

The impact of Covid-19 on dying and grieving

Panagiotis Pentaris

Panagiotis.Pentaris@gold.ac.uk
Goldsmiths, University of London

Abstract: The world recently faced a new virus called Covid-19. This airborne virus emerged rapidly and spread across the world, causing a state of crisis for all nations, and forcing governments to impose restrictions with the aim of safeguarding public health. These restrictions primarily stipulated the need for physical distancing (often referred to as social distancing in the Covid regulations), so that individuals and groups were not allowed to come together under any circumstances. Naturally, and as numerous publications and reports have shown to date, this measure had a drastic impact on social, political, religious, and economic life, leaving societies exposed to its potential effects. One area that saw tremendous changes is the area of caring for the dying and the bereaved. Death re-emerged in societies more publicly, and mass media coverage compelled political action on the subject. While dying was being re-institutionalized during the pandemic, the care of the deceased, traditions, customs, and funeral services were all undergoing transformations, and the use of technology became necessary for these to occur.

Keywords: Covid-19; pandemic grief; death; bereavement; funerals

EL IMPACTO DEL COVID-19 EN LA MUERTE Y EL DUELO

Resumen: El mundo se ha enfrentado recientemente a un nuevo virus llamado Covid-19. Este virus de transmisión aérea surgió rápidamente y se extendió por todo el mundo, provocando un estado de crisis en todas las naciones y obligando a los gobiernos a imponer las restricciones necesarias para salvaguardar la salud pública. Dichas restricciones estipulaban principalmente la necesidad de distanciamiento físico (a menudo denominado distanciamiento social en la normativa Covid), prohibiendo a individuos y grupos reunirse bajo cualquier circunstancia. Naturalmente, y como

han demostrado hasta la fecha numerosas publicaciones e informes, esta medida repercutió drásticamente en la vida social, política, religiosa y económica, dejando a las sociedades en una situación precaria ante sus posibles efectos. Un ámbito que experimentó enormes cambios fue el de la atención a los moribundos y sus familiares. La muerte resurgió en las sociedades de forma más pública, mientras la cobertura de los medios de comunicación de masas forzaba la acción política sobre el tema. Mientras la muerte se re-institucionalizaba durante la pandemia, el cuidado de los difuntos, las tradiciones, las costumbres y los servicios funerarios sufrían transformaciones, y el uso de la tecnología se convirtió en una necesidad para que éstas se produjeran.

Palabras clave: Covid-19; duelo pandémico; muerte; duelo; funerales

1. Introduction

In March 2020, the World Health Organization (WHO) recognized Covid-19 as a global pandemic. This placed tremendous pressure on governments to initiate strategies that would support local communities and populations nationwide. Without doubt the circumstances that Covid-19 brought about were new and initially difficult to navigate, particularly due to the lack of experience in these situations and lack of evidence of the risks posed to public health. Previous pandemics (e.g., Ebola virus disease; AIDS/HIV pandemic) impacted specific populations or nations; however, the world had not seen a natural disaster of this scope since the Spanish flu in the early 20th century, which affected North Africa, Europe, and West Asia with a maximum of 100 million deaths.

It is not the focus of this paper to provide details about the Covid-19 pandemic or how it impacted different segments of the population in general, or even how it accentuated the divide between those who 'have' and those who 'do not have'. These aspects have already been discussed in a plethora of texts that continue to emerge (e.g., Pokhrel and Chherti, 2021; Verma and Prakash, 2020; Siche, 2020; Sethi et al., 2020; Shrestha et al., 2020). This paper, instead, takes a closer look at how the recent pandemic has affected the experiences of dying and grieving, alongside the reconfiguration of our proximity and understanding at times of death in relation to life.

