13, will be employed to guide this reflection. These aspects include the context of the research, the actions taken, and the outcomes. A comprehensive understanding of the research experience and its implications will be developed by systematically examining these elements. The reflection will cover several key areas. Firstly, the research context will be explored, providing insight into the initial motivation and rationale for the study. Understanding the underlying reasons for pursuing this research helps us to appreciate the broader framework within which the study was conducted. Secondly, the execution of the research will be examined. This involves reflecting on the methodologies employed and the practicalities of data collection and analysis. Such reflection offers an opportunity to assess the effectiveness of the chosen methods and the efficiency of the research process. Thirdly, the chapter will identify the challenges faced during the research and the strategies to overcome them.

This critical perspective on obstacles and resolutions provides a transparent account of the research journey, highlighting difficulties and successes. There will be a discussion on learning and development. This section will address the personal and professional growth achieved through the research process.

Finally, the influence of my professional background as a qualified psychotherapist will be examined.

## **8.2 Johns' Model of Structured Reflection**

Johns' Model of Structured Reflection is an extension of Carper's (1978) Fundamental Ways of Knowing, a framework that identifies the origins of knowledge and supports understanding in professional practice. John developed his model to encourage deep reflection, particularly in healthcare and nursing contexts, enabling practitioners to evaluate their experiences, thoughts, and emotions critically. The model uses structured prompts to focus on self-awareness, critical thinking, and learning from experiences. Its six stages provide a systematic approach to reflective practice, aligning well with the principles of Interpretative Phenomenological Analysis (IPA), as both emphasise the subjective experience and the influence of external factors.

### ***8.2.1 Stages of Johns' Model***

1. **Description of the Experience:** This stage details the specific experience or situation under examination. It encourages a thorough context description, including the individuals involved, the setting, and the actions taken. For this research, the described experience focuses on conducting qualitative interviews with bereaved participants during the Covid-19 pandemic, highlighting the challenges of discussing such a sensitive topic.
2. **Reflection on the Experience:** At this stage, the focus shifts to analysing personal thoughts, emotions, and reactions during the experience. Reflecting on the interviews, the researcher acknowledges a complex interplay of emotions, such as empathy for participants' grief, professional detachment, and personal introspection triggered by similar personal losses.

The emotional demands of hearing stories of loss were significant and required careful management to ensure the researcher's well-being and the ethical treatment of participants.

3. **Influencing Factors:** This stage considers the personal and external influences that shaped the researcher's thoughts and actions during the experience. For example, the researcher's background as a psychotherapist influenced the empathetic approach taken during interviews, creating rapport with participants while maintaining boundaries. External factors, such as the evolving restrictions of the pandemic, also shaped how the interviews were conducted, requiring flexibility and creativity to navigate practical challenges like remote data collection.
4. **Evaluation:** In evaluating the research process, both positive and negative aspects were identified. Strengths included creating a safe and supportive environment for participants to share their experiences, which resulted in rich and meaningful data. However, challenges included difficulty building rapport remotely and the emotional toll of engaging with participants' grief narratives. Reflecting on these aspects provided insights into what went well and what could be improved.
5. **Analysis:** This stage involves a more profound, critical exploration of the experience, considering the reasons behind specific reactions, decisions, and outcomes. For instance, the researcher's decision to maintain a reflexive journal throughout the study helped to identify and address personal biases, ensuring that interpretations were grounded in participants' accounts. This stage also highlighted the need for self-care and supervision to manage the emotional demands of the research, demonstrating the importance of balancing professional responsibilities with personal well-being.
6. **Conclusion and Action Plan:** The final stage synthesises the insights gained from

reflection and outlines actions for future practice. Key takeaways from this study include the importance of adopting a reflexive and empathetic approach when engaging with sensitive topics, the value of rigorous methodological frameworks such as IPA, and the need for adaptability in the face of external challenges. Future actions include seeking further training in advanced qualitative methods, expanding cultural sensitivity when working with diverse participant groups, and continuing to prioritise self-care and supervision in emotionally demanding research contexts.

### ***8.2.2 Strengths and Criticisms of Johns' Model***

Johns' model is widely regarded for its comprehensive and structured approach, making it particularly effective in creating deep reflection. Its emphasis on the consideration of personal and external factors aligns well with IPA's focus on exploring subjective experiences within their broader context. For this research, the model facilitated a detailed examination of my actions, emotions, and decisions, enhancing the depth and quality of the reflective process. However, the model has also faced criticism, particularly regarding its prescriptive nature. Finlay (2006) argues that its rigid structure may hinder creative and spontaneous reflection, potentially limiting the exploration of unexpected insights. Despite these criticisms, the model proved valuable in this study by providing a clear framework for organising and articulating the reflective process.

### ***8.2.3 Relevance to IPA Research***

Johns' model complements IPA research by encouraging a focus on personal and contextual influences, which are central to the interpretative process. The model's emphasis on reflexivity aligns with IPA's requirement for researchers to engage with their assumptions and biases critically. This reflective practice enhances the trustworthiness of the research, ensuring that findings are credible and deeply

grounded in participants' experiences. By applying Johns' Model, I systematically reflected on the research journey, gaining insights into the challenges, and learning opportunities encountered along the way. This reflective process enriched the research and contributed to my personal and professional growth, aligning with the transformative potential of qualitative inquiry.

### **8.3 The Identification of an Area of Study**

My extensive experience as a counsellor and psychotherapist in bereavement services provided the foundation and inspiration for this research. Over years of practice, I have developed a profound interest in understanding the intricacies of bereavement, driven by a sense of 'conscious incompetence' (Adams, 2015). This concept reflects the awareness of the limits of one's knowledge and skills in a particular area, which, for me, became a motivating force to deepen my understanding of bereaved clients' lived experiences. This motivation and professional and personal investment in the subject matter ultimately shaped the choice to focus on the impact of missed rituals during bereavement in the context of the Covid-19 pandemic.

#### **8.3.1 The Choice of Interpretative Phenomenological Analysis (IPA)**

The rationale for choosing Interpretative Phenomenological Analysis (IPA) in this study is rooted in its ability to provide a detailed exploration of lived experiences, its sensitivity to the complexity of grief, its participant-centred approach, and its emphasis on reflexivity. IPA is inherently designed to examine how individuals make sense of significant life events, making it particularly suited for studying bereavement. As grief is a deeply personal and emotional experience, IPA allowed

for an in-depth investigation into how participants navigated the absence of traditional rituals during the pandemic and the meanings they attached to this absence. By focusing on personal narratives, the methodology ensured that the study captured the subjective and nuanced dimensions of loss.

The complexity of grief and bereavement necessitates a methodological approach that can accommodate a wide range of emotions, thoughts, and coping mechanisms. IPA encourages rich, detailed descriptions of experiences, allowing me to explore the multifaceted and often contradictory feelings associated with missing rituals, such as guilt, anger, and helplessness. This depth of analysis provided a more comprehensive understanding of the emotional and psychological impact of disrupted mourning practices. Additionally, IPA's participant-centred approach aligns with the study's commitment to treating individuals as experts in their own experiences. This perspective resonates with my therapeutic background, which prioritises creating a safe and non-judgemental space for clients to share their stories. Similarly, IPA provided a framework that empowered participants to voice their experiences in a supportive and ethical environment, ensuring their narratives were central to the study's findings. Finally, IPA's emphasis on reflexivity was particularly valuable in this research. The approach encourages researchers to critically examine their beliefs, assumptions, and emotional responses throughout the research process. Given my professional background in bereavement services, reflexivity played a crucial role in ensuring that prior knowledge and personal experiences did not overly shape the analysis. Instead, it helped maintain a focus on participants' narratives, allowing their lived experiences to guide the interpretation of findings.

### ***8.3.2 Ethical Considerations for Sensitive Topics***

Bereavement is a deeply sensitive topic, and IPA's ethical guidelines prioritise participants' well-being throughout the research process. Following these guidelines, I was able to create a safe and respectful environment where participants could openly share their stories without feeling rushed or pressured. This ethical focus was significant given the emotionally charged nature of the research topic.

### ***8.3.3 Rationale for the Chosen Research Focus***

The focus on bereavement during the Covid-19 pandemic was particularly significant, as this period presented unique challenges to the grieving process. Social restrictions disrupted traditional rituals, such as bedside farewells, funerals, and wakes, which are often essential for providing closure and support to the bereaved. By exploring this specific context, the research aims to address an underexplored area in the literature and contribute to a deeper understanding of rituals' role in coping with loss. The study's findings have practical implications for counselling and psychotherapy, offering insights into how practitioners can better support clients who have experienced bereavement during periods of social disruption or isolation. By applying IPA, I could examine participants' experiences, uncovering their grief's emotional, psychological, and existential dimensions. This methodological choice not only fit well with my aim but also complemented my therapeutic approach, creating a cohesive and ethically grounded framework for exploring the lived experience of bereavement during a time of unprecedented global upheaval.

#### **8.4 The Recruitment and Interview Process**

The recruitment process for this study was relatively straightforward; within just a few weeks of the call for participants being advertised, nine interviews were confirmed. However, recruiting the tenth and final participant took slightly longer than anticipated. Despite reassurances from both supervisors that this delay I found myself disproportionately focused on completing the participant recruitment process. By reflecting through Johns' Model of Structured Reflection, precisely the dimension of Looking Out (Aesthetics), I understood that my frustration with the delay was exaggerated and rooted in an emotional response rather than empirical evidence.

When assessed through Looking Out (Empirical), it became clear that the recruitment process was successful, with 98% of initial inquiries resulting in confirmed participation. Moreover, 99% of the participants were scheduled for interviews within a month of advertising. Despite this empirical success, Looking In revealed lingering self-doubt about whether the data collected would be sufficient to yield a valuable study. To ease this worry, I used bracketing techniques to address my anxieties and ensure that my perspectives did not unduly influence participant narratives (Smith et al., 2009).

A reflective journal was maintained throughout the recruitment and interview process, serving as a tool to process my thoughts and emotions and to guard against potential vicarious impact from participants' emotionally charged accounts. This was particularly important, as my personal experience with the study topic could have inadvertently skewed the research focus. To avoid these potential biases, Looking Out (Personal) was employed during interviews to identify and reflect on specific words or phrases that elicited emotional responses, ensuring

these did not shape the participant narratives. Furthermore, bracketing aligned with Looking Out (Ethics) to uphold participant autonomy and ensure their voices remained central to the research. While conducting the interviews, I encountered moments where it was challenging not to respond in the capacity of a therapist. This required continuous self-awareness, as described under Looking In. The ability to recognise and manage this instinct allowed her to apply bracketing effectively, enabling a focus on “the thing itself” (Smith et al., 2009, p. 32). In line with the Looking Out (Ethical) perspective, the reflections in this framework show a moral dedication to valuing the participants’ perspectives over the researcher’s biases or assumptions. Ultimately, Johns’ reflective framework gave me a structured and introspective approach to navigating the recruitment and interview process. By balancing emotional responses with empirical assessment and employing ethical safeguards, the study was conducted with integrity and a commitment to prioritising participants’ lived experiences. This reflective practice added to the rigour and depth of the study, ensuring the data collection process remained participant-centred and free from undue influence.

### **8.5 The Analysis and Writing-Up Process**

The analysis and writing-up stages of the research actively employed the ‘bracketing’ process, which extended beyond the interviews. This involved a commitment to ensuring that the lived experiences of each participant were faithfully and accurately represented. Through Looking In, I acknowledged my responsibility to authenticate participants’ experiences while remaining mindful of my interpretations and emotions. However, it was also recognised through Looking Out (Empirical) that the concept of ‘double hermeneutic’, where the researcher separates their perspective from the participants’ narratives entirely, is an ideal that

is challenging, if not impossible, to achieve fully (Smith et al., 2022). The interpretative process involves the researcher making sense of the participants' accounts and so I adopted a reflective and iterative approach to address this, carefully monitoring my thoughts and emotions during the data analysis. Pausing the work at times to reflect on the emotional impact of the data and employing Heidegger's (1962) concept of 're-bracketing' ensured that personal reactions were acknowledged and processed without unduly influencing the interpretations. This ongoing reflective practice was documented in my reflective journal, which served as a vital tool for maintaining self-awareness and adhering to Yardley's (2008) criterion of 'commitment and rigour', thereby bolstering the trustworthiness and depth of the analysis.

Initially, I had intended to use NVivo, a qualitative analysis software, to manage the data. However, through Looking In, it became apparent that manually working with the data—using different coloured pens to navigate and code the extensive transcripts—was better aligned with my preferred style of analysis. This decision reflected my intuitive approach and allowed for a more personal and immersive engagement with the data. Despite deviating from the original plans, Looking Out maintained the ethical and procedural rigour of the analysis. The manual analysis enabled me to maintain closer proximity to the data, fostering a deeper connection to the participants' narratives and the nuances of their lived experiences. The writing-up process required continuous reflection to balance the participants' voices with my interpretative insights. The reflective journal proved particularly useful during this stage, allowing me to revisit moments of self-awareness and identify areas where her views might unconsciously colour the

presentation of findings.

This self-scrutiny helped to maintain focus on the participants' experiences, ensuring that the research findings were grounded in their accounts rather than shaped by my own biases. I navigated the inherent challenges of IPA's interpretative framework by employing these methods. The combination of manual coding, reflective journaling, and an iterative bracketing process provided a structured yet flexible approach honouring the integrity of the participants' lived experiences. The result was an analysis and write-up that adhered to ethical standards and demonstrated a deep commitment to ensuring the trustworthiness and authenticity of the findings.

