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Grief Interrupted-Exploring British Muslim Communities Practices of Burial and Commemoration During Covid 19

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Abstract

This paper focuses on death, in particular it discusses experiences of burial, grief and commemoration for British Muslim communities during Covid 19. The paper considers the impact of Covid 19 on British Muslim communities through a phenomenological and socio-cultural lens and discusses ways in which religious and cultural practices inherent to the Muslim faith, including washing and shrouding of the deceased, were particularly affected by Covid 19. Drawing on ritual studies and the concept of liminality, the paper discusses the social and relational aspect of religious rituals as important in facilitating the processes of grief and bereavement. The empirical discussion in this paper is drawn from interviews with British Muslims working or volunteering with ethnic minority communities, including medical professionals, funeral directors and burial charities who had direct experience of both preparing Muslim bodies for burial and supporting bereaved families. The paper discusses ways in which rituals function in the social cohesiveness of communities, and 'glue' a community together particularly at a time when it is most threatened. In considering the disruptions to the collective and communal rituals related to death, burial and mourning the British Muslim community, the paper discusses ways in which these disruptions have contributed to a sense of lingering grief or grief 'interrupted'.

Plain Language Summary

A research study examining the importance of particular death rituals for British Muslim communities, and the impact of the disruption to these grief rituals during Covid 19

Covid-19 fundamentally changed the ways in which communities across the UK experienced lifecourse events including births, marriage and deaths. The ways in which these milestones, each characterised by a particular set of customs, traditions and rites, were marked, was necessarily different due to social distancing and stay at home policies during Covid-19. In this paper, I look at death, in particular I look at the way death and loss was experienced by British Muslim communities. Islamic traditions outline a number of specific rituals in dealing with death, these include the washing of the deceased, collective prayer and periods of mourning following loss. These rituals are social, and emphasise togetherness at a difficult time, however social distancing rules prevented gatherings of people at funerals and in acts of commemoration. I draw here on discussions with frontline practitioners, including GPs, burial charities, religious leaders and volunteers who worked closely with British Muslim communities during Covid, to understand ways in which disruption to grief rituals, characterised by isolation and 'mourning alone' affected the grief process, leading to a form of 'grief interrupted'.

Introduction

The impact of Covid-19, with its sheer scale of death has brought into sharp focus the need to understand ways in which death, grief and loss is experienced across different

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cultures and communities. To date 196, 386 deaths have been attributed to Covid in the UK, an unprecedented scale and considered a mass death and bereavement event (BBC, 2023; UKHSA, 2023; ONS 2021a). However, statistics show Black and ethnic minority communities are over-represented amongst the number of Covid related deaths. This paper focuses on British Muslims, which are the second largest faith group after Christianity in the UK, comprising of different ethnicities, with British Pakistanis and British Bangladeshis making up the majority of this cohort (ONS, 2021b). During the first wave (24 January 2020 to 11 September 2020) of the Coronavirus pandemic Bangladeshi men were 3 times, and Pakistani men 2.2 times more likely than their White British counterparts to contract and die from Covid infection. In the second wave (12 September 2020 onwards) the rate of mortality for Bangladeshi (5.0 times) and Pakistani (4.1 times) ethnic backgrounds was highest for any ethnic minority group. Socio-economic factors such as deprivation, overcrowded housing, occupational exposure, underlying health conditions as well as geographical location have been suggested as causes for the higher risk of mortality. Further, research has shown that BAME communities could have potentially found measures such as isolation and physical distancing more difficult due to living in densely populated areas and in multi-generational households (Jackson et al., 2000). Additionally, BAME communities are over-represented in households with low socio-economic status, in key worker roles requiring them to be in public facing roles, and as such they are less likely to be able to work from or self-isolate (Atchison et al., 2021; Public Health England, 2020, The Health Foundation, 2020). Despite the disproportionate number of Black, Asian and Minority Ethnic (BAME) deaths from Covid, popular and political discourse has failed to take into account the disruption to funeral practices and grief for particular faith communities. Turner (2021) notes that the dearth of attention given to diverse and faith communities practices of death and mourning resonates with suggestions that BAME lives and values are seen as 'Other', less important and thus less worthy of notice (Lawson, 2014).

Historically, infectious diseases and pandemics have often been used to scapegoat, blame and project negative traits by dominant groups onto minoritised others (Cheng & Ma 2022; Cohn, 2018; White, 2020). Most notably, the rituals and behaviours of minoritised communities, ostensibly viewed as 'exotic' and 'strange' during non-crises times, become 'dangerous' and blameworthy during moments of crises. As McLaren et al. (2025) notes, in the UK, a minoritised group which is already perceived to fail to conform to British values and norms, is considered more likely to fail to conform

to lockdown rules by continuing to partake in religious or cultural services, and thus contribute to the spread of the disease. It is pertinent therefore, to understand ways in which Muslim communities adapted rituals around death and dying to accommodate social distancing rules which moves beyond prevailing racist narratives of blame and responsibility.