In a recent collection of essays (Pentaris, 2021), various authors from different disciplines and from various parts of the world discuss extensively and share reflections of the manifold ways in which Covid-19 has impacted social life, including dying and grieving. The pandemic brought many challenges to the world and has affected our daily lives in ways that were unimaginable before now. The events occurring during the height of the period of lockdowns around the world made the headlines consistently. The mass media coverage had many effects, but most importantly it made death a daily subject of discussion in people's homes. In households that did not generally have this kind of conversation (Walter, 1991; Feifel, 1963), be it due to cultural and traditional aspects (Pentaris, 2019; Cline, 1997) or religious reasons (Pentaris, 2019; Jacobsen, 2019) or familial (Zhang, 2022; Paul, 2019) or other, the pandemic forced the topic of death to become dinner table conversation. Online platforms, such as Twitter and Instagram, were blooming with messages about the death of a loved one, or acknowledging the number of deaths that the news reported daily, among others. This degree of coverage and spread of the subject inevitably put pressure on politicians and political mechanisms in central governments to provide responses to the issues that had never been tackled before, such as the inequalities in dying, or the

need to recognize grief publicly and move away from the tendencies towards disenfranchised grief (Doka, 1989) and the reliance on the enfranchisement of it through online platforms (Pentaris, 2014).

The scale of the impact of Covid-19 and associated measures of physical and social distancing is undeniably wide and has often remained unexplored. As Covid-19 is an airborne virus, it is also seen as a virus that 'can kill', which emphasizes the concerns people have not only for their own lives, but for the lives of their loved ones. This degree of concern was accentuated among those whose families and friends were not in close proximity, despite the physical distancing rules. This was mainly due to the heightened fear of missing out on saying goodbye if friends or family were to catch the virus and die (Pentaris, 2021). During the Covid-19 pandemic, it was no longer possible to access the hospital settings or similar, where many patients would die in isolation. Pentaris and Woodthorpe (2021:17) said that 'access to dying people in hospitals to say goodbye has become headline news, along with whether families are permitted to attend a funeral service, and the legality of their hugging a fellow mourner'. It is precisely this 'access' to the possibility of saying goodbye, attending social gatherings with other mourners and performing rituals that changed and thus the way we experience death and bereavement also changed.

The concern about 'access' was not merely seen in the examples of being able to visit loved ones in the hospital or other institutions, but more broadly in situations where loved ones wanted or needed to repatriate the deceased and follow their own traditions and rituals in their respective cultures and religions ((Rani, 2020). This paper highlights the various areas on which this special issue places emphasis, including the management and handling of the dead, as well as the organizational aspects of grieving online.

2. Death in the public discourse

During the pandemic, especially during 2020 and 2021, death and dying saw an increased and changing visibility in the public discourse. Regardless of cultural, traditional, religious, familial or another background, death escaped the confinements of private conversations and entered a public realm on a wide and much more impactful scope (see also Pentaris, 2021). This public visibility was more evident with the changes in freedom of choice and movement altogether, but also in regard to dying. Choice, movement, or predicted trajectories of different diseases and projections of outcomes were all challenged with Covid-19, posing uncertainty to such a degree that the public debate found it difficult to navigate for a long period of time (Fulton, 2021). From a place of privatization of dying

and grieving in the last two decades (Pentaris and Woodthorpe, 2021), Covid-19 transformed these experiences into public displays.

In addition to the public display of death, Covid-19 further reversed the tendencies for end-of-life care at home. Research continually shows the increasing preference of people to die at home, where they feel safe and comfortable (e.g., Shepperd et al., 2021; Gomes et al., 2013; Thomas, 2003), leading to the de-institutionalization of dying and thus grieving. However, and regardless of patients' widespread preference to die at home during the pandemic (Higginson, Brooks and Barclay, 2021), Covid-19 meant that death and dying were re-institutionalized while healthcare systems became overloaded. People were moved to Covid wards (Mahase, 2020; Chavez et al., 2020) and visitors were not permitted into these areas (Sterpetti, 2020), so that dying turned into an experience of isolation and confinement. Loved ones were only able to (not from the beginning of the pandemic) say their goodbyes online (Siddique and Marsh, 2020) and to the degree where there was IT literacy (i.e., knowledge about how to use technology) and wealth (i.e., access to the right technology). These circumstances led to much distress among family members and friends trying to connect with their loved ones and engage in final encounters that would support their healing process in the preparatory stages of their grief.