## **8.6 Myself as a Researcher**

Through Looking In, I reflected on my personal and professional development throughout the research process, evolving from being 'unconsciously incompetent' to becoming 'consciously competent' (Adams et al., 2019). This transformation signifies a deepened understanding of the chosen subject and the research methodology. However, challenges arose during this journey, particularly in distinguishing between 'therapist mode' and 'researcher mode.' While my expertise as a psychotherapist greatly enriched my ability to engage meaningfully with participants, it occasionally posed challenges to maintaining the impartiality required for rigorous qualitative research. I aspired to eventually reach a state of 'unconscious competence', where my research skills are applied seamlessly and intuitively.

Being a qualified psychotherapist significantly influenced various aspects of the study. Looking Out, the therapeutic skills I have gained over years of practice informed the creation of interview questions designed to elicit deep and reflective responses. These questions were created with sensitivity and insight, drawing on

techniques encouraging openness, honesty, and comfort in discussing profoundly personal and emotional topics. Furthermore, recognising and responding to subtle verbal and non-verbal cues during interviews likely enhanced the depth and richness of the collected data, as participants felt understood and supported during the process. The dual role of therapist and researcher introduced both strengths and challenges. While my therapeutic background enabled me to connect with participants on a profound level and manage emotionally charged discussions with care, it also necessitated the constant 'bracketing' of my assumptions and therapeutic instincts. Looking In, this required me to critically evaluate moments where my responses might inadvertently mirror those I would give in therapy, ensuring the focus remained on the participant's narrative rather than her interpretation. Completing this research presented numerous challenges that enriched my understanding of aesthetics, ethics, and empirical knowledge (Looking Out). This journey required me to navigate ethical dilemmas and ensure adherence to robust ethical frameworks, bolstering the study's trustworthiness. Through this process, I developed a deeper appreciation for the complexities of qualitative research, gaining insight into the challenges and opportunities inherent in exploring sensitive topics such as bereavement and rituals.

This research also gave me an existential perspective on my therapeutic practice. The findings reinforced the importance of meaning-making in the grieving process, a cornerstone of existential therapy. I learned more about how existential themes like meaning, isolation, and the fact that death is inevitable, show up in the lived experience of grief by watching the participants struggle with the lack of rituals and their attempts to make sense of loss. Spinelli (1994) argue that existential

viewpoints in therapy push therapists to deal with the most important problems and challenges people face, and this study demonstrates how these views can be used in both practice and inquiry. This research journey facilitated my professional growth by enhancing my research skills, deepening my understanding of grief, and enriching my therapeutic practice with broader existential insights. It also stressed the importance of balancing professional expertise with the objective rigour required in academic research—a skill the I have developed and continued to refine.

### **8.7 Learning from the Professional Doctorate**

Completing the doctorate has been transformative for my practice. I have developed greater reflexivity, strengthened my research literacy, and deepened my understanding of how empirical work can inform therapeutic interventions. I will carry forward a heightened awareness of the role of rituals in grief and a confidence in integrating research into practice. On a professional level, I have learned to manage the balance between therapist and researcher identities, and on a personal level, I have gained resilience, critical thinking skills, and a deeper sense of professional identity as both clinician and scholar.

## REFERENCES

- Adams, L. (2015). Gordon Training International. Learning a new skill is easier said than done. <http://www.gordontraining.com/free-workplacearticles/learning-a-new-skill-is-easier-said-than-done>.
- Adams, K., Lumb, A., & Paige, R. (2019). Whole Child, Whole Teacher: Leadership for Flourishing Primary Schools. *Education 3-13 International Journal of Primary, Elementary and Early Years Education*. ISSN Print: 0300-4279 Online: 1475–7575 (In Press).
- Adetunji, A. J., & Gumede, E. Z. (2024). The quality of life of retirees as affected by socio-economic factors in Southwestern Nigeria: An Interpretative Phenomenology. *Health Open Research*.
- Aguiar, A., Pinto, M., & Duarte, R. (2022). A qualitative study on the impact of death during Covid-19: Thoughts and feelings of Portuguese bereaved adults. *Plos One*, 17(4).
- Asgedom, S. G., Mengesha, A. G., & Bekele, Y. A. (2025). Behind the Healing: Exploring the Psychological Battles of Kidney Transplant Patients: A Qualitative Insight. *Health Science Research*.
- Al Shaban, R., O., W., A. (2019). 'Normal Grief Versus Pathological Grief: Should we prescribe Pharmacological Treatment?,' in *Mental Health & Human Resilience International Journal*, 3(2), 2–43.
- Avis, K. A., Stroebe, M., & Schut, H. (2021). 'Stages of grief portrayed on the internet: A systematic analysis and critical appraisal,' in *Frontiers in Psychology*, 12,772696.
- BACP. (2018). *Ethical framework for the counselling professions*. Lutterworth: BACP.
- Barbey, A., Colom, R., & Grafman, J. (2013). Neural mechanisms of discourse comprehension: A human lesion study. *Brain: a journal of neurology*. 137. 10.1093/brain/awt312.
- Barnard, A. (2019). 'Grief Counselling and Grief Therapy: A Handbook for the Mental Health Practitioner, J. William Worden,' in *The British Journal of Social Work*, 2, 1–16.
- Barnhill, J. J. (2011). *Giving Meaning to Grief: The Role of Rituals and Stories in Coping with Sudden Family Loss*. <https://digitalcommons.usf.edu/cgi/viewcontent.cgi?article=4191&context=etd>.

- Benore, E. R., & Park, C. L. (2004). 'Death-Specific Religious Beliefs and Bereavement: Belief in an Afterlife and Continued Attachment,' in *International Journal for the Psychology of Religion*, 14(1), 1-22.
- Bhaskar, R. (2008). *A realist theory of science* (3rd ed.). London: Verso.
- Boholano, H., & Remedios, C. (2022). 'Catholic funeral traditions and alterations due to Covid-19 pandemic: Implications to compliance of health protocols', in *Journal of Positive School Psychology*, 10,614-10,630.
- Boje, D. (2001). *Narrative methods for organizational & communication research*. SAGE Publications.
- Bonanno, G. A. (2008). 'Loss, trauma, and human resilience: Have we underestimated the human capacity to thrive after extremely aversive events?' in *Psychological Trauma: Theory, Research, Practice, and Policy*, (S1), 101–113.
- Boss, P. (1999). *Ambiguous Loss: Learning to Live with Unresolved Grief*. USA: Harvard University Press.
- Boss, P. & Yeats, J. R. (2014). Ambiguous loss: A complicated type of grief when loved ones disappear. *Bereavement Care*, 33(2), 63-69.
- Bowlby, J. (1980). *Tavistock Institute of Human Relations. Loss: Sadness and Depression*. London: Penguin.
- Bowtell, E. C., Sawyer, S. M., Aroni, R. A., Green, J. B., & Duncan, R. E. (2013). "Should I Send a Condolence Card?" Promoting Emotional Safety in Qualitative Health Research Through Reflexivity and Ethical Mindfulness,' in *Qualitative Inquiry*, 19(9), 652–663.
- Boyer, P., & Liénard, P. (2006). 'Why ritualized behavior? Precaution Systems and action parsing in developmental, pathological, and cultural rituals,' in *Behavioral and Brain Sciences*, 29(6), 595–613.
- Braun, V., & Clarke, V. (2006). 'Using thematic analysis in psychology,' in *Qualitative Research in Psychology*, 3:2, 77–101.
- Brewster, K. (2013). "'Beyond classic symbolic interactionism: Towards an intersectional reading of George H. Mead's 'Mind, Self, and Society,'" in *American Sociological Association. Conference Papers: 1–20 – via SocINDEX with Full Text*.
- Breen, L. J., Greene, D., Rees, C. S., Black, A., & colleagues. (2023). A codesigned systematic review and meta-analysis of the efficacy of grief interventions for anxiety and depression in young people. *Journal of Affective Disorders*.  
<https://www.sciencedirect.com/science/article/pii/S0165032723006663>.

- Brocki, J.M., & Wearden, A.J. (2006). 'A Critical evaluation of the use of interpretative phenomenological analysis (IPA) in Health Psychology,' in *Psychology & Health*, 21 (1), 87–108.
- Brown, J., Ferguson, D., & Barber, S. (2022). Coronavirus: The lockdown laws. House of Commons Library. <https://commonslibrary.parliament.uk/research-briefings/cbp-8875/>.
- Bukman, M. J. (2017). The development of a new identity through the process of bereavement counselling: A qualitative study. CORE Repository. <https://core.ac.uk/download/pdf/83637608.pdf>.
- Burr, V. (2015). *Social Constructionism* (3<sup>rd</sup> ed.). Routledge/Taylor & Francis Group.
- Burr, V., & Dick, P. (2017). Social constructionism. In B. Gough (Ed.), *The Palgrave Handbook of Critical Social Psychology* (pp. 59–80). Palgrave Macmillan.
- Burrell, A., & Selman, L. E. (2020). How do funeral practices impact bereaved relatives' mental health, grief and bereavement? A mixed-methods review with implications for COVID-19. *OMEGA—Journal of Death and Dying*, 85(2), 345–363. <https://doi.org/10.1177/0030222820941296>.
- Cardoso, R. A. D. O., Silva, B. C. D. A. D., Santos, J. H. D., Lotério, L. D. S., Accoroni, A. G., & Santos, M. A. D. (2020). 'The effect of suppressing funeral rituals during the Covid-19 pandemic on bereaved families', in *Revista Latino-Americana de Enfermagem*, 28.
- Carper, B. (1978). Fundamental patterns of knowing in nursing. *ANS. Advances in nursing science*, 1(1), 13–23. <https://doi.org/10.1097/00012272197810000-00004>.
- Cassidy, J., Jones, J. D., & Shaver, P. (2013). Contributions of attachment theory and research: a framework for future research, translation, and policy. *Dev Psychopathol.* 1415-34. doi:10.1017/S0954579413000692.
- Chamberlain, K. (2015). Epistemology and qualitative research. In P. Rohleder, & A. C. Lyons (Eds.), *Qualitative research in clinical and health psychology* (pp. 9 – 28). Palgrave Macmillan.
- Chan, H. (2022). Death, Burials, and Funerals: Grieving in the Shadow of Covid-19. *Amicus Curiae*. 3. 251–277. 10.14296/ac.v3i2.5412.
- Chen, C. Y. C. (2022). 'Grieving During the Covid-19 Pandemic: In-Person and Virtual "Goodbye"', in *OMEGA-Journal of Death and Dying*, 40(6).
- Churn, A. (2007). *The End Is Just the Beginning: Lessons in Grieving for African Americans*. CA, USA: Harmony.

- Corr, C. A. (2021). Should We Incorporate the Work of Elisabeth Kübler-Ross in Our Current Teaching and Practice, and If So, How? *Omega* (Westport).
- Colonna, G. (2024). "That the therapist is experiencing unconditional positive regard toward the client": Counselling perpetrators of intimate partner violence. University of Malta.  
<https://www.um.edu.mt/library/oar/handle/123456789/129396>.
- Collett, T., Letherby, G., & Owusu-Kwarteng, L. (2025). Health and illness interactions: A qualitative approach to lived experiences in natural environments. *Frontiers in Sociology*.  
<https://www.frontiersin.org/journals/sociology/articles/10.3389/fsoc.2025.1561427/full>.
- Corcoran, C. M. (2021). The lived experience of workplace reciprocity of emergency nurses in the mid-Atlantic region of the U.S.: A descriptive phenomenological.
- Craig, P. A. (2022). Conceptual reviews in the life sciences: Clarifying, developing, and categorizing key concepts and their relationships. *CBE—Life Sciences Education*, 21(3), es5. <https://doi.org/10.1187/cbe.21-05-0134>.
- Creswell, J. W., & Clark, V. P. L. (2010). *Designing and Conducting Mixed Methods Research* (Second ed.). London, UK: SAGE Publications, Inc.
- Crotty, M. (1998). The foundations of social research: Meaning and perspective in the research process. London, UK: Sage. Study. *International Emergency Nursing*, 58, 101044.  
<https://doi.org/10.1016/j.ienj.2021.101044>.
- Cummings, E. (2020). Grief support systems have been wrecked by Covid19—the Verge.
- Curran, G. M. (2020). Implementation science made too simple: a teaching tool: implementation science communications, 1, 27.  
<https://doi.org/10.1186/s43058-020-00001-z>.
- Curran, L. (2025). Knowledge really is power: NLS legal research and impact evaluation report: Measuring the effectiveness and impact of NLS Legal in improving access to justice. Nottingham Trent University Research Archive.
- Currier, J. M., Holland, J. M., & Neimeyer, R. A. (2006). 'Sense-making, grief, and the experience of violent loss: Toward a mediational model,' in *Death Studies*, 30(5), 403-428.
- Dahlstrom, D. (2003). *Husserl's Logical Investigations*. New York, USA: Springer.