In the following sections of this paper, I draw particularly on the concept of liminality and funeral rites (Van Gennep, 1960) in considering the grief process, and focus on three rituals associated with death and dying within Muslim religious communities, these include (a) visiting the dying, (b) preparing the body and (c) the mourning visit to the bereaved. Adopting a broadly phenomenological approach to death during Covid-19 this paper discusses the socio-emotional, socio-cultural and interpersonal nature of grief for Muslim communities as structured through rituals and religious rites.

In the empirical sections of this paper, I discuss Muslim collective and individual practices related to visiting the sick, death, burials and grief and discuss the potential long-term impacts of disruptions to these practices. Discussion is drawn from interviews with professionals and volunteers who supported British Muslims of all ethnicities, whilst recognising the heterogeneity of the British Muslim community, discussions here do not reference one particular ethnicity of Muslims but focus on the rituals relating to death which are from the Quran and Islamic tradition and shared by all religious Muslims. The author recognises that there are a variety of death rituals and practices lived by Muslims which vary by context, culture and geography (Venhorst, 2021). Further, this paper details mainly Sunni perspectives, as this was the denomination of all of the participants. I recognise that there are variations within the Sunni traditions, related to the four major schools of thought (Maliki, Hanafi, Shafi and Hanbali), additionally I recognise that the Shia denomination relies on its own legal framework to determine the rights and rules of the deceased. Additionally, whilst this paper uses the acronym of BAME, the author recognises the limitations of this term in flattening of identities and accounting for the heterogeneity of racially minoritised communities in the UK. The term BAME is used because it is widely understood and referenced in academic and policy literature.

Muslim Communities in Britain

In 2021 the Muslim proportion of the overall population of England and Wales was 6.5% (3.9 million), an increase from 4.9% (2.9 million) in 2011 attributed in part due to a younger population and migration from countries affected by conflict and climate change. The age profile of this population of 84.5% aged under

50 years, is younger than the overall population. Further, those who identified as Muslim were less likely to be homeowners, have the highest rate of people living in 'social rented' housing, with a high proportion considered to be 'economically inactive' (ONS, 2021b). Although more geographically dispersed, Muslim communities are still amongst the most deprived, using indices of multiple deprivation including income, access to services, housing, health, employment and living environment shows that 40% of the Muslim population live in the most deprived fifth of local authority districts (ONS 2021b; Muslim Council of Britain [MCB], 2021).

The Social Importance of Grief Rituals

Rituals are considered part of the meaning making of death, and religious rituals relating to death focus on processing grief through essential elements which include, bringing people together, acknowledging the significance of the event and creating opportunities for support and comfort (Lattanzi-Licht, 2013, p. 14). So, whilst grief, 'the emotional response to loss' (Jakoby, 2012, p. 681) and mourning 'the doing or expressing of grief', may be considered a universal aspect of human experiences, as well as a personal and private processes, grief and mourning are also inherently social and relational, and influenced by a wide variety of social, cultural, religious, ethnic influences and norms (Herkert, 2000). Durkheim's *'The Elementary forms of Religious Life'* (1912) posits rituals as the functional aspect of religion, which serve to reinforce the collective and relational, as 'when someone dies, the group to which he belongs feels itself lessened and, to react against this loss, it assembles' (Durkheim, 1915, p. 399). This social coming together following death is considered especially needed at that time when an individual may feel overpowered by life events, such as when facing grief (Walter, 2008). Mary Douglas's work *Purity and Danger* (2002) explored the extent to which different religious groups considered rituals an important part of making sense of the world and a way for individuals to externalise internal emotions and experiences. Van Gennep's (1960). *The Rites of Passage* is an extensive, cross-cultural examination of rituals at different stages of individuals' lives including births, marriages and of particular relevance to this paper, death. Van Gennep considered rituals to be liminal, taken from the Latin word *limen*, meaning the threshold (Reeves, 2011) and essential in assisting individuals cross over from one state of mind into another.

In terms of considering death as a 'status passage', Van Gennep explored the role of funeral rites and rituals, through which individuals, both the living and dead would move between the phases of separation, transition and incorporation (Turner, 1969). The funerary rites of passage include preliminal (separation), liminal (transition) and postliminal (incorporation) stages. Preliminal rituals are intended to prepare the dying and their loved ones for the impending death and separation. The liminal rituals are context specific and pertain to cultural or religious beliefs in facilitating the soul of a loved one to the hereafter, the rituals in this stage can relate to preparing bodies, wakes or funerals. The postliminal stage includes memorialisation, remembrance and condolence. These stages and the funeral rituals are considered part of the process of grieving, they are social and relational in that they 'directly involve at least one person and the symbols of loss and usually, directly and indirectly' and also involve others to move the bereaved from acute loss to acceptance and reconciliation (Reeves, 2011, p. 409). It is worth noting that understandings of grief have moved beyond prescriptive stage models of grief categorised by phases consisting of shock, intense distress and finally recovery from loss to a more empirically rounded, holistic view of grief variability (Costa et al., 2007). Whilst it could be argued that Van Gennep's concept of death as status passage, with its phases of liminality seems to map neatly onto stage models of grief, it is important to emphasise that Van Gennep (1960) also emphasised that transition rites are not uniformly experienced, and will differ in specific instances, where the three types of transition (separation, transition, incorporation) will not be 'equally important or equally elaborated' (Van Gennep, 1960, p. 11). Nonetheless, it is useful in this paper to consider liminality, particularly the social and relational of funerary rituals as being able to provide a conceptual framework through which to understand the role of rituals within wider meaning-making processes of death and loss (Ratcliffe, 2023).

A renewed focus on funerary rituals across different cultures and communities and the potential impact of disruptions on processes of grief and mourning has emerged in light of the disruption to rituals during Covid-19 (Fang & Comery, 2021; Hamid & Jahangir, 2022; Maddrell, 2020). For example, Cornejo-Valle and Martin-Andino (2023) discuss the 'elasticity' of rituals in religious ceremonies during the pandemic, countering the dominant notion of a rituals as rigid and fixed. Bear et al. (2020) consider iterations of experiencing a 'good death', as characterised by being in the company of loved ones or those who can offer spiritual support, appropriate ritual procedures and a respect for wishes regarding burial or cremation. The anxieties of experiencing a 'bad death', namely a painful, lonely or unexpected death which could be away from the familiar environment of the home to an institutional setting such as a hospital or care home, was exasperated due to isolation and social distancing rules and potentially impacting the bereaved due to the inability to carry out particular rites

associated with death 'in a traditional way' (Bitusikova, 2020, p. 52). For example, in Jewish funerary rituals the recitation of *Kaddish*, a prayer recited by mourners during the prescribed mourning period, requires the presence of a *minyan*, a quorum of at least 10 Jewish adults. During Covid-19 quarantines and lockdown the gathering of the quorum became impossible leading to adaptations such as the balcony, outdoor or virtual quorums, however, mourners considered these forms of kaddish as inadequate in offering the palliative care that communal settings could provide (Cooper, 2021). O'Mahony (2020) notes the ways in which rituals and traditions within Irish communities, such as funeral mass and gathering in the home of the bereaved in the form of wakes, were particularly affected by rules of social distancing and restricting numbers at funerals, contributing to feelings of anger and heartbreak at the loss of comforting rituals and potentially leading to deferred mourning. Ronan (2021) further notes that the Irish funeral has always been communal and cultural practices at wakes have the purpose of evoking social solidarity, which had to be deferred or altered due to Covid 19. This paper further contributes to emerging literature focusing on the roles of and disruption to rituals during Covid-19 and the effect of these disruptions on British Muslim communities.

Islamic Rituals of Death and Dying

Within Islamic discourses visiting the sick is considered both and individual obligation and a collective duty, or *fard kifaya*. It is intended to bring both comfort to the sick, to family members of the unwell and as a way for the visitor to gain *hasanat* (good deeds) through recitation of the Quran and supplications (Quran and supplications (Ahaddour et al., 2017; Dessing, 2001; Hamid & Jahangir, 2022). Baddarni (2010, p. 108) further notes, visiting the sick becomes a form of social gathering, seen as way to 'bring one closer to God' but also as a way of 'strengthening and renewing social ties' between the living. This could be considered as the liminal stage of the rites of death as the visit to the sick is considered important in beginning the process of accepting an impending loss. Following a death, Muslims are instructed to wash ('*ghusl al-mayit*') and shroud the body ('*takfin al-mayit*') according to *fiqh*, which pertains to understanding and implementation of Islamic laws and practices (Al-Barni, 2013). Both washing and shrouding of the body is a collective act, performed by those who are aware of the rules and processes; female deceased are washed and shrouded by women, and a male deceased by men. Family members are also encouraged to be present and/or take part in the washing if able, as this is considered the final act of service for the deceased. The washing of the dead is

mandatory, *fard al kifaya*, and it is also widely considered an act of piety and devotion, through which those partaking in the washing are able to gain *hasanat* or blessings. As such, the ritual of preparation of a body becomes both an obligation and a collective act, through which both family members and other community members are able to complete the final rites of their deceased.

It is customary to visit the bereaved following a death, and offer prayers in the home or local, shared spaces such as a mosque or community hall. This 'mourning visit' is known as *ta'ziyyah*, where discussing the deceased and offering duas and recitations of Quran, can act as form of continued connection between the living and the absent deceased, as both a form of condolence and memorialisation (Maddrell, 2016). The visit is recommended to be carried out for 3 days following a death, however, may take place many days or weeks following a death (Ahaddour et al., 2017). The visit is seen as a form of important social support, but also a religious obligation, another form of *fard kifaya*, intended to help the bereaved through the grieving process by sharing stories of the deceased. Memorial gatherings are also interpreted as a form of voluntary charity (*sadaqa*) through which good deeds may be passed onto the deceased through supplications and prayers, and on the first day after death with food served to those who have gathered. In this way the act of collective mourning becomes an important source of social connectedness, as it allows for an 'engagement with loss' and structures grief within the wider meaning making processes in understanding death (Ratcliffe, 2023).

Methods

This paper is based on one strand in a wider programme of research exploring the unequal impact of Covid-19 on Black and Minority Ethnic (BAME) communities in the UK which was funded by the European Social Research Council (ES/W000849/1). The research was conducted with The University of Manchester and aimed to focus on the crisis posed by Covid 19 as well as the social, cultural and economic impacts on BAME communities. This paper is focusing on a sub-group within the research, namely, to investigate how experiences of loss and commemoration for ethnic minority communities living in Britain were affected and modified by the isolation experienced during the Covid-19 pandemic.