- Daiute, C., & Lightfoot, C. (2003). *Narrative Analysis: Studying the Development of Individuals in Society*.
- Dickson-Swift, V., James, E. L., Kippen, S., & Liamputtong, P. (2009). 'Researching sensitive topics: qualitative research as emotion work,' in *Qualitative Research*, 9(1), 61–79.
- Eatough, V., & Smith, J. A. (2017). *Interpretative Phenomenological Analysis*. In *The Sage Handbook of Qualitative Research in Psychology*. Sage Publications.
- Eatough, V., & Smith, J. (2006). 'I was like a wild wild person': Understanding feelings of anger using interpretative phenomenological analysis,' in *British Journal of Psychology* 97(4), 483–498.
- Eisma, M. C., Boelen, P. A., & Lenferink, L. I. (2020). 'Prolonged Grief Disorder following the Coronavirus (Covid-19) pandemic', in *Psychiatry Research*, 288.
- Elue, C. (2025). *Incorporating Grief Leadership for Collective Healing and Well-Being. Perspectives of Educational Developers of Color*. Retrieved from Google Books.
- Ender, K., Barlas, Z., Barlas, F., Wilson, A., & Dönmezler, S. (2022). Bereavement during lockdown: the potential impact of Covid-19 restrictions on grief and post-traumatic stress disorder in a Turkish Muslim population. *Mental Health Religion & Culture*. 10.1080/13674676.2023.2244905.
- Finlay, L. (2006). 'Rigour,' 'Ethical Integrity' or 'Artistry'? Reflexively Reviewing Criteria for Evaluating Qualitative Research,' in *British Journal of Occupational Therapy*, 69(7), 319–326.
- Fiore, J. (2021). A Systematic Review of the Dual Process Model of Coping With Bereavement (1999–2016). *OMEGA - Journal of Death and Dying*, 84(2), 414–458. <https://doi.org/10.1177/0030222819893139>.
- Fenn K, Byrne M. (2013). The key principles of cognitive behavioural therapy. *InnovAiT*;6(9):579-585. doi:10.1177/1755738012471029.
- Fletcher, K. (2021). '7 Elements of African American Mourning Practices & Burial Traditions'. *Talk Death*. <https://www.talkdeath.com/7elements-of-african-americanmourning-practices-burial-traditions/>.
- Foster, A. M. (2024). *Family Mourning after War and Disaster in Twentieth Century Britain*. Google Books. Retrieved from Google Books.
- Fujita, A., Ueki, S., Moriguchi, H., Hamada, Y., & Colleagues. (2025). A Systematic Review of Grief Experiences of Children Who Have Lost a Sibling. *Journal of Palliative Medicine*. Retrieved from

<https://www.liebertpub.com/doi/abs/10.1089/jpm.2024.0418>.

- Ghosh, B., & Athira, B. K. (2022). 'From Ritual Mourning to Solitary Grief: Reinterpretation of Hindu Death Rituals in India,' in OMEGA-Journal of Death and Dying, 0(0).
- Gorer, G. (1965). *Death, Grief and Mourning in Contemporary Britain*. London: Cresset Press.
- Glaser, B., & Strauss, A. (1967). *The Discovery of Grounded Theory: Strategies for Qualitative Research*. Mill Valley, CA: Sociology Press.
- Granek, L. (2015). The psychologization of grief and its depictions within mainstream North American media. *Death, dying, and bereavement: Contemporary perspectives, institutions, and practices*, 105–120. New York, USA: Springer Publishing Company.
- Gustavsson, A., Norton, N., Fast, T., Frölich, L., Georges, J., Holzapfel, D., Kirabali, T., Krolak-Salmon, P., Rossini, P. M., Ferretti, M. T., Lanman, L., Chadha, A. S., & van der Flier, W. M. (2023). Global estimates on the number of persons across the Alzheimer's disease continuum. *Alzheimer's & dementia: The Journal of the Alzheimer's Association*, 19(2), 658–670.
- Harrop, D. (2024). *Bereavement and Learning Disabilities*. OSF Preprints <https://osf.io/ed3bp/metadata/osf>.
- Hamilton, I. J. (2016). Understanding grief and bereavement. *British Journal of General Practice*, 66(651), 523–523.
- Hammersley, M., & Atkinson, P. (2019). *Ethnography: Principles in Practice*. (4<sup>th</sup> Ed) New York: Routledge.
- Hanna, J. R., Rapa, E., Dalton, L. J., Hughes, R., McGlinchey, T., Bennett, K. M., Donnellan, W. J., & Selman, L. E. (2021). A qualitative study of bereaved relatives' end of life experiences during the COVID-19 pandemic. *Palliative Medicine*, 35(5), 843–851. <https://doi.org/10.1177/02692163211004210>.
- Heidegger, M. (1962). *Being and Time*. (2<sup>nd</sup> Ed) Malden: Blackwell Publishing Ltd.
- Heppner, P. P., Heppner, M. J., Lee, D.-g., Wang, Y.-W., Park, H.-j., & Wang, L.-f. (2006). Development and validation of a collectivist coping styles inventory. *Journal of Counseling Psychology*, 53(1), 107–125. <https://doi.org/10.1037/0022-0167.53.1.107>.
- Holland, J. M., Currier, J. M., & Neimeyer, R. A. (2006). Meaning Reconstruction in the First Two Years of Bereavement: The Role of Sense-Making and Benefit-Finding. *OMEGA - Journal of Death and Dying*, 53(3), 175-1.

<https://doi.org/10.2190/FKM2-YJTY-F9VV-9XWY>.

Holmes, E. A., O'Connor, R. C., Perry, V. H., Tracey, I., Wessely, S., Arseneault, L., & Bullmore, E. (2020). Multidisciplinary research priorities for the Covid-19 pandemic: a call for action for mental health science. *The Lancet Psychiatry*, 7(6), 547–560.

Hoy, W. G. (2021). *Do funerals matter?: The purposes and practices of deathrituals in global perspective*. Taylor & Francis.

Husserl, E. (2014). *Ideas for a Pure Phenomenology and Phenomenological Philosophy: First Book: General Introduction to Pure Phenomenology*. Hackett Publishing.

Ishikawa, R. Z. (2020). I may never see the ocean again: Loss and grief among older adults during the Covid-19 pandemic. *Psychological Trauma: Theory, Research, Practice, and Policy*, 12(S1), S85–S86.  
<https://doi.org/10.1037/tra0000695>.

Jackson, C., Vaughan, D., & Brown, L. (2018). Discovering lived experiences through descriptive phenomenology. *International Journal of Contemporary Hospitality Management*. 30(11), 3309–3325.

Jayasinghe, A. (2016). *The experience of living with traumatic bereavement: An Interpretative Phenomenological Analysis*. Middlesex University Research Repository.  
<https://repository.mdx.ac.uk/download/14037f7fe19247bef4d5fc71eae29b0dac8343d9c094745f550ec3ef411763e4/4331460/SAJHarris%20thesis.pdf>

Johnson, R. B., & Christensen, L. B. (2019). *Educational Research: Quantitative, Qualitative, and Mixed Approaches* (7th ed.). Sage publications.

Johns, C. (1995). Framing Learning through Reflection within Carper's Fundamental Ways of Knowing in Nursing. *Journal of Advanced Nursing*, 22, 226–234.

Kapoor, V., Belk, R., & Goulding, C. (2022). Ritual Revision During a Crisis: The Case of Indian Religious Rituals During the Covid-19 Pandemic. *Journal of Public Policy & Marketing*, 41(3), 277–297.  
<https://doi.org/10.1177/07439156221081485>.

Kasket, E. (2012). The counselling psychologist researcher. *Counselling Psychology Review*, 27(2), 64–73.

Kaur-Aujla, H., Lillie, K., & Wagstaff, C. (2022). Prognosticating Covid Therapeutic Responses: Ambiguous Loss and Disenfranchised Grief.

- Kessler, D. (2019). Finding meaning: The sixth stage of grief. Simon and Schuster.
- Khosravi, M. (2021). Worden's task-based approach for supporting people bereaved by Covid-19. *Current Psychology*, 40(11), 5735–5736. doi: 1.0.1007/s12144-020-01292-0.
- Klass, D. (1988). John Bowlby's Model of Grief and the Problem of Identification. *OMEGA - Journal of Death and Dying*, 18(1), 13-32 <https://doi.org/10.2190/63PM-GEF7-3P13-473D>.
- Klass, D., Silverman, P. R., & Nickman, S. (2014). *Continuing Bonds: New Understandings of Grief*. Taylor & Francis.
- Kübler-Ross, E., & Kessler, D. (2014). *Finding the Meaning of Grief through the Five Stages of Loss. On Grief and Grieving*. London: Simon & Schuster.
- Kübler-Ross, E. (2022). *On Death And Dying - What The Dying Have To Teach Doctors, Nurses, Clergy And Their Own Families (Later prt. ed.)*. Macmillan.
- Langdridge, D. (2007). *Phenomenological Psychology: Theory, Research and Method*. Harlow, UK: Pearson Education.
- Lebni, Y. J., Irandoost, S. F., Safari, H., Xosravi, T., Ahmadi, S., Soofizad, G., & Mehedi, N. (2022). Lived experiences and challenges of the families of Covid-19 victims: a qualitative phenomenological study in Tehran, Iran. *INQUIRY: The Journal of Health Care Organization, Provision, and Financing*, 59, 00469580221081405.
- Lien, R. Y., Kao, S., Liu, H. C., Liu, L. M., Huang, H. J., & Sheng, C. C. (2024). Bereaved spiritual transformation: Reconstruction and growth. *VGH Nursing*, 41(2), 161–167. [https://doi.org/10.6142/VGHN.202406\\_41\(2\).0007](https://doi.org/10.6142/VGHN.202406_41(2).0007).
- Lee, S. A., & Neimeyer, R. A. (2020). Pandemic grief scale: A screening tool for dysfunctional grief due to a COVID-19 loss. *Death Studies*, 46(1), 14–24. <https://doi.org/10.1080/07481187.2020.1853885>.
- Legare, C. H., & Nielsen, M. (2020). Ritual explained: Interdisciplinary answers to Tinbergen's four questions. *Philosophical Transactions of the Royal Society B*, 375(1805), 20190419.

- Lichtenthal, W.G., Cruess, D.G., & Prigerson, H.G. (2004). A case for establishing complicated grief as a distinct mental disorder in DSM-V. *Clinical Psychology Review*. 24(6), 637-662. <https://doi.org/10.1016/j.cpr.2004.07.002>.
- Lindemann, E. (1944). Symptomatology and Management of Acute Grief. *American Journal of Psychiatry*, 101(2), 141–148. DOI: 10.1176/ajp.101.2.141.
- Long, N., Tunufa'i, L., Pounamu, J., Nayantara, A., Appleton, S., Davies, S., Deckert, A., Fehoko, E., Holroyd, E., Jivraj, N., Laws, M., Martin-Anatias, N., Pukepuke, R., Roguski, M., Simpson, N., & Sterling, R. (2022). 'The most difficult time of my life' or 'Covid's gift to me'? Differential experiences of Covid-19 funerary restrictions in Aotearoa, New Zealand. DOI: 101080/13576275.2022.2049527.
- Lowe, J., Rumbold, B., & Aoun, S. M. (2020). Memorialisation during Covid-19: implications for the bereaved, service providers and policy makers. *Palliative Care and Social Practice*, 14, 263235242098045.
- Lyons, E. Coyle, A. (2007). *Analysing qualitative data in psychology*. London, UK: Sage.
- Maciejewski, P. K., Zhang, B., Block, S.D., & Prigerson, H.G. (2007). An Empirical Examination of the Stage Theory of Grief. *Jama*. 297(7), 716– 723. doi:10.1001/jama.297.7.716.
- McNamara, K. E., & Westoby, R. (2022). Emotions of the Anthropocene across Oceania. *International Journal of Environmental Research and Public Health*.
- Magesh, S., John, D., Li, W.T., Li, Y., Mattingly-App, A., Jain, S., Chang, E.Y., & Ongkeko (2021). Disparities in Covid-19 Outcomes by Race, Ethnicity, and Socioeconomic Status: A Systematic-Review and Meta-analysis. *JAMA Open*. (11): e2134147.
- Malpas, J., & Hans-Helmuth, G. (eds.), (2014). *The Routledge Companion to Hermeneutics*, Routledge.
- Mas'amah, A. A., A., Bunga, B., N, Liem, A, Kiling, I.Y. (2023). Death, Funeral Rituals, and Stigma: Perspectives from Mortuary Workers and Bereaved Families. *Pastoral Psychol*. 2023;72(2):305-316. doi: 10.1007/s11089-022-01053-9. Epub 2023 Jan 19. PMID: 36691468; PMCID: PMC9850318.
- Matias, T., & Dominski, F. H. (2020). The only resource is people themselves using self-help, self-medication, and self-care—*Journal of Health Psychology*, 25(7).

- Mayhew, B. (2006). "Between love and aggression: The politics of John Bowlby." *History of the Human Sciences*, 19 (4): 19–  
doi:10.1177/0952695106069666. S2CID 145458292.
- McLeod, J. (2015). Reading qualitative research. *European Journal of Psychotherapy & Counselling*, 17(2), 194–205.  
<https://doi.org/10.1080/13642537.2015.1038729>.
- Moerer-Urdahl, T., & Creswell, J. W. (2004). Using transcendental phenomenology to explore the “ripple effect” in a leadership mentoring program. *International journal of qualitative methods*, 3(2), 19–35.  
doi.org/10.1177/160940690400300202.
- Mortazavi, S. S., Shahbazi, N., Taban, M., Alimohammadi, A., & Shati, M. (2021). Mourning During Corona: A Phenomenological Study of Grief Experience Among Close Relatives During Covid-19 Pandemics. *OMEGA - Journal of Death and Dying*, 003022282110327.  
<https://doi.org/10.1177/00302228211032736>.
- Mwita, K. (2022). Strengths and weaknesses of qualitative research in social science studies. *International Journal of Research in Business and Social Science* (2147- 4478). 11. 10.20525/ijrbs.v11i6.1920.
- Nagraj, S., & Barclay, S. (2011). Bereavement care in primary care: a systematic literature review and narrative synthesis. *Br J Gen Pract.* (582): e42-8. Doi: 10.3399/bjgp11X549009. PMID: 21401990; PMCID: PMC3020071.
- Najafi, K., Shirinabadi Farahani, A., Rassouli, M., Alavi Majd, H., & Karami, M. (2022). Emotional upheaval, the essence of anticipatory grief in mothers of children with life-threatening illnesses: a qualitative study. *BMC Psychology*.10(1), 196. doi: 10.1186/s40359-022-00904-7.
- Nakajima, S. (2018). Complicated grief: recent developments in diagnostic criteria and treatment. *Philosophical Transactions of the Royal Society B: Biological Science*. 5;373(1754):20170273. doi: 10.1098/rstb.2017.0273.
- Neimeyer, R. A. (2001). Reauthoring life narratives: Grief therapy as meaning reconstruction. *The Israel journal of psychiatry and related sciences*. 38. 171-83.
- Neimeyer, R. A., Klass, D., & Dennis, M. R. (2014). A Social Constructionist Account of Grief: Loss and the Narration of Meaning. *Death Studies*, 38(8), 485-498.
- Neimeyer, R. A., & Sands, D. C. (2011). Meaning reconstruction in bereavement: From principles to practice. In R. A. Neimeyer, D. L.