The author conducted both online semi-structured interviews with 11 participants (six male, five female) considered working with or in BAME communities as support workers, volunteers, community organisations, medical professionals, funeral directors, faith leaders and activists between April and September 2022. Nine interviews were conducted over Zoom, one interview was conducted over telephone and another interview was in

person with a female participant was conducted in a mosque and was followed by a tour of a ghusl Khanna (room for washing the dead). These individuals were contacted through their public facing profiles, and snowballing methods were used where participants shared details of other potential participants. Discussions focused on exploring accounts of BAME communities religious, spiritual and cultural practices of commemoration, loss and grief during Covid-19. The participants were from different ethnic minority backgrounds including, Bangladeshi, Mirpuri, Gujrati and Kashmiri, they were geographically dispersed, from smaller towns in the North of the UK, to large cities including Manchester and London. All participants identified as Muslim, four participants worked across communities in their roles as General Practitioners (GPs). The interview guide included questions which focused on (a) participants professional roles, (b) their role in the organisation for which they were employed and (c) the role of their organisations in supporting Muslim communities during Covid 19. Further questions included the changing practices of commemoration during Covid-19, as well as the potential long-term impact of these disruptions. All participants have been assigned pseudonyms in order to maintain confidentiality. Ethical research was granted by The University of Manchester Research Ethics Commitee and it was decided that in order to minimise potential distress in discussing personal experiences, the research interview questions would focus only on participants professional roles. However, participants narratives and reflections during the interview moved beyond a discussion of their professional roles to more personal, intimate accounts of grief and loss which showed that some participants had not hitherto had the opportunity to discuss their experiences during Covid. Further, some of the participants had also been bereaved during Covid, which led to almost all the interviews, both in person and online becoming emotional spaces. The semi-structured interview guide allowed for this flexibility, for discussion to become more interactive and conversational, allowing participants views to be expressed more openly than closed or structured interviews (Flick, 2009). Additionally, interpretive analysis of interviews extends to visual and non-verbal cues (body language, pauses, facial expressions), interviewers are able to record and interpret both what is said and how it is said (Naeem et al., 2023). Where participants paused, reflected, shifted the way they sat, leaned into or away from their computers during the interview was noted and formed part of the interpretive, phenomenological analysis of data.

Interviewees' narrations and reflections were transcribed and analysed through a phenomenological, interpretive, thematic approach using NVivo software in order to understand meanings and significance attached to both participants experiences and their encounters with bereaved individuals during Covid 19 (Vagle, 2018). This process involved initial first level, multiple readings of transcripts to develop a broad understanding of participants experiences. Initial codes drawn from participants were refined through further multiple, close reading of transcripts, in order to identify patterns and themes (Nowell et al., 2017). These initial themes and codes were then further grouped into broader themes derived from recurring discussions of feelings, emotions and experiences which further developed analysis of findings. Initial themes and codes were sense-checked through a discussion with senior colleagues and researchers. The following sections of this paper will discuss findings emerging from analysis and include (a) adaptations to rituals and behaviours around death and dying during Covid 19, (b) impact of exclusion from wider societal support during loss for the bereaved and (c) feelings of guilt, shame and anxiety for the bereaved in being unable to complete the funerary rituals

It is also important to acknowledge my positionality as a Muslim woman with deep familiarity with Muslim religious and cultural traditions. Being an 'insider' allowed for the navigation of deeply personal and emotional sharing of experiences with death and rituals with sensitivity. Through demonstrating a shared understanding of the cultural and religious significance of Islamic rituals, and by being aware of thoughts, emotions and triggers in reaction to interviewees' narratives when discussing rituals increased participants willingness to share personal experiences (Berger, 2015; Merriam et al., 2001).

Limitations

The small-scale study reflects the challenging nature of recruiting and conducting research interviews online, the very specific nature of the role these individuals facilitated within their communities, as well as the ways in which these particular roles are under-researched. It is not the aim of this study to provide generalisations of Muslims or the communities within which they work or volunteer. Further research would benefit from a multi-dimensional approach which takes into account the psychosomatic as well as the social impact of grief rituals during Covid-19, additionally, in order to assess the long term impact of Covid-19 it would be necessary to develop a longitudinal study which returns to these participants, and also includes the voices of the individuals supported by these participants.

On Preparing for Loss

Van Gennep (1960) considered visiting and spending time with the sick and dying as part of the preliminary rites

of passage in grief. This stage is important in preparing for separation that death will bring, it is the 'symbolic behaviour of detachment of the individual' and a separation of the bereaved from their social and cultural condition (Turner, 1969). During Covid-19 periods of social distancing and lockdown aimed at curbing the spread of Covid-19 fundamentally altered the ways in which this preliminal period of preparing for separation was experienced by all communities. Being unable to say goodbye to a dying loved one in person and having a socially distanced or 'virtual goodbye' became a feature for many individuals bereaved by Covid 19, potentially adding to prolonged or complicated grief which can have long term mental and physical health complications (Chen, 2022; Sawyer & Brewster, 2019). In the absence of rituals associated with visiting the sick and dying, which are inherently social, grief became interrupted, as the everyday interactions, support and socio-cultural discourses associated with navigating loss were missing (Neimeyer et al., 2014; Valentine, 2008). The interruptions to the relational grief process, which includes the prospect of sitting with sick and dying relatives thus severely impacted the way in which death and loss were understood and experienced within the British Muslim community.

On discussing the most difficult part of lockdown for the Muslim community, Shazia, a community activist and former GP, felt that a sense of disconnection from wider social ties and support during sickness resonated particularly for elderly and younger Muslims. As members of a multi-generational families, being unable to receive visitors or to visit sick relatives due to restrictions in hospitals, 'completely overhauled the way that people socialised with each other' and led to a form of trauma or 'lingering grief'. Shazia reiterated the term PTSD during our discussion, noting that sudden loss had resulted in 'generational trauma':

> …what COVID came and did was actually cause a massive difference in cultural practices, and I feel that it's left a legacy of PTSD for many families, for many people that lost loved ones. For example, people saying goodbye at the door, when their relative is going from home but then they never see them again, because they were ill in hospital, they died in hospital…

As Shazia states, it was a case of saying goodbye at the door, and never seeing them again- the absence then of a loved one is sudden, which is characteristic of a traumatic or unexpected death, and which, in clinical understandings of bereavement can lead to emotional trauma and complicated or prolonged grief. The impact of loss on generations during Covid-19 was also noted by Abid, a family physician in a private practice and who volunteered within his local community during the pandemic:

> I think it was very hard for children, very, very hard for children during the pandemic, because a father, grandfather, grandmother went into hospital one day, they haven't seen them for two weeks, and they're never going to see them again. And for young children, that was a real big challenge.

Additionally, as one participant, a Mufti (Islamic minister) working for a community in the North of England noted, sitting with a sick relative also facilitates the grieving process, as it allows individuals to contemplate the potential loss of a loved one:

> …people were frustrated, people didn't know what to expect. People wanted to hold their loved ones once they were dying. People wanted to read the Quran or do some prayers for them beside them.

In his chaplaincy role of carrying out visitations in hospital, Mufti commented on the reaction of some Muslim patients when he visited them, as being able *'to see someone'*, was so much of a relief that *'they would start crying and crying'*. Disruptions to the beginning of the grief process, that is visiting the dying has the potential for long term implications associated with grief. The absence of these social interactions, then contributes to an inability to share in the social connectedness characteristic of these visits or to communicate this loss with others, leading to a 'grief within grief' (Ratcliffe, 2023). According to participants in this research, the prospect of family members being hospitalised during Covid regulations and thus potentially experiencing a 'lonely death' invoked feelings of panic and distress in the communities they served (Bear et al., 2020). The collective rituals associated with sitting with the sick and dying, of having family and friends to recite prayers are connected to the possibility of having a 'good death' both for the dying and the bereaved, as such the 'emotional turmoil of Covid-19 started with the pandemic reality of dying in isolation, separated from loved ones, with no end-of-life spiritual support' (Islam, 2023, p. 114). Further, the understanding that family members were dying alone in a 'dehumanised process' (Albuquerque et al., 2021) also contributed to a sense of guilt and shame for the bereaved in being unable to give comfort or express care for their dying loved ones (Mondal, 2024; Van Bortel et al., 2016).

Preparing the Body

In the liminal stage, funeral rites, such as the preparations of a body, facilitate the transition of states for both the deceased and bereaved. It is in this stage that the body is viewed with a sense of sacredness, which Van Gennep (1960, p. 12) described as the 'pivoting of the sacred', where what is sacred and the rites afforded shift

variably, therefore, 'sacredness as an attribute is not absolute; it is brought into play by the nature of particular situations'. In this particular situation, that is the washing and shrouding of the dead body, within Muslim rituals, the body takes on a sacred state, and must therefore be attributed its full funeral rites *and* rights. The funeral rites are considered a final act of service from the living for the dead and must be performed according to set rules and conditions. There is an emphasis on the cleanliness of the body, as at this stage this the final time the deceased will be washed before burial:

> Muslims believe when a person passes away and is put in the grave is going to meet his Lord. So, when you want to meet your Lord, obviously the respective thing is that you need to be clean and that's why, are you with me, the Muslim community takes this very, very seriously.
> So, a lot of people were very, very angry and upset that they didn't allow us to do that which then meant our deceased went into the grave without having a proper bathing, Islamic bathing.

During the initial stages of Covid-19 bodies were not returned to family members and instead buried immediately without any religious rites. In subsequent stages of Covid, limitations were placed on the number of people allowed to attend both the washing of a body and the funeral prayer. The fact that members of the Muslim community were buried without ghusl during Covid was considered unprecedented and a source anxiety for Muslim communities. As Mufti noted, 'never in my life time, 40 years of life apart from the pandemic, I don't remember anyone from the Muslim community that's gone without a Ghusl'. The ghusl and subsequent burial of the body is also seen as a collective responsibility, within Islamic beliefs, neglect of these duties is considered profane and marks a community as sinful if these rituals are neglected (Al-Barni, 2013). This had a profound impact on the Muslim community, participants spoke of the 'guilt and trauma' people expressed in not being able to administer the final rites for family members.