- Nielsen, M. K., Carlsen, A. H., Neergaard, M. A., et al. (2019). Looking beyond the mean in grief trajectories: A prospective, population-based cohort study. *Social Science & Medicine*.  
<https://www.sciencedirect.com/science/article/pii/S0277953618305732>
- Nizza, I. E., Farr, J., & Smith, J. A. (2021). Achieving excellence in interpretative phenomenological analysis (IPA): Four markers of high quality. *Qualitative Research in Psychology*, 18(3), 369–386.  
<https://doi.org/10.1080/14780887.2020.1854404>.
- Neimeyer, R. A., Prigerson, H. G., and Davies, B. (2002). Mourning and Meaning. *American Behavioral Scientist*, 46(2), 235–251.  
<https://doi.org/10.1177/000276402236676>.
- Noble, H., & Mitchell, G. (2016). What is ground theory? *Evidence-Base Nursing*, 19(2), 34–35. <http://dx.doi.org/10.1136/eb-2016-102306>.
- O'Connor, M.F. (2019). Grief: A Brief History of Research on How Body, Mind, and Brain Adapt. *Psychosomatic medicine*, 81(8), 731. doi: 10.1097/PSY.0000000000000717.
- O'Mullan, C., Doherty, M., & Coates, R. (2019). Using Interpretative Phenomenological Analysis (IPA) to provide insight into female sexual difficulties. *Sexual and Relationship Therapy*, Taylor & Francis.
- Ogden, T. (2005). *This Art of Psychoanalysis: Dreaming undreamt dreams and interrupted cries*. NY: Routledge. (p. 27).
- Okello, J. S., Ginindza, T., & Nyerere, J. (2025). Protocol: A systematic review of multi-sectoral coordination during the Covid-19 pandemic—Practices, challenges, and recommendations for future preparedness. medRxiv.  
<https://doi.org/10.1101/2025.01.08.25320177>.
- Özel, Y., & Özkan, B. (2020). Psychosocial approach to loss and mourning. *Psikiyatride Guncel Yaklasimler - Current Approaches in Psychiatry*, 12(3), 352–367. <https://doi.org/10.18863/pgy.652126>.
- Padgett, D. K. (2008). *Qualitative Methods in Social Work Research* (2nd ed.). Thousand Oaks, CA: Sage.
- Paidoussis, M., Price, S., & de Langre, E. (2010). Fluid-Structure Interactions: Cross-Flow-Induced Instabilities. *Fluid-Structure Interactions: CrossFlow-Induced Instabilities*. 1-402. 10.1017/CBO9780511760792.
- Parcell, E., & Baker, B. (Eds.) (2017). (Vols. 1–4). SAGE Publications, Inc,  
<https://doi.org/10.4135/9781483381411>.

- Patton, M. (2001). Thousand Oaks, CA: Sage, 688 pages. *Organizational Research Methods*, 5(3), 299–301.  
<https://doi.org/10.1177/10928102005003006>.
- Pearce, C., & Komaromy, C. (2022). Recovering the body in grief: Physical absence and embodied presence. *Health*. 2022;26(4):393-410.  
 doi:10.1177/1363459320931914
- Pearlman, L. A., Wortman, C. B., Feuer, C. A., Farber, C. H., & Rando, T. A. (2014). *Treating Traumatic Bereavement: A Practitioner's Guide* (LayFlat Paperback ed.). The Guilford Press.
- Prigerson, H.G., VanderWerker, L.C., & Maciejewski, P.K. (2008). A Case for Inclusion of Prolonged Grief Disorder in DSM-V. In M.S. Stroebe, R.O. Hansson, H. Schut & W. Stroebe, Eds. *Handbook of Bereavement Research and Practice: Advances in Theory and Intervention*. (pp.165-186). Washington: American Psychological Association.
- Pingle, J., Drummond, J., McLafferty, E., Hendry, C. (2011). Interpretative phenomenological analysis: a discussion and critique. *Nurse Res*. 2011;18(3):20–4. doi: 10.7748/nr2011.04.18.3.20.c8459. PMID: 21560922.
- Quadros, H., & Sibal, V. (2022). *The Last Memory - An Incomplete Journey*. Culture 2(2).
- Rabbidge, M. (2017). Embracing reflexivity: The importance of not hiding the mess. *TESOL Quarterly*, 51(4), 961–971.
- Rando, T. A. (1985). Creating therapeutic rituals in the psychotherapy of the bereaved. *Psychotherapy: Theory, Research, Practice, Training*, 22(2), 236–240. <https://doi.org/10.1037/h0085500>.
- Rappaport, R. A. (1999). *Ritual and religion in the making of humanity*. Cambridge Studies in Social and Cultural Anthropology.  
<https://doi.org/10.1017/CBO9780511814686>.
- Rawlings, D., Miller-Lewis, L., & Tieman, J. (2022). Impact of the Covid-19 Pandemic on Funerals: Experiences of Participants in the 2020 Dying2Learn Massive Open Online Course. *OMEGA-Journal of Death and Dying*, 003022282210752. <https://doi.org/10.1177/00302228221075283>.
- Rocco, T. S. (2003). Shaping the future: Writing up the method on qualitative studies. *Human Resource Development Quarterly*, 14(3), 343–349.  
<https://doi.org/10.1002/hrdq.1070>.
- Rorty, R. (1989). *Contingency, irony, and solidarity*. Cambridge University Press.

- Sargeant, J. (2012). Qualitative research part II: Participants, analysis, and quality assurance. *Journal of graduate medical education*, 4(1), 1–3.  
<https://doi.org/10.4300/JGME-D-11-00307.1>.
- Sands, D. C. C. (2008). *A Study of Suicide Grief: Meaning-Making and the Griever's Relational World*. ProQuest Dissertations.  
<https://opus.lib.uts.edu.au/bitstream/10453/20269/2/02whole.pdf>.
- Sanfey, J. (2023). Simultaneity of consciousness with physical reality: the key that unlocks the mind-matter problem. *Front Psychol*. 2023 Sep 28; 14:1173653. Doi: 10.3389/fpsyg.2023.1173653. PMID: 37842692; PMCID: PMC10568466.
- Schwartz, A. (2024). Questioning the Great Narratives of War and Masculinity: The Routes and Roots of Violence in Melinda Nadj Abonji's Novel "Tortoise Soldier". *Hungarian Studies Review*.  
<https://scholarlypublishingcollective.org/psup/hungarianstudies/article-abstract/51/2/119/392410/Questioning-the-GreatNarratives-of-War-and?redirectedFrom=fulltext>.
- Schultz, D. P. (1990). *Intimate friends, dangerous rivals: The turbulent relationship between Freud and Jung*. J.P. Tarcher.
- Selman, L. E., Farnell, D. J. J., Longo, M., Goss, S., Seddon, K., Torrens-Burton, A., & Byrne, A. (2020). Sadness, despair and anger when a patient dies alone from COVID-19: A thematic content analysis of Twitter data from bereaved family members and friends. *Palliative Medicine*, 34(9), 1249–1257. <https://doi.org/10.1177/0269216320945565>.
- Shanthi, A., Lee, K., & Lajium, D. (2015). Discourse Analysis as a Qualitative Approach to Study Information Sharing Practice in Malaysian Board Forums. *International Journal on E-learning practices*. 2.
- Sharma, N.P., & Spiro, P.M. (2023). *Psychoanalytic Therapy*. In: StatPearls. Treasure Island (FL): StatPearls Publishing.
- Shaver, P. R., & Fraley, R. C. (2008). Attachment, loss, and grief: Bowlby's views and current controversies. (Eds.), *Handbook of attachment: Theory, research, and clinical applications* (pp. 48–77). The Guilford Press.
- Shear, M.K. (2012). Grief and mourning gone awry: pathway and course of complicated grief. *Dialogues in Clinical Neuroscience*, 14, 119–128.  
<https://doi.org/10.31887/DCNS.2012.14.2/m shear>.
- Simon, N.M., Shear, M.K., Reynolds, C.F., Cozza, S.J., Mauro, C., Zisook, S., Skritskaya, N., Robinaugh, D.J., Malgaroli, M., Spandorfer, J., Lebowitz, B. (2020). Commentary on evidence in support of a grief-related condition

as a DSM diagnosis. *Depress Anxiety*. 2020 Jan;37(1):9-16.  
doi: 10.1002/da.22985.

Şimşek, B., & Buldukoglu, K. (2021). Grief Rituals and Grief Reactions of Bereaved Individuals During the Covid-19 Pandemic. *Omega*. 87. 302228211037591. 10.1177/00302228211037591. K. (2021). Grief Rituals and Grief Reactions of Bereaved Individuals During the Covid-19 Pandemic. *Omega*. 87. 302228211037591. 10.1177/00302228211037591.

Shorey, S., & Ng, E. D. (2022). Examining characteristics of descriptive phenomenological nursing studies: A scoping review. *Journal of Advanced Nursing*, 78(7), 1968–1979. <https://doi.org/10.1111/jan.15244>.

Silverman & Klass (1996). *Continuing bonds. New Understandings of Grief*. Phil.PA, USA: Taylor and Francis.

Singh, H., Tang, T., Thombs, R., Armas, A., Nie, J. X., Nelson, M. L. A., & Gray, C. S. (2022). Methodological Insights From a Virtual, Team-Based Rapid Qualitative Method Applied to a Study of Providers' Perspectives of the Covid-19 Pandemic Impact on Hospital-To-Home Transitions. *International Journal of Qualitative Methods*, 21, 16094069221107144. DOI: 10.1177/16094069221107144.

Smith, J. A., Flowers, P., & Larkin, M. (2022). *Interpretative Phenomenological Analysis: Theory, Method, and Research (Second ed.)*. SAGE Publications Ltd.

Smith, J. A., & Nizza, I. E. (2021). *Essentials of Interpretative Phenomenological Analysis (Essentials of Qualitative Methods)*. American Psychological Association. Smith, J., A., Flowers, P., & Larkin, M. (2009). *Interpretative phenomenological analysis: Theory, method, and research*. Thousand Oaks, CA: Sage.

Smith, J., A. (2018). "Yes It Is Phenomenological": A Reply to Max Van Manen's Critique of Interpretative Phenomenological Analysis. *Qualitative health research*, 28(12), 1955–1958. <https://doi.org/10.1177/1049732318799577>.

Spiers, J. Morse, J. M., Barrett, M., Mayan, M., & Olson, K. (2002). Verification Strategies for Establishing Reliability and Validity in Qualitative Research. *International Journal of Qualitative Methods*, 1(2), 13–22. <https://doi.org/10.1177/160940690200100202>.

Spinelli, E. (1994). *Demystifying Therapy*. Ross-on-Wye: PCCS Books.

Sque, M., Walker, W., & Long-Sutehall, T. (2014). Research with bereaved families: a framework for ethical decision-making. *Nursing ethics*, 21(8), 946–955.

<https://doi.org/10.1177/0969733014521097>.

Steffen, E., & Coyle, A. (2017). I thought they should know... that Daddy is not completely gone. *Omega: Journal of Death and Dying*, 74(4), 363- 385. <https://doi.org/10.1177/0030222816686609>.

Steffen, E., & Coyle, A. (2010). Can “sense of presence” experiences in bereavement be conceptualised as spiritual phenomena? *Mental Health, Religion & Culture*, 13(3), 273–291. <https://doi.org/10.1080/13674670903357844>.

Stelzer, E. M., Zhou, N., Maercker, A., O’Connor, M. F., & Killikelly, C. (2020). Prolonged Grief Disorder and the Cultural Crisis. *Frontiers in Psychology*, 10, 2982. <https://doi.org/10.3389/fpsyg.2019.02982>.

Stets, J. E., & Carter, M. J. (2011). The Moral Self: Applying Identity Theory. *Social Psychology Quarterly*, 74(2), 192-215. <https://doi.org/10.1177/0190272511407621>.

Stroebe, M., Schut, H., & Boerner, K. (2017). Cautioning health-care professionals: Bereaved persons are misguided through the stages of grief. *OMEGA-Journal of death and dying*, 74(4), 455-473. DOI: 10.1177/0030222817691870.

Stroebe, M., Schut, H., & Boerner, K. (2017). Coping with bereavement: A review and theoretical integration. *Clinical Psychology Review*, 57, 14-34. <https://doi.org/10.1016/j.cpr.2017.06.008>.

Stroebe, M., & Schut, H. (1999). The dual process model of coping with bereavement: Rationale and description. *Death Studies*, 23(3), 197– 224. <https://doi.org/10.1080/074811899201046>.

Stroebe, M.S., Hansson, R.O., Schut, H., & Stroebe, W. (2008). Bereavement Research: Contemporary Perspectives. In *Handbook of Bereavement Research and Practice: Advances in Theory and Intervention*. (pp. 3-25) Washington: American Psychological Association.

Snyder, H. (2019). Literature review as a research methodology: An overview and guidelines. *Journal of Business Research*, 104, 333–339. <https://doi.org/10.1016/j.jbusres.2019.07.039>.