The liminal or transitional phase places the deceased in a marginal state, this state is, as Douglas (2002) noted, matter out of place, which provokes anxieties and the potency of disorder. Rituals, therefore, serve to ensure that matter is brought back into place, and that a sense of order is established. The body, in its liminal state is 'placeless', and 'left out in the patterning of society' (Douglas, 2002, p. 118), it is therefore the funerary rites and rituals which will bring the matter back into place and in accordance with its place in society, that is, of a body now it's pure state ready to move on to the next phase, incorporation into the hereafter (Littlewood, 1993). Amina, in discussing the purpose of ghusl within Islamic ideology,

noted not only the religious obligation but the importance for family members in being part of the ritual as part of the grief process, as being a form of 'closure' and in being able to say a 'last goodbye':

> I think ghusl is so important for families to do it because it genuinely is closure. It's knowing that you've done your best for your loved one at the very end when they're helpless and they can't do anything themselves…

The anxieties in ensuring that these rites are completed fully and competently are profound for the bereaved, and when there is doubt that these rituals have been completed this contributes to a sense that the transition for the deceased- incorporation into the hereafter-may not be complete, thus contributing to the sense of anxiety and grief for the bereaved. Whilst guidelines for adaptations to ghusl were accepted by Muslim communities, doubts did emerge as to how the ghusl was being completed, by whom and how these aligned with religious practices (Parveen, 2020). Maddrell (2020, p. 109) notes that longer term implications of grief emerge 'if mourners are wracked with anger at injustice; they experience guilt-shame at their impotence', being unable to witness, contribute to or facilitate rituals such as washing and shrouding the body contributes to this sense of impotence and impacts grief, and further, anger emerges when there is the feeling that the funerary rituals which have been performed may not have been done adequately with proper respect for the dead (Gray, 2020).

During later stages of Covid, when ghusl was permitted but with a limited number of people, some members of the Muslim community were able to take a minimal part in rituals and rites which shaped the final moments with their loved ones. In subsequent lockdowns during which family members were permitted to view their loved ones before burial, Abid noted the sense of relief individuals felt in being able to take some part in the funerary rites. Whilst not being able to wash their dead, being allowed to 'see their faces' briefly and apply perfumed oils to their deceased burial, became the important 'part of the process of grieving'. There was therefore a sense of relief at being reunited with their loved ones, for however short a period of time and being able to engage in funeral rites as an act of service for their deceased loved ones. Funerary rituals are intertwined with the grief process, being close to the deceased, being of service and being able to express love and kindness to the last physical remains of a person, are considered part of the successful completion of funeral rites. Whilst adaptations to these rituals were largely accepted by Muslim communities, it is the lack of social and interpersonal aspect of ghusl which contributed to the sense of interrupted grief (Mondal,

2024). Therefore, it can be argued, that it is not only the ritual itself which is of paramount importance in taking the bereaved through the grief process, but the social and relational aspect of being with others partaking in the ritual is also crucial.

Further, where this ritual of ghusl is missing, the meaning making which connects the logic of death for the living can become disrupted (DuBose, 1997). Karina, a funeral director based in London, emphasised the importance of ghusl in the meaning making process, commenting that in not being allowed to wash and shroud their deceased, some members of her community had difficulty in reconciling themselves to death and entered a state of denial:

> Yeah, I think one of the hardest practices, like when it came to the washing and the dressing of people's loved ones. And because the thing with, you know, the whole emotional process of the death, process, or grieving process we go through, or grieving processing we go, because as a result of death is that denial. And I have seen in our practice, one of the aspects that you can come to terms or come through denial which can help with denial is that when you're actually washing and dressing and spending time with your loved one…

Conversely, it is also worth noting that whilst family members were limited at the ghusl, those considered qualified in washing and shrouding bodies were subject to an over exposure and took part in more ghusl rituals during Covid-19, at times being overwhelmed by the high number of deaths. In understanding the religious and cultural importance of ghusl, the participants in this research were mindful of the burden of conducting ghusl correctly for family members who could not be present for their loved ones. During interviews it became clearly that very little official counselling had been offered to the participants working in this area during Covid. Given the importance of ghusl in Muslim funerary practices the enormous responsibility in carrying out these rituals and religious practices on behalf of the deceased and family members was a source of not only physical, but emotional labour. Whilst the concept of emotional labour has been explored in certain fields such as health care, and increasingly in fields of pathology (Boyle, 2005; McCreight, 2005) little research has explored the impact of Covid-19 on those working in the bereavement sector. However, findings from this research indicate that it is necessary to uncover and understand the extent to which those working in preparing and shrouding of bodies during Covid-19 may have been impacted by the additional emotional labour performed in supporting the bereaved (Reed & Ellis, 2020).

Sharing Loss- Grieving Together

Grief is considered a psychological, communicative and social process, and as Bosticco and Thompson (2005) note, all three aspects of grief are important in building a cognitive understanding of grief. In suffering a loss, individuals need to make sense of what has happened to them, this may be through drawing on religious, spiritual frameworks, as well as being able to share and communicate complex emotions with others. Within Islamic rituals it is customary to visit bereaved individuals following a death, and this period is spent discussing the deceased, sharing experiences and condolences. The mourning visit is part of the 'ceremonies of incorporation' for the bereaved 'into the new world' (Van Gennep, 1960, p. 21) of those who have experienced loss. The purpose of the incorporation rituals include that of reinforcement of kinship and a renewal of ties, because just as death brings separation, 'in the same way that a chain which has been broken by the disappearance of one of its links' this 'must be rejoined' by reuniting with the living (Van Gennep, 1960, p. 165). During the pandemic the spaces where these interactions and visits could take place were unavailable, leading to absence or adaptations of the mourning visit. One such adaptation was offering condolences through a phone call, which although facilitated bereavement transnationally, further emphasised the 'distancing' of grief and loss. Tanya, a volunteer working in her local community in various roles shared an example of this:

> Just using the phone, phoning them, or stand outside two metres away from each other and come and do afsos (commiserating). No hugging, no nothing. That was hard. One of my friend's, his father passed away and nobody could go near to the house because his father died at home. So we just stood outside and did afsos. A lot of people phoned. So that was a difficult time…

When asked to consider the particular ways in which the Muslim community he supported were affected by loss and grief during Covid, Mufti referred to the collective mourning rituals which include visits from family and the wider community as essential in an individual's ability to cope with loss:

> Well, that was left for the people to deal with, within the families. See if someone passes away in our Muslim community, you get the family support and you get the wider community support. At COVID, there was none of that. It was just your immediate family and over the phone, whatever you could communicate with people. That's all it was. It was very, very sad. One of my friends said: 'I felt the world stopped when my father passed away during COVID and I didn't know where to turn to. Had it not been COVID, I

would have come here, I would have gone there, I would have met friends. Friends would have come here. That would have been comforting me, but it wasn't like that…'

Being able to talk about and share loss is one part of the socio-cultural aspect of grief, crucially this aspect of communicating grief was fundamentally altered. The lack of opportunity for Muslims to engage in ta'zziyah, the mourning visit, has potentially left individuals in a state of limbo as the opportunity to be 'reabsorbed into the social and collective' was absent (Mondal, 2024, p. 230).

The social framework of bereavement, whereby visits are made and interactions shape how loss is discussed, highlights the importance of spaces of grief. This is not to suggest that grief is finite or can be neatly essentialised in the sharing of stories and spaces, rather that death and grief is inter-relational, interactional and intertwines self with place and people in varying degrees across time, which are both highly individualised and influenced by the collective. The lack of spaces, both public and private, such as home and mosque spaces was keenly felt by members of the Muslim community. These spaces could be considered as 'sites for action' including the 'emotional-affective practices and performances of expression' and remembrance, essentially spaces within which to 'do' and communicate grief (Maddrell, 2016) and the lack of which led to feelings of being stuck or the world having 'stopped'. The lack of access to these spaces added to a sense of loneliness and isolation for bereaved families, as the opportunity to be reabsorbed into the collective social and cultural were missing. Research has shown that being unable to grieve in a way which takes into account cultural and religious practices can have long term implications over time associated with prolonged grief, including moderate or severe depression (Shear, 2012). Further, as Allwood and Bell (2020, p. 8) have noted, in 'those communities where religious or cultural practices traditionally bring people together to mourn collectively, the inability to gather and the lack of access to religious and community spaces adds to the devastation of loss.'

Communication and sharing experiences of grief with others can be a form of social support, as 'most people do need to talk about the loved one because it helps to include the dead person in their present lives and to keep the memory of the deceased alive' (Hogan et al., 1996). For example, in memorialising the dead through social gatherings which mark remembrance and absence, the memory of them is kept present, and forms the basis of a particular connection between the bereaved and the living. Further, communicating death is a form of 'sense-making' and important for the bereaved individual and can serve to negate feelings of loneliness and isolation, and is an important aspect of maintaining a 'sense of presence' of the departed (Conant, 1996). When asked about the possible lasting impacts of these changes to grief and commemoration during Covid-19, Mufti, commented that it is necessary to understand that the 'network of support wasn't there' which impacted individuals' abilities to come to terms with their loss:

> …people didn't grieve properly. People never got an end to what happened and it was just an awful time…it's just that families didn't get the opportunity to grieve properly and to put a lid on what had happened.' I think the impact's going to be remaining for the rest of the individual's life, there's no doubt in that because they've not had a proper closure…