Szuhany, L., Malgaroli, M., Miron, C., & Simon, N. (2021). Prolonged Grief Disorder: Course, Diagnosis, Assessment, and Treatment. *Focus (Am Psychiatr Publ)*. 2021 Jun;19(2):161-172. doi: 176/app.focus.20200052. Epub.PMID: 34690579; PMCID: PMC8475918.

Tan, J., & Andriessen, K. (2021). The Experiences of Grief and Personal Growth in University Students: A Qualitative Study. *International journal of environmental research and public health*, 18(4), 1899.

<https://doi.org/10.3390/ijerph18041899>.

- Tedeschi, R. G., & Calhoun, L. G. (2006). Time of Change? The Spiritual Challenges of Bereavement and Loss. *Omega: Journal of Death and Dying*, 53(1), 105-116.
- Tuffour, I. (2017). A Critical Overview of Interpretative Phenomenological Analysis: A Contemporary Qualitative Research Approach. *Journal of Healthcare Communications*, 2(4). P. 52.
- Tyrrell, P., Harberger, S., Schoo, C., & Siddiqui, W. (2023). Kübler-Ross Stages of Dying and Subsequent Models of Grief. In *StatPearls*. StatPearls Publishing.
- Yardley, (2008). Demonstrating validity in qualitative psychology. *Qualitative Psychology: A Practical Guide to Research Methods*. Vol. 2. 235–251.
- UK Government. (2020). *Staying at home and away from others (social distancing)*. Retrieved from <https://www.gov.uk/coronavirus>.
- Valck, K., Rosario, A. B., & Ciampa, I (2021). "Transforming Rituals and Rites of Passage During the Covid-19 Pandemic". *ACR North American Advances*.<https://www.acrwebsite.org/volumes/3000169/volumes/v49/NA-49>.
- van Manen, M. (2017). But Is It Phenomenology? *Qualitative Health Research*. 2017;27(6):775-779. doi:10.1177/1049732317699570.
- Wagstaff, C., Jeong, H., Nolan, M., Wilson, T., Tweedlie, J., Phillips, E., Senu, H. & Holland, F. (2014). 'The Accordion and the Deep Bowl of Spaghetti: Eight Researchers' Experiences of Using IPA as a Methodology,' *The Qualitative Report*, vol. 19 (24), pp. 1–15.
- Wagoner, B., & de Luna, I. B. (2021). Collective grief: Mourning rituals, politics and memorial sites. In *Phenomenological Dimensions of Grief* (Taylor & Francis).
- Wallace, C. L., Wladkowski, S. P., Gibson, A., & White, P. (2020). Grief during the Covid-19 pandemic: Considerations for palliative care providers. *Journal of Pain and Symptom Management*, 60(1), 70–76. <https://doi.org/10.1016/j.jpainsymman.2020.04.012>.
- Walter, T. (2006). What is complicated grief? A social constructionist perspective. *Omega: Journal of Death and Dying*, 52(1), 71–79. <https://doi.org/10.2190/3LX7-C0CL-MNWR-JKKQ>.
- Willig, C. (2019). Ontological and epistemological reflexivity: A core skill for

- therapists. *Counselling and Psychotherapy Research*, 19(3), 186–194.
- Worden, J. W. (2009). *Grief Counselling and Grief Therapy: A Handbook for the Mental Health Practitioner*. New York: Springer Publishing Company.
- Worden, J. W. (2018). *Grief Counseling and Grief Therapy: A Handbook for the Mental Health Practitioner*. New York: Springer.
- Wojtkowiak, J., Lind, J., & Smid, G. E. (2021). Ritual in therapy for prolonged grief: A scoping review of ritual elements in evidence-informed grief interventions. *Frontiers in Psychiatry*.11. 10.3389/fpsyt.2020.623835.
- World Health Organization, (2022). WHO Coronavirus (Covid-19) Dashboard | WHO Coronavirus (Covid-19) Dashboard with Vaccination Data.
- Van Deurzen, E. (2012). *Existential Counselling & Psychotherapy in Practice* (3<sup>rd</sup> ed.). Sage Publications.
- Van Schaik, T., Brouwer, M.A., Knibbe, N.E., Knibbe, H.J.J., & Teunissen, S.C.C.M. (2022). The Effect of the Covid-19 Pandemic on Grief Experiences of Bereaved Relatives: An Overview Review. *Omega (Westport)*.1:302228221143861. Doi: 10.1177/00302228221143861. Epub ahead of print. PMID: 36453639; PMCID: PMC9720061.
- Zimmermann, J. (2015). *Hermeneutics: A Very Short Introduction (Very Short Introductions)* (Illustrated ed.). Oxford University Press.
- Zisook, S., & Shear, K. (2009). Grief and bereavement: what psychiatrists need to know. *World Psychiatry*. 8(2):67–74. doi: 10.1002/j.2051-5545.2009.tb00217.x.

# APPENDICES

## APPENDIX A

### *Example Interview Transcript 'Jo'*

Hello, good morning

Thank you so much for taking part in my research, I really appreciate it.

You're welcome. I really don't mind because I think it will help me.

Before we start, can I just check that you are happy to do this interview? Can I check you've read all the information, and you know what it is about.

Yeah, all the info was very clear and made sense. Thank you.

So, you are happy to proceed?

Yeah, I'm happy.

OK, great, we have got up to an hour today, but it could be shorter or a little longer.

Yeah.

And if any point you need to stop, please just let me know.

Ok, thank you, Zoe.

Right so as you know, my research is around the impact of not able to have the usual rituals following a death. I'm focusing on deaths that occurred in during the Covid-19 pandemic because there was a lack of rituals during that time.

Please can you tell me who it was that that died?

Yeah it was my sister who died. And she was only 40 so it was really sad.

Sorry.

It's ok, take your time.

It's been very difficult for us all because she has two children, and it was really quick. It was sudden and unbelievable with no time to say goodbye. She had to go into hospital for treatment, and she had to go on her own. She couldn't take family with her to support her. And my mum found that really upsetting. It was heart-breaking. We weren't even allowed to all sit together and watch the live video. We had to sit alone in our own homes and that was so awful I can't tell you how awful that was. We were a big family. Well, we are a big family. She was the second youngest of six. And we all have two children each plus our Mum so a lot of us. And she was the first one of us to die.

That sounds hard.

She had a funeral, but we were only allowed 6 people. That was bloody awful because not all her brothers and sisters were allowed to go or all her friends. She had her husband, two children, and our Mum there. That's it. We decided that if we all couldn't go then none of us would, but it was heart-breaking. We weren't even allowed to all sit together and watch the live video. We had to sit alone in our own homes and that was so awful I can't tell you how awful that was.

Take your time.

And, because of the stupid rules my mum had to sit on her own and her husband and children sat together on the other side of the room. That was awful to watch my mum crying on her own. And looking back maybe one of us should have gone but then we wouldn't have been allowed to sit with her anyway. Mum said the queen sat by herself so I can. She was being brave, but I know it killed her to bury her daughter and not have anyone there to comfort her. Mum's never been the same since she died.

Hhhmmm.

It feels like we've had no closure and its hard sometimes to actually believe that she's gone because we didn't do anything normal. This was someone I had known my whole life. I'm the youngest. And now she's gone, and I can't believe it. It does feel like it was a dream because we were in lockdown too so that all felt a little surreal.

HHmm. OK. Can you say more about watching her funeral.

It was so so awful. I have two children who wanted to watch but it was their first funeral, so it was weird to try and explain that it is not normally like this. We were all sat on the settee crying our eyes out. Like watching a horrible sad movie but it's your sister.

Ummmm. Right.

And they were seeing their cousins at their mum's funeral crying, and they couldn't be there with them. It was hard for them to accept why they couldn't be there. They kept saying look at poor grandma all by herself. My son was actually quite angry.

Umm.

And of course it was very sad for me, and I felt all sorts of things. It wasn't fair for her to be gone the way she did then have this shit funeral.

Are you able to tell me a little bit around the circumstances of her death? Yeah, she had asthma, but it wasn't like really bad. She caught Covid quite early on so in like the March right before we went into lockdown. She was really poorly, and her husband called for an ambulance. They took her in, and she never came out again. I'm sorry.

Its ok. Take your time.

I sometimes wonder if she wouldn't have died if she didn't go into hospital, but I guess that doesn't help. It's just so horrible because no one got to say goodbye, and she died all by herself. I can't think about that because it hurts too much.

Ummmm.

Right. That sounds extremely upsetting.

It really was. We all knew from the news that people were going into hospital and then not coming home again. But I didn't want to believe it would happen to her.

Ummmm.

She died four days later.

Umm.

She died without seeing anyone again. Her husband or children couldn't sit with her. They weren't allowed to visit. I mean, how can that be, ok? How can that have been allowed. I get there was Covid but come on.

Yes, quite. Can I ask then how did you find out that she had died?

I got a phone call from my other sister to tell me. I dropped the phone I was crying so much. My husband had to pick it up and listen to what she was saying. I called my mum right away and she was in bits. I actually went to my mums even though we weren't allowed to because I couldn't bear to think of her on her own. My brother was there too, and we all just cried and couldn't believe she had died.

Feels so unreal. Like something off the telly.

Ummmm.

We found out a few days after about the restricted numbers at the funeral. That was such a difficult thing to hear. My poor brother-in-law rang my eldest brother to tell him and to ask him what he should do. Even though we all wanted to go we all told him that him and the children so go. And my Mum. She had to be there. We

didn't want to add to his stress by kicking off. It wasn't his fault, and we didn't want to be like pick me pick me.

So just 4 people sat there at a funeral for a woman who had loads of friends and family. The room would've been packed out. Standing room only. She was so loved by so many people.

Hmmm. Yes. That sounds like it was very difficult to accept.

Oh, it was. It still makes me really angry.

But. We didn't even get to see her in the Chapel of rest. That's hard too. I mean I might not have wanted to see her, but the option wasn't even there. Not even her own children got to see her and say goodbye.

Ohh, gosh.

Yeah. Its just all so shit. Right.

Yeah, yeah, yeah, yeah.

Right, it's just so very difficult to believe that she's not here. I miss her so much. I know lots of people died of Covid, but she was my siter. I'm sad about other people of course I am but this was my sister. And don't get me started on bloody Boris and him and his cronies ignoring the rules that they set to have a fucking party. Whilst we are having the worst grief ever.

Yes. You sound angry about that.

I'm furious. So disrespectful.

Yes. I can see that. Can you tell me what happened after her funeral.

What do you mean?

Sorry, I mean what did the family do afterwards. I assume that there wasn't a wake or get together.

No. There was absolutely nothing. My brother-in-law and my mum just had to go home. On their own. I mean he had his kids but still just back home again.

How shit is that.

How does that feel that you weren't allowed to do that either? That there was not option to get together and comfort each other.

It was very very sad. Hundreds of people would have been there.

We would have put up photos and talked about her. She was robbed of her life and robbed of a proper send off.

Hmmm. Yes.

I just don't know how you get over that. It's hard enough that she died but to not say goodbye.

Yes.

And that didn't happen.

And it's awful.

Such a bloody shame. It's like it didn't even happen. Like she's just been erased from our lives. I forget sometimes you know. And then I feel awful. I mean how can I forget my own sister has died. But we didn't get to see any of it. It was during lockdown, and we couldn't see each other anyway so it kind of feels like that. I wish I could have seen her with my own eyes. Even if it was in the hospital. Actually, even if I could have seen or touched her coffin. I only saw it on the telly. Im sorry. I'm sorry.

Its ok. Really its ok. Let it out.

I am absolutely devastated. We didn't get a proper goodbye And I know it wasn't a normal situation for lots of people.

Hmmmm.

Yeah. Yes.

Right.

Yeah. Imagine getting link for your own sister's funeral. I mean I didn't even know what to wear. Do I wear black. Do I stay in my pyjamas. That didn't seem right. I just had jeans on. Clicking on a link to this live stream. Of my sister's funeral. I'm sorry.

Yeah.

Yeah, yeah. It's ok.

I mean I didn't even know you could do that for a funeral so I guess I should be grateful that there was that option. I mean maybe it would have been a little bit better if we could've all sat together. But we had to be on our own in our own houses.

Yeah, yeah.

I'm sorry I didn't realise I would be this upset. Is there anything else you need to ask me?

Honestly, it's really ok. It's ok to be sad. I really appreciate you talking to me about this. I can see how upsetting it has been for you. Do you feel like you would like to wrap it up?

Umm. Yes, I think so if that's ok.

Yeah. Yes of course it is.

Thanks. So yeah. Her passing has been so awful and made worse I think because we couldn't say goodbye. It's the the whole funeral, the no wake. The nothing. All the circumstances around it.

Yeah.

Hmmmm. yeah, yes. It's never a nice experience when someone we loves died but this added a different level of pain from the sounds of it.

Yeah.

And I can you understand why that's been an impact for you.

Yeah.

Yeah, very much. The impact that Covid's had on us all. Bloody stupid virus I wish it would get lost.

Yes.

How are you feeling?

Im Ok, I'm sorry I cried so much. But thank you I think I needed that.

Is there anything else that you want to know?

Is there anything else you want to tell me?

No I don't think so. I feel tired now.

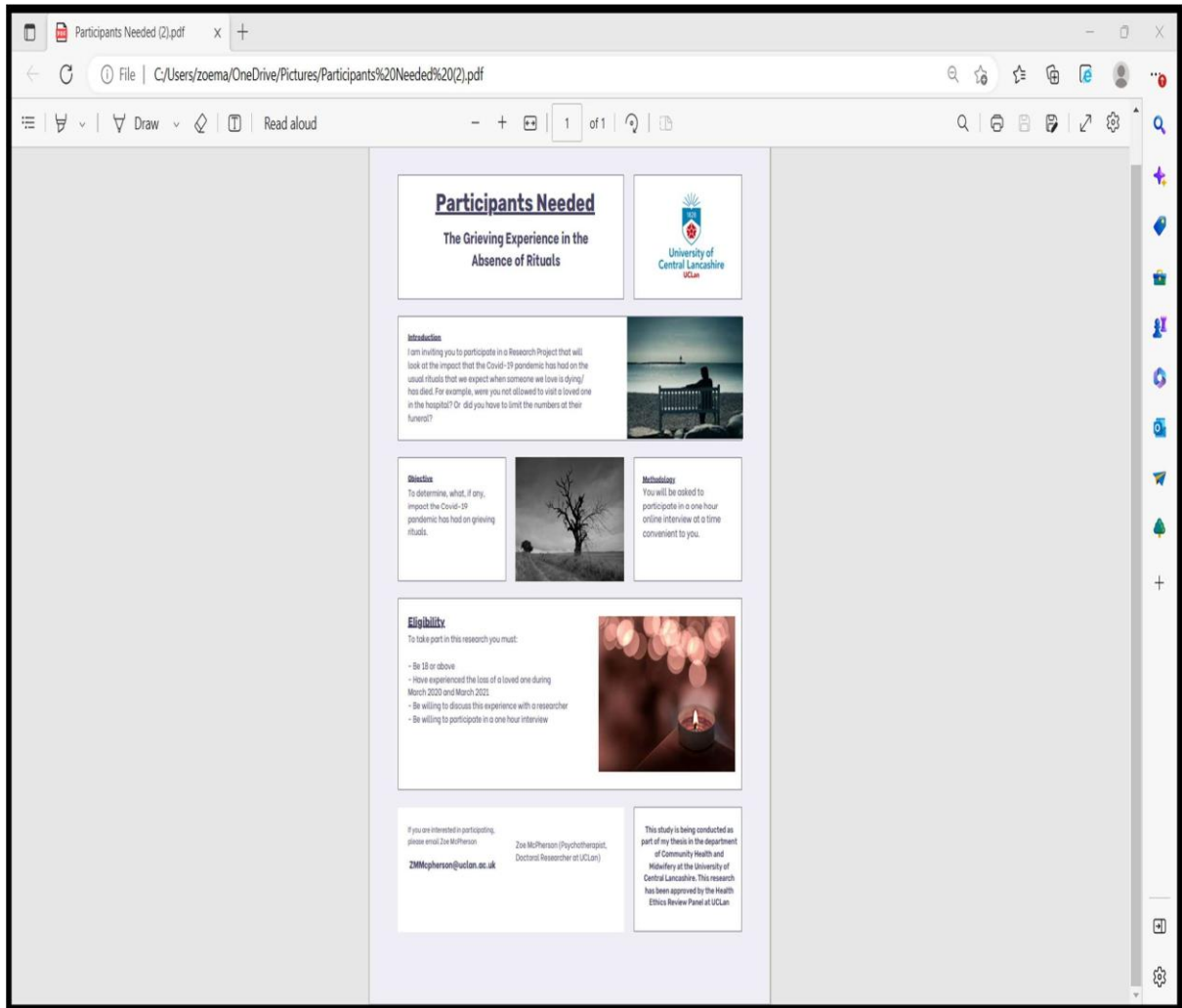
Yeah. Yes, that's normal. Do you have anything you need to do today? No. I'm off work today so I think I'll have a brew and maybe go and see my Mum. Thank you, Zoe.

OK. No. Thank you. I'm sorry this happened. So just remind you this will be this will be anonymised, so there won't be anything that identifies it back to you or anyone that you've spoken about. Remember about the list of places where you can get some support if you need it.

Yes thanks.

# APPENDIX B

## Participant Recruitment Leaflet



## APPENDIX C

### *Participant Consent Form*



### Participant Consent Form

Version number & date: V2 30/01/2022

Research ethics approval number:

Title of the research project: An Interpretative Phenomenological Study into the Experience of Grieving after Bereavement in the Absence of Rituals during the COVID-19 Pandemic

Name of researcher: Zoe M McPherson

Please read through the statements below and check each box to give consent

1. I confirm that I have read and understood the information sheet dated ..... for the above study, or it has been read to me. I have had the opportunity to consider the information, ask questions, and have had these answered satisfactorily
2. I understand that taking part in the study involves an interview over Microsoft Teams which will be audio-recorded
3. I understand that my participation is voluntary and that I am free to withdraw from the study up to 48 hours after the interview has taken place. In addition, I understand that I am free to decline to answer any particular questions
4. I understand that if I withdraw from this study, that data collected prior to my withdrawal will be destroyed and no further data will be collected
5. I understand that the information I provide will be held securely and in line with data protection requirements at the University of Central Lancashire
6. I understand that the audio recording will be retained and securely stored by the researcher until the data has been transcribed, after which it will be destroyed

7. I agree to take part in the above study

Participant name

Date

Signature

Researcher name

Date

[ZMMcpherson@uclan.ac.uk](mailto:ZMMcpherson@uclan.ac.uk)

## APPENDIX D

### *Ethics Approval*



University of Central Lancashire  
Preston PR1 2HE  
01772 201201  
uclan.ac.uk

3<sup>rd</sup> May 2022

Marie Percival / Zoe McPherson  
School of Community Health and Midwifery  
University of Central Lancashire

Dear Marie and Zoe

**Re: Health Ethics Review Panel Application**  
**Unique Reference Number: HEALTH 0264**

The Health Ethics Review Panel has granted approval of your proposal application 'The grieving experience in the absence of rituals'.

Approval is granted up to the end of project date\*.

It is your responsibility to ensure that

- the project is carried out in line with the information provided in the forms you have submitted
- you regularly re-consider the ethical issues that may be raised in generating and analysing your data
- any proposed amendments/changes to the project are raised with, and approved, by the Ethics Review Panel
- you notify [EthicsInfo@uclan.ac.uk](mailto:EthicsInfo@uclan.ac.uk) if the end date changes or the project does not start
- serious adverse events that occur from the project are reported to the Ethics Review Panel
- a closure report is submitted to complete the ethics governance procedures (Existing paperwork can be used for this purpose e.g. funder's end of grant report; abstract for student award or NRES final report. If none of these are available use e-Ethics Closure Report Pro forma).

Yours sincerely

Jean Duckworth, Deputy Vice-Chair  
**Health Ethics Review Panel**

\* for research degree students this will be the final lapse date

*NB - Ethical approval is contingent on any health and safety checklists having been completed, and necessary approvals gained.*

## APPENDIX E

### *Participant Information Sheet*



### Participant Information Sheet

#### 1. Title of Study

An Interpretative Phenomenological Study into the Experience of Grieving after Bereavement in the Absence of Rituals during the COVID-19 Pandemic.

#### 2. Version Number and Date

V3. 30/01/2022

#### 3. Invitation paragraph

You are being invited to participate in a research study. Before you decide whether you wish to participate, it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully, and please ask me about anything that is not clear or that you do not understand. I would like to stress that there is absolutely no obligation for you to accept this invitation to take part, and you should only agree to take part if you want to.

With many thanks, Zoe M McPherson

#### 4. What is the purpose of the study?

The challenges of the past 22 months due to the COVID-19 pandemic have been well documented. COVID-19 has resulted in enforced separations from loved ones, and this has been most distressing when people are

reaching the end of life.

Due to the measures put in place by the government to try and control the spread of the virus, many people were unable to be with their loved ones as they died, unable to get comfort from friends and family, and in a lot of cases were unable to attend the funeral (and if they were allowed it was a very different experience due to the rules, for example sitting apart from other mourners).

This study aims to discover whether the absence of the usual rituals, such as saying goodbye or attending the funeral, has an impact on the grieving process and, if so, in what way.

#### 5. Why have I been invited to take part?

You have been invited to take part because someone that you loved has died\* between March 2020 and March 2021 and you experienced one or all of the following examples\*\*: unable to be at their bedside whilst they died, unable to view their body or unable to attend their funeral.

\*Please note that the cause of death does not have to be from COVID-19.

\*\*This list is not exhaustive.

#### 6. Do I have to take part?

Participation in the study is completely voluntary, and if you do decide to take part, you are free to change your mind before the interview takes place for any or no reason. You also have up to 48 hours after the interview has taken place to withdraw from the study.

#### 7. What will happen if I take part?

If you decide to take part in the study, you will be asked to participate in an interview with the researcher, Zoe McPherson. The interview will be conducted via Microsoft Teams and will be audio recorded and then stored securely and only accessed by Zoe McPherson.

The interview will last approximately one hour, and you will be asked to talk

about your experience of losing a loved one during the COVID-19 pandemic.

8. How will my data be used?

The University processes personal data as part of its research and teaching activities in accordance with the lawful basis of ‘public task,’ and in accordance with the University’s purpose of “advancing education, learning and research for the public benefit.”

Under UK data protection legislation, the university acts as the data controller for personal data collected as part of the university’s research. The University privacy notice for research participants can be found on the attached link:

[https://www.uclan.ac.uk/data\\_protection/privacy-notice-researchparticipants.php](https://www.uclan.ac.uk/data_protection/privacy-notice-researchparticipants.php)

Further information on how your data will be used can be found in the table below.

|  |  |
|--|--|
| How will my data be collected?   | Your data will be collected via an audio recorded interview via Microsoft Teams    |
| How will my data be stored?  | Your data will be stored on University of Central Lancashire (UCLan) secure server |
| How long will my data be stored for?   | Your data will be stored securely for seven years                                  |
| What measures are in place to protect the security and confidentiality of my data? | UCLan has a secure server. Any data collected will be stored on the server only.   |

|  |   |
|--|---|
| Will my data be anonymised?  | If you decide to take part, the researcher will use a pseudonym (not your real name) when the findings are written up. Only the researcher will   |
|  | hear the original recording of the interview which will be erased once it has been transcribed.   |
| How will my data be used?  | Your data will be used to help the researcher find out if there has been an impact on the grieving process for those who have been bereaved during the COVID-19 pandemic and, therefore, had limited participation in the usual rituals that occur when somebody is dying/dies. |
| Who will have access to my data?   | Only the researcher will have access to your personal data.   |
| Will my data be archived for use in other research projects in the future? | No  |
| How will my data be destroyed?   | The audio interview recording will be permanently erased from UCLan's secure server once the interview has been transcribed.  |

9. Are there any risks in taking part?

During the interview, you will be asked about your experience with the death of your loved one. This, of course, is an emotive subject, and as the researcher, I aim to treat you with respect and kindness. I am a qualified and experienced counsellor who has a professional interest in bereavement. Following the interview, which will last up to one hour, I will

ensure you feel calm before I end the interview. I will provide you with a list of people and/or organisations that can provide you with more structured support should you feel that you may need this.

This information is also included at the end of this information sheet.

10. Are there any benefits from taking part?

Whilst there is no direct benefit for you from taking part in this research, I hope that you find some help and comfort by having a place to talk about your experiences.

11. Expenses and/or payments

There are no financial or other benefits from taking part in this research.

12. What will happen to the results of the study?

It is hoped that this study will be published, and if you so wish, I can arrange for a copy to be made available for you. Please note that you will not be identifiable from the research unless you have requested and consented to being so.

13. What will happen if I want to stop taking part?

The interview will involve talking about sensitive and potentially upsetting topics. Please be aware that you are free to not answer any question you feel uncomfortable with. If you became upset during the interview, I would make every effort to respect this; for example, the interview may be paused.

Your consent to taking part is important to me, and this is an ongoing process, not just something that occurs at the start of the study. Please note that you do not need to give me any reason or explanation if you wish to withdraw from the study, and you can even withdraw during the interview if you so wish.

Following the interview, you will be provided with a list of people and organisations where you can access counselling or emotional support; this is also included at the end of this information sheet.

After the interview has taken place, you have 48 hours to withdraw from the research. This is because 48 hours after the interview I will start the transcription process, and once this is complete and your data has been anonymised, it will not be possible to tell which results belong to which person.

If you wish to stop taking part, please email me [ZMMcpherson@uclan.ac.uk](mailto:ZMMcpherson@uclan.ac.uk)

#### 14. What if I am unhappy or if there is a problem?

If you are unhappy, or if there is a problem, please feel free to let the researcher know by contacting Zoe McPherson via email at [ZMMcpherson@uclan.ac.uk](mailto:ZMMcpherson@uclan.ac.uk).

If you remain unhappy or have a complaint that you feel you cannot come to us with, then please contact the Research Governance Unit at [OfficerForEthics@uclan.ac.uk](mailto:OfficerForEthics@uclan.ac.uk).

The university strives to maintain the highest standards of rigour in the processing of your data. However, if you have any concerns about the way in which the University processes your personal data, it is important that you are aware of your right to lodge a complaint with the Information Commissioner's Office by calling 0303 123 1113.

#### 15. Who can I contact if I have further questions?

The Principal Investigator for this research is Marie Percival, who can be contacted via email [mpercival@uclan.ac.uk](mailto:mpercival@uclan.ac.uk)

### RESOURCES

Please find below a list of organisations who can help you with your bereavement should you feel you need some support.