Again, this is not to fall into the trap of pathologising grief and to suggest that a roadmap of grief exists though which individuals move sequentially in order to successfully 'overcome grief' and achieve 'closure' (Bandes, 2009). Rather, in discussing not having an 'end to what happened' as Mufti states, it is possible to see how grief was prolonged, or the process interrupted due to the breakdown of social, cultural and religious frameworks during Covid-19 (Fernández & González-González, 2022). For Muslim communities being unable to take part in or facilitate grief rituals, and being disconnected to social support contributed significantly to feelings of low mood, anxiety and loneliness due to restrictions on these fundamental religious practices which emphasise collective worship and connectedness (Hassan et al., 2021). Arslan and Buldukoğlu (2023) have studied the way in which disruptions to the grieving process in Turkish culture, including funeral ceremonies and rituals on special days (seventh, fortieth day) led to more physiological grief reactions such as prolonged crying, disturbed sleep and nightmares amongst individuals in Turkey. Mondal (2024) has explored the impact of the absence of funeral rituals for Muslim participants in India, notably that individuals suffered from acute grief due to being unable to care for dying relatives or to arrange proper funeral rituals. Ostadhashemi et al. (2024) have further explored the extent to which the lack of, or altered mourning rituals affected the sense of dignity and respect for the deceased. The struggles faced by the British Muslim community in facilitating collective mourning rituals exemplifies the extent to which kinship and belonging within the community are of added importance when facing loss and grief. Long term implications of interrupted grief have been considered in psychology studies, death studies and end of life care (Boelen & Smid, 2017; Mason et al., 2020; Shear, 2012) and include prolonged distress, being unable to accept loss, fixating over the circumstances of the death and the inability to maintain relationships with others or resume daily activities (Boelen & Smid, 2017). As discussed, Covid-19

potentially exasperated the potential for complicated or lingering grief, due to the suddenness of loss, social isolation, lack of social and relational support and the disruption to funerary rituals (Khoury et al., 2022).

Research on the potential for complicated and lingering grief due to Covid-19 has identified the need for targeted and accessible mental health support (Bemme et al., 2020). Further, BAME communities face both individual and societal challenges in accessing adequate mental health resources and services and are disproportionately affected by social determinants of poor mental health, including socio-economic deprivation and racism (Baskin, 2020), BAME communities are also more likely to suffer mental health difficulties in the aftermath of disasters (Jones et al., 2011). There is therefore and increased impetus in understanding the unequal mental health impact on ethnic minority communities during the pandemic (Iob et al., 2020) and the additional support needed post-pandemic. It is imperative to tackle mental health inequality in services through working with BAME individuals, community organisations and localised services to develop a culturally appropriate, long-term, accessible and reliable approach to mental health services for BAME communities (Allwood & Bell, 2020). Additionally, as Maddrell (2020, p. 109) states, it is essential to move beyond political, national discourses intended to deflect government accountability for Covid-19 deaths. In the UK, rhetoric was focused on seeing the country as being at 'war' with the virus, demanding national unity and employing tropes of heroism for health and key works. This valorisation served to 'silence and disenfranchise personal and collective grief', and further, in frequently referring to age and underlying health conditions in death numbers, framed those deaths as 'unavoidable and acceptable' which contributed to a sense of being both 'vulnerable and dispensable.'

Conclusion

This research examined changing practices of grief and commemoration amongst British Muslim communities in light of restrictions during Covid-19. The study sought to understand the ways in which restrictions aimed at curbing social gatherings, such as lockdown and social distancing, impacted upon the way Muslim communities and individuals experienced grief and loss. In discussing the social, cultural and religious significance of funerary rites and rituals for Muslim communities, this paper has sought to further understanding of collective and individual aspects of grief amongst minority communities. Research findings showed a fundamental shift in the ways in which the socio-cultural impact of grief and bereavement was experienced. Drawing on Van Gennep

(1960) theory of liminality the paper discussed the importance of particular Muslim rituals which could be considered key in facilitating grief, these included the Islamic ritual washing, ('ghusl al-mayit') and shrouding of the body ('takfin al-mayit'), as well as the mourning visit (ta'zziyat). In discussing these rituals, it was noted that whilst these are an important aspect of facilitating the grief process, and although adaptations to these rituals were largely accepted, there remained a sense of guilt and anxiety in ensuring these rituals were completed in line with religious obligations. Moreso, it was the loss of social and relational character of these rituals which impacted profoundly on Muslim individuals. Social distancing also impacted upon ways in which death and loss could be communicated, with a lack of spaces to collectively mourn, Muslim communities were particularly impacted by the lack of mourning visits, leading to a lingering or prolonged form of acute grief. As a fundamental aspect of meaning-making, communicating grief was considered particularly impacted by Covid-19 with the inability to commiserate and share loss.

Research findings also point to the need to further explore the long-term implications of disruptions to funeral and mourning rituals for understanding the impact of grief on both the individual and wider Muslim community, as well as the emotional burden placed on both grieving individuals and organisations working to support BAME communities. Further, in order to fully account for the unequal impact of Covid-19 on BAME communities in the UK and to protect marginalised groups from future pandemics, it is necessary to address and dismantle the social inequalities which shape and impact upon marginalised communities, including employment, housing, education and healthcare (Ashford et al., 2020). Providing additional financial support, protective measures in employment and tailored mental health support is essential in mitigating the disproportionate effects of Covid-19 on marginalised communities (National Health Service [NHS], 2020; Templeton et al., 2020; Ubele, 2020).

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The author declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Data Availability Statement

Data sharing not applicable to this article as no datasets were generated or analysed during the current study.

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