- Cruse Bereavement Care tel: 080 88081 677  
- offers face-to-face, telephone, email, and online support for anyone who has experienced a loss

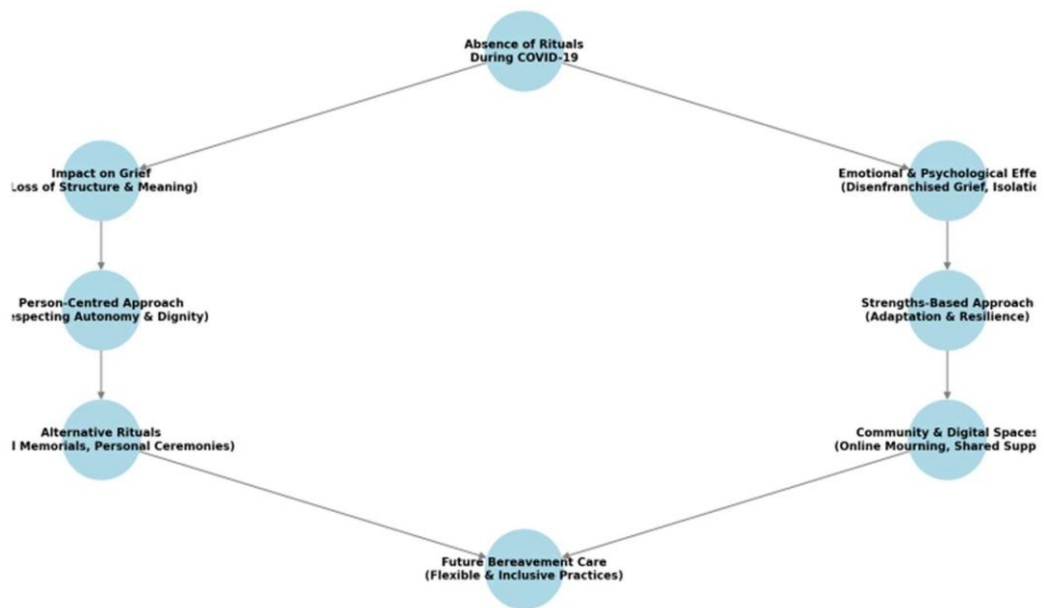
- The Compassionate Friends tel: 0345 123 2304 offers a range of services supporting bereaved parents and their families
- Sudden tel: 0800 2600 400  
Helps people who have experienced a sudden bereavement to access specialist information and advice
- Widowed and Young website: [www.widowedandyoung.org.uk](http://www.widowedandyoung.org.uk) offers support to people under 50 who have lost a partner

**FIGURE 1**

*Conceptual Framework: Grief, Ritual Absence and Person-Centred & Strength Based Approaches*

**Conceptual Framework: Grief, Ritual Absence, and Person-Centred & Strengths-Based Approaches**

Conceptual Framework: Grief, Ritual Absence, and Person-Centred & Strengths-Based Approaches



**TABLE 1**  
**Characteristics and Key Findings from Included Studies**

| Author, Year & Country       | Aims  | Design  | Sample Characteristics  | Method of Analysis          | Theme  | Quality Rating |
|------------------------------|---|---|---|-----------------------------|--|----------------|
| Lebni et al. (2022) Iran     | To identify and analyse the lived experience and issues of the families of Covid-19 victims in Tehran, Iran   | Using IPA, this sought to investigate the situation and narrative of Covid-19 victims' family members to express the hidden experiences using semi-structured interviews  | 21 individuals who had a relative die of Covid-19, had semi-structured interviews: 4 over the telephone and 17 face-to-face.  | IPA                         | Incomplete farewell to the corpse. Lonely burial. Twinge of conscience. Incomplete condolence. Abandonment.  | Good           |
| Mortazavi et al. (2021) Iran | To explore and understand the experience of mourning during Covid-19 pandemic in the absence of the usual ceremonies for mourning   | Qualitative study involving online, semi-structured interviews.   | 9 women and six men between the ages of 20 and 62 who had experienced the death of a family member during the Covid-19 pandemic.  | Phenomenological approach   | Ambiguity and desperation. Incoherent narrative. Feeling lonely. The conflict of fear of and need of and becoming relieved by alternatives.  | Good           |
| Valck et al. (2021) USA      | To explore the consequences of people who cannot engage in rituals that are classed as a rite of passage, such as births, weddings, and funerals.   | Semi-structured phenomenological interviews   | 13 people of various ages who had experienced a loss of ritual during the Covid-19 pandemic   | Phenomenological approach   | Use of technology  | Poor           |
| Cardoso et al. (2020) Brazil | To understand the meanings individuals who have lost loved ones during the Covid-19 pandemic assign to the phenomenon of suppressed funeral rituals.  | Based on the theory of grief, the corpus of this study was composed of documents published in digital media containing personal writings and reports of experiences freely and readily available to the public. Two researchers with expertise in the field used inductive thematic analysis to interpret data. | 6 written testimonies   | Inductive thematic analysis | Unexpected, frightening, and invisible: death closes its siege. Experiencing losses: There is no time to say goodbye or closure. The memory of the last hug: strategies to minimise suffering. | Good           |
| Kapoor et al. (2022) London  | Focus on the changes made to ritual elements – who was in control of these alterations, how these modifications were made, and what potential benefits these revisions offered to the community of ritual participants. | A systematic discourse analysis of online news articles and YouTube posts illuminating several aspects of ritual revision during unsettled times.   | 51 online news articles, 52 YouTube videos, and over 7000 comments  | Systemic discourse analysis | Morality play good versus evil. Re-contextualisation. The megaphone effect   | Good           |
| Lowe et al. (2020) Australia | This rapid perspective review aims to capture key changes to memorialisation practices resulting from social distancing   | Published peer-reviewed research about memorialisation practices during the COVID-19 pandemic is lacking. This rapid review includes academic literature  | A rapid review of academic research and international media reports. A search of peer-reviewed literature focused on articles written in English from 2000 onwards, using the | Rapid perspective review    | Changes to memorial practices. Looking to future practices.  | Acceptable     |

|  |   |  |  |                                     |   |            |
|--|---|--|--|-------------------------------------|---|------------|
|  | rules implemented due to the ongoing Covid-19 pandemic.   | from pre-Covid-19 and international media reports.   | search terms 'memorial' and 'memorialisation,' 'funeral,' 'burial,' 'cremation,'   |                                     |   |            |
| Şimşek & Buldukoglu (2021) Turkey        | This study aimed to examine the grief rituals and grief reactions of individuals who experienced the death of a loved one during the Covid-19 pandemic.   | Using an online form captured personal information over 16 questions and generated a score on a mourning scale.  | 114 participants   | Descriptive study                   | Affected the grieving process. Not able to be with loved ones. Inability to share feelings. Not able to perform rituals. Absence of hugs and physical contact.  | Acceptable |
| Boholano and Remedios (2022) Philippines | This qualitative study explores how health protocols during the Covid-19 pandemic impacted funeral practices amongst Catholics in the Philippines.  | Using ethnography and interpretative phenomenology, participants from Cebu, Philippines, were interviewed about the cultural background of burial, the alterations of funeral practices, and their firsthand experiences of bereavement and mourning.                              | In-depth interviews with 30 participants   | Qualitative Phenomenological Design | Yearning for communal mourning and human connection. Holding mourning ceremonies and in-person goodbye rituals. Feeling deprived of conveying love and respect for the deceased.  | Good       |
| Chan (2022) Singapore                    | This article examines how the pandemic has affected burials, funeral practices, and mourning. It analyses how the restrictions balance the need to protect public health and the opportunity for mourners to honour the deceased.   | Published peer-reviewed research focusing on the legal aspects of the absence of rituals during the Covid-19 pandemic.   | No participants  | Rapid review perspective            | Inability to have closure. Prolonged Grief Disorder. Physical and mental anguish at being deprived of the opportunity to mourn appropriately.   | Acceptable |
| Rawlings et al. (2022) Australia         | The 2020 Dying2Learn MOOC was a voluntary activity. It posed the following question to participants: 'Most (if not all) of you will have attended a funeral in your lifetime, and now we'd like you to reflect on what that experience has been like. We are also interested in how people have had to come up with imaginative and innovative ideas to remember someone who has died, given the Covid-19 pandemic. | A Massive-Open-Online-Course (MOOC) on death and dying (Dying2Learn), designed to build conversations about death as a natural part of life. This study investigated 2020 MOOC participants' responses to an online activity reflecting on funerals and memorials during Covid-19. | 1400 participants; 91.6% female; mean age 48.1 years                               | Qualitative data analysis           | Positives and negatives of virtual funeral attendance (e.g., the opportunity to have a way to participate when travel barriers exist versus a sense of impersonal voyeurism). Challenges related to the inability to comfort the bereaved due to physical distancing requirements physically. | Good       |
| Long et al. (2020) New Zealand           | This article explores how people experienced the stringent funerary restrictions to curb Covid-19.  | A qualitative study of non-probabilistic online surveys, focus groups, and semi-structured, individual interviews.   | 4,171 survey responses and 117 participants across the focus group and interviews. | Qualitative content analysis        | Difficult. Unnatural. Weird. Relief. Blessing. A gift.  | Good       |
| Quadros and Sibal (2022)                 | This article examines how   | Literature Review  | No participants  | Rapid review perspective            | It is challenging for the family and  | Acceptable |

|                               |  |   |  |   |  |      |
|-------------------------------|--|---|--|---|--|------|
| India                         | different perspectives on the management of the dead and how last rites could be adapted to minimise the possible risk of further infection about the pandemic.  |   |  |   | friends of the deceased to cope with their loss.   |      |
| Ghosh and Athira (2022) India | This paper considers the way the outbreak of coronavirus and the subsequent lockdown has egregiously impeded the Hindu death ceremonies and mourning rituals in India. It compares how Hindu death rituals get renegotiated, modified, and reinterpreted across two vastly different regions of India, both of which have their local customs. | Data was collected through documentary evidence, observation, unstructured narratives, and interviews with the crematorium officials, hospital staff, priests, and kin members of the deceased.   | 15 participants  | Multisided ethnography                                | Absence of last rites. Withering away of rituals. Community. Kinship. Organisation. Last goodbye.  | Good |
| Aguiar et al. (2022) Portugal | This study aimed to assess the thoughts and feelings of Portuguese adults and the impact of the loss during Covid-19.  | A structured online questionnaire (snowball sampling) was applied, and qualitative data on death and mourning, namely the impact of loss on daily life, was collected. 166 individuals have lost someone since the pandemic's beginning and were included.  | Most participants were female (66.9%), the median age was 37.3 years, and 70.5% had a high education degree. | Braun and Clark's content analysis inspired analysis. | The perceived inadequacy of the funeral rituality. Sadness, fear, and loneliness. Changes in sleeping and concentration and increased levels of anxiety. | Good |
| Ender et al. (2022) Turkey    | The study examined whether perceived disruption to bereavement via suppression of sociocultural death rite traditions could be linked to core bereavement and post-traumatic stress disorder (PTSD) symptoms in Turkish individuals who lost their close relatives to Covid-19.  | The sample included patients who consulted the clinic, presenting with self-reported bereavement issues related to coping, sleep, and eating, as well as individuals who sought general grief counselling. Participants completed a Demographic Information and Bereavement Experience (DIBEF) form with items probing participants' demographics, experience of attending rituals, and receiving social support. | 52 participants  | Regression analysis                                   | No condolence visitors. No chance to say goodbye. Unable to practice religious duties.   | Good |
| Chen (2022) USA               | This study examined the relationship between having an opportunity to say goodbye to a dying family  | 519 US adults who had lost a family member or a friend between January 2020 and June 2021 completed an online survey for this study.  | 519 Participants   | Qualitative content analysis                          | Saying goodbye virtually was associated with higher levels of Prolonged Grief Disorder and psychological distress. Those                                 | Good |

|  |   |  |  |  |  |  |
|--|---|--|--|--|--|--|
|  | <p>member or friend in person or virtually, as well as attending their funeral services in person or virtually, and the bereaved individuals' psychological distress and Prolonged Grief Disorder during the Covid-19 pandemic.</p> |  |  |  | <p>who physically attended a formal, in-person funeral or memorial service reported lower levels of psychological distress. The findings suggest a complicated process of saying goodbye in different formats during the pandemic.</p> |  |
|--|---|--|--|--|--|--|

**TABLE 2**  
*Search Strategy Results*

| <b>Database</b> | <b>Search Words</b>   | <b>Results</b> | <b>Date Searched</b> |
|-----------------|---|----------------|----------------------|
| Scopus          | [Covid-19 OR Coronavirus] AND<br>[funeral rituals OR bereavement]<br>AND [pandemic OR bereavement]<br>AND [qualitative] | 305            | 16/03/2022           |
| PubMed          | [Covid-19 OR Coronavirus] AND<br>[funeral rituals OR bereavement]<br>AND [pandemic OR bereavement]<br>AND [qualitative] | 129            | 16/03/2022           |
| PsycINFO        | [Covid-19 Pandemic] OR<br>[rituals*] AND [funerals*] AND<br>[qualitative]   | 321            | 16/03/2022           |

**TABLE 3***Inclusion and Exclusion Criteria for Literature*

| <b>Inclusion Criteria</b>   | <b>Exclusion Criteria</b>   |
|---|---|
| Written in English or publications available in other languages with the ability to translate.  | Not written in English and lacking translation capabilities.  |
| Focuses on themes such as: Rituals surrounding loss and grief; Death during the Covid-19 pandemic; Funerals and bereavement practices during the pandemic | Excludes literature focused solely on non-pandemic contexts (published before March 2020).  |
| Published on or after March 2020, ensuring relevance to pandemic-related experiences  | Studies using exclusively quantitative methods, as they may lack the depth required to explore the subjective and emotional experiences of grief. |
| Employs qualitative or mixed-method research methodologies to capture in-depth perspectives and nuanced insights  |   |

**TABLE 4**  
*Overview of Different Cultures and their Rituals*

| Culture/Religion | Rituals commonly associated with death and bereavement   |
|------------------|--|
| <b>Muslim</b>    | Muslim after-death rituals are deeply rooted in Islamic religious teachings and cultural traditions. The body of the deceased is washed, wrapped in a simple white shroud, and buried within 24 hours. Collective prayer, known as Salat al-Janazah, is performed for the deceased. Mourning typically lasts three days, during which visitors offer condolences and support to the bereaved. Extended mourning rituals, such as the 40th-day memorial, may also be observed in some Muslim communities.   |
| <b>Hindu</b>     | Hindu death rituals emphasise the transition of the soul (Atman) to the next life per the concept of reincarnation. The body is washed, massaged with oils, dressed in new clothes, and cremated, usually within 24 hours or before the next sunrise. Cremation is considered vital for releasing the soul. Ashes are often immersed in a sacred river, such as the Ganges, and additional rituals, like the Shraddha ceremony, may be performed to honour the deceased and aid their spiritual journey.   |
| <b>Jewish</b>    | Jewish death rituals are steeped in religious teachings and emphasise honouring the deceased and providing support for the bereaved. Key practices include Tahara (ritual of washing the body), dressing the deceased in a simple shroud, and guarding the body until burial, typically within 24 hours. The mourning period includes Shiva, a seven-day ritual where family and friends visit the bereaved to offer condolences. Additional mourning customs, such as Kaddish (a prayer for the deceased), are observed for up to a year.   |
| <b>Christian</b> | Christian death rituals reflect the belief in resurrection and eternal life. The body is prepared through washing and dressing, often followed by a wake or visitation where family and friends gather to pay their respects. A funeral service, typically held in a church, includes prayers, hymns, and eulogies. Burial or cremation follows, with many Christians' observing a period of mourning and memorial services to honour the life of the deceased.  |
| <b>Catholic</b>  | Catholic death rituals are a series of religious practices aimed to honour the deceased, offering comfort to the bereaved and seeking divine mercy and grace for the soul of the departed. Key rituals include the Anointing of the Sick, which may take place before death to prepare the individual spiritually and seek healing or grace. Following the passing of a loved one, a vigil or wake is traditionally held. This gathering allows family, friends, and community members to come together, offer prayers, and express condolences. The wake often serves as a time of reflection and remembrance of the deceased (Gordon, 2015). |

**TABLE 5**  
*Participant Inclusion and Exclusion Criteria*

|                           | <b>Criteria</b>  | <b>Comments</b>   |
|---------------------------|--|---|
| <b>Inclusion Criteria</b> | Aged 18+ at the time of bereavement  | This research was not deemed appropriate for those under the age of 18  |
|                           | Experienced the death of a family member or friend between March 2020 and March 2021 | This research was concerned with those who had experienced the death of a person significant to them.                                     |
|                           | Experienced a lack of usual rituals  | The research concerns death during the Covid-19 pandemic and the impact of rituals changing/being denied.                                 |
|                           | Has access to the internet and MS Teams  | All interviews are taking place via MS Teams. Therefore, internet access is required.   |
|                           | Speaks Adequate English  | It would not be appropriate to have a non-English speaking participant as bringing an interpreter in would change the dynamic.            |
| <b>Exclusion Criteria</b> | Deaths that occurred before March 2020 or after March 2021                           | This study is focused on the Covid-19 pandemic, and it was between March 2020 and March 2021 that the change in rituals was most evident. |



**TABLE 6**  
*Interview Schedule*

| Possible Issue/Topic                     | Core Question   | Follow-up Questions                                     | Prompts   |
|--|---|---|---|
| <b>Relationship to the deceased</b>      | Can you tell me about your relationship with [name/relative]?                         | What was your relationship like on a day-to-day basis?  | Could you share a memory that feels important to you? What was [X] like as a person?  |
| <b>Circumstances around the death</b>    | Can you tell me about what happened when [X] died?                                    | How did you experience those events at the time?        | What was your first reaction? How did things unfold afterwards?   |
| <b>The funeral or equivalent rituals</b> | Could you describe [X]’s funeral, or any other rituals or ceremonies that took place? | What was that experience like for you?                  | How was it similar to or different from other funerals/rituals you’ve known? How did you cope with those differences?       |
| <b>The grieving process</b>              | What has life been like for you since [X] died?                                       | How has this loss affected you in your day-to-day life? | That sounds very difficult. What kind of support have you had? Have there been particular challenges or sources of comfort? |

**TABLE 7**  
*Demographic Information*

| <b>Name</b> | <b>Age Range</b> | <b>Gender</b> | <b>Relationship to Deceased</b> |
|-------------|------------------|---------------|---------------------------------|
| Emily       | 40-50            | Female        | Daughter                        |
| Carmen      | 30-40            | Female        | Daughter                        |
| Joanna      | 30-40            | Female        | Granddaughter-in-Law            |
| Kevin       | 40-50            | Male          | Son                             |
| Peter       | 40-50            | Male          | Son and Nephew                  |
| Hannah      | 60-70            | Female        | Spouse                          |
| Ellie       | 40-50            | Female        | Friend                          |
| Pat         | 20-30            | Female        | Niece                           |
| Kim         | 30-40            | Female        | Daughter                        |
| Jo          | 30-40            | Female        | Sister                          |

**TABLE 8**  
*Group Experiential Themes*

| GET Number | GETs  |
|------------|---|
| 1          | <p><b>Farewells Unresolved: Navigating the Complexity of Goodbye</b></p> <p><u><i>Denial of the Death</i></u><br/> <i>“I think, in my mind, she hasn’t really died. I haven’t really noticed that she’s dead yet.” (Joanna, p. 21).</i></p> <p><u><i>Unseen Goodbyes: The Emotional Toll of Being Denied the Final Viewing</i></u><br/> <i>“We didn’t even get to see her in the Chapel of Rest. That’s hard, too. I mean, I might not have wanted to see her, but the option wasn’t even there. Not even her own children got to see her and say goodbye.” (Jo, p. 4)</i></p>  |
| 2          | <p><b>Eternal Embrace: A Lifetime Condensed into a Day of Farewell</b></p> <p><u><i>Mourners Matter</i></u><br/> <i>“You can’t have anyone at the funeral.” (Hannah, p. 5)</i></p> <p><u><i>Forever Altered: When Funerals Changed, and Nothing as the Same</i></u> <i>“And it was just, it was a real disconnect. I just couldn’t link with it at all.” (Joanna, p. 7)</i></p> <p><u><i>A Virtual Goodbye</i></u><br/> <i>“I remember, during the pandemic, I attended two funerals, uh, via Zoom in my front room.” (Carmen, p. 31)</i></p> <p><u><i>Absence of Physical Touch</i></u><br/> <i>“The lack of physical touch was really difficult when Mum was poorly, and when Mum had gone, the lack of being able to hug people was really poignant, too.” (Kevin, p. 8)</i></p> |
| 3          | <p><b>Remembering, Reflecting, and Celebrating Lives</b></p>  |

---

Lost Opportunity for Goodbyes and Stories

*"We needed to tell stories about Mum. And be together." (Peter, p. 19)*

Anger and the Absence of Social Support

*"I think it was shocking, was like anger." (Kevin, p. 15)*

*"Needed that comfort and company." (Hannah, p. 10)*

4

**Beyond Goodbye: Nurturing a Continuing Relationship with the Deceased**

Reflections and What If's

*"And if we'd known at that time, we could have done more. We could have done more." (Kevin, p. 14)*

Reminiscing and Yearning

*"I can't think of anything worse than remembering somebody you love in a wooden box." (Hannah, p. 17)*

Helplessness

*"When somebody dies, we can feel a bit helpless, but we want to be able to do something. And when they've been taken away, like, even Mum wasn't even allowed to go and sit with her husband." (Pat, p. 10)*

**Restrictions and Relationships**

The Repercussions of the Rules

*"And then she said: 'You do realise you can't have anyone at the funeral?'"*

*And I said to her, 'Well, what do you mean by we can't have anybody'? She said: 'You can have immediate family only'. So, obviously, then I was sort of stuck because we have a big family." (Hannah, p. 5)*

5

The Impact on Relationships

*"He was estranged from me, but also his whole family, so nobody was in touch with him whatsoever." (Kim, p. 12)*

*"They were annoyed and said, 'Well, you're in there'. 'Yeah, but we are carers.' 'No, it's not fair. I'm going to ring the police.'" (Kevin, p. 5)*

**TABLE 9**  
*Example of Theme Development Across Cases*

| <b>Participant Extract</b>                                | <b>Exploratory Notes</b>                   | <b>Emergent Theme</b>        | <b>Clustered Theme (GET)</b>                          |
|---|--|------------------------------|---|
| "I never got to hold her hand before she died"            | Loss of physical touch, unresolved goodbye | Denied final contact         | <b>Farewells Unresolved</b>                           |
| "We weren't allowed in the hospital, it still haunts me"  | Restricted access, trauma of absence       | Exclusion from final moments | <b>Farewells Unresolved</b>                           |
| "The funeral was livestreamed... it didn't feel real"     | Disconnection, lack of ritual presence     | Virtual grieving experience  | <b>Restrictions and Relationships</b>                 |
| "Lighting a candle at home became our way of remembering" | Personal ritual creation, symbolic act     | Private acts of remembrance  | <b>Remembering, Reflecting, and Celebrating Lives</b> |

**Table 10***Summary of Group Experiential Themes with Illustrative Quotes*

| <b>Group Experiential Theme (GET)</b>                 | <b>Illustrative Quotes</b>   |
|---|--|
| <b>Farewells Unresolved</b>                           | "I never got to hold her hand before she died, that still keeps me awake at night." (P3)<br>"We weren't allowed in the hospital, it still haunts me that I couldn't say goodbye." (P6) |
| <b>Eternal Embrace</b>                                | "I still talk to her every night before bed, it feels like she's still here somehow." (P2)<br>"When I wear his necklace, I feel he's with me." (P7)                                    |
| <b>Remembering, Reflecting, and Celebrating Lives</b> | "Lighting a candle every Sunday became my way of keeping her memory alive." (P5)<br>"We told stories about her over Zoom, it wasn't the same, but it meant a lot." (P10)               |
| <b>Beyond Goodbye</b>                                 | "I've had to rebuild who I am without him — it's like learning to live all over again." (P6)<br>"Her death made me think about what really matters, it changed my whole outlook." (P8) |
| <b>Restrictions and Relationships</b>                 | "The funeral was livestreamed; it felt unreal, like I wasn't really there." (P10)<br>"Not being able to hug at the funeral was unbearable." (P5)                                       |

**Table 11**  
*Development and Recurrence of Key Themes Across Cases*

| <b>Group Experiential Theme (GET)</b>                 | <b>Illustrative Emergent Themes</b>                                     | <b>Number of Cases (n=10)</b> | <b>Recurring?*</b> |
|---|---|-------------------------------|--------------------|
| <b>Farewells Unresolved</b>                           | Denied final contact; exclusion from hospital; no chance to say goodbye | 8                             | Yes                |
| <b>Eternal Embrace</b>                                | Continuing bonds; maintaining presence through memory and symbols       | 7                             | Yes                |
| <b>Remembering, Reflecting, and Celebrating Lives</b> | Private rituals; storytelling; acts of remembrance                      | 9                             | Yes                |
| <b>Beyond Goodbye</b>                                 | Meaning reconstruction; adapting identity after loss                    | 6                             | Yes                |
| <b>Restrictions and Relationships</b>                 | Livestreamed funerals; fragmented family support; social isolation      | 10                            | Yes                |

**Table 12***Practice Implications of Findings and Stakeholder Responsibilities*

| <b>Group<br/>Theme (GET)</b>                          | <b>Experiential</b> | <b>Implication<br/>Practice</b>   | <b>for</b> | <b>Stakeholder<br/>Responsibility</b>                        |
|---|---------------------|---|------------|--|
| <b>Farewells Unresolved</b>                           |                     | Assess for absence of final contact; integrate symbolic acts (letters, candles, memory objects) to support closure.   |            | Therapists, counsellors, hospices, NHS bereavement teams     |
| <b>Eternal Embrace</b>                                |                     | Support continuing bonds and symbolic connections as healthy grief processes.   |            | Therapists, voluntary sector, community/faith leaders        |
| <b>Remembering, Reflecting, and Celebrating Lives</b> |                     | Encourage personalised rituals (e.g., storytelling, online memorials, anniversaries) as meaning-making interventions. |            | Charities, hospices, community groups, private practitioners |
| <b>Beyond Goodbye</b>                                 |                     | Focus on identity reconstruction and meaning-making when rituals are absent or curtailed.                             |            | Therapists, psychologists, training institutions             |
| <b>Restrictions and Relationships</b>                 |                     | Address isolation in grief; provide hybrid/virtual and in-person support models.                                      |            | NHS, hospices, voluntary sector, policy-makers               |

**TABLE 13***Johns' (1995) Model for Structured Reflection with Underlying Principles*

| Reflective Heading        | Where did the knowledge come from?   |
|---------------------------|--|
| Looking In                | The focus is on internal thoughts, feelings, and motivations, as well as examining personal reactions to aspects of an event which seem significant.   |
| Looking Out – Empirical   | This draws upon factual, scientific, and empirically verified knowledge and uses models or theory to inform decisions and consider what additional knowledge is required in a given situation.   |
| Looking Out – Personal    | This refers to knowledge and beliefs which are derived from subjective experiences, self-reflection and empathising with others.   |
| Looking out – Ethical     | This is applying knowledge from ethical frameworks or principles to inform moral decisions and considering whether actions are congruent with a personal belief system.  |
| Looking Out – Aesthetic   | The awareness of the unique situation of another person, considering their surroundings and the relevance of the immediate situation, is important in this heading. It refers to thinking about the implications of a person's context on a range of other factors, such as the self, others, and professional practice. |
| Looking Out – Reflexivity | Finally, reflecting on actions or decisions to identify changes in perspective, attitudes, and knowledge, how they relate to previous experiences, and considering the potential value of alternative courses of action.   |