Campaigns like the *Covid-19 Bereaved Families for Justice UK* emerged to question the isolated deaths and lack of grieving options. The media covered many of these stories, including the 73-year-old man named Terry who was found dead on the floor of a UK hospital while in isolation due to Covid. Similarly, and in a different UK hospital, a 13-year-old boy died alone as he was isolated due to Covid, and his family was not allowed to visit him. These are but two examples out of many thousands of similar situations around the world. The Office for National Statistics in the UK reported that between January 2020 and March 2021 approximately 257,000 deaths occurred in hospitals and in isolation either due directly to Covid-19 or because Covid-19 was a related virus to the health condition of the deceased (ONS, 2021). It is worth noting that this service does not release data on deaths due to Covid-19 if the death occurred within 28 days of the patient's admission to the hospital.

The changing landscape of death and dying, as indicated above, has also meant a changing response to it, or rather the demand for a different response to it. The coverage that this area saw in the mass media led to decisions to allow a small number of relatives to visit patients in hospitals but not always with physical proximity. The different campaigns concerning social isolation for people dying in hospitals, aimed to respond to the situation through initiatives and negotiating more humane and emotional responses to the circumstances.

However, not all cases concern people who were admitted to a Covid ward. A different case was that of people who had a health condition, generally other than Covid, but who were not allowed to leave their residence (Kunz and Minder, 2020). As healthcare systems became overwhelmed with patients and uncertainty about the trajectory of the virus, without projected outcomes, and medical equipment became more and more scarce as the pandemic continued (Solomon, Wynia and Gostin, 2020; Kirkpatrick et al., 2020), patients living with life-threatening conditions such as terminal cancer, or MS (Multiple Sclerosis) were asked to postpone or cancel treatment due to lack of space and resources (Al-Quteimat and Amer, 2020). These individuals would normally have received care in hospitals but under these circumstances they died in isolation in their own homes and without relatives around them (New Scientist, 2020). A vivid example of this and the isolated nature of health trajectories was also that of care homes (Comas-Herrera et al., 2020; Pentaris et al., 2020).

Death was being institutionalized once again in this period while talk about death increased drastically. The interest in mortality increased and media focused attention on issues like restrictions in care home visits (Borland, 2020), Public Protective Equipment (PPE) (Sanderson, 2020), the impact of funeral restrictions on the ability to grieve (Booth, 2020), and the resulting grief of the pandemic (Neimeyer and Pentaris, 2022; Hwang et al., 2020).

3. Impact on grief

For a long time the professional services, scientific studies and public policy have given little attention to those bereaved by Covid-19 losses. This reality is worth questioning, especially given that loss and grief are some of the most stressful events in human life (Holmes and Rahe, 1967). Lee and Neimeyer (2022) based their initial conversations about the pandemic grief on models like that of Eisma, Boelen and Lenferink (2021), suggesting that loss due to a Covid death leads to more severe responses of grief than other natural causes of death; an argument further accentuated with the subsequent reflections by Neimeyer and Pentaris (2022). Following statistical models developed during the pandemic and from trying to gain a better understanding of the needs of the bereaved population – initiatives led by psychologists and social scientists – we can estimate that each Covid death is associated with nine bereaved individuals (Verdery et al., 2020). According to the statistics from *OurWorldInData*¹, since the beginning of the pandemic, 6.63 million people have died of Covid-19, while deaths associated with the virus continue to be recorded to date, with an average of 453 deaths per

¹ For more information please visit <<https://ourworldindata.org/explorers/coronavirus-data-explorer>>

day towards the end of 2022. Considering this information, we can calculate an approximate number of 59 million bereaved individuals around the world, only due to Covid-19. This excludes the public mourning for losses of leading figures in local communities to which individuals responded with personal grief. This is an exceptional number of griever, many of whom may have been experiencing a more complicated grief than would otherwise have been the case, primarily due to the restrictions in carrying out rituals, performing and attending burials, saying final goodbyes or attending to any other personal needs a loved one and the deceased may have had during those final hours.

By the end of 2022, most of the measures associated with Covid-19 had eased and life has now returned to its previous state or sometimes a renewed state, perhaps with some changes in how technology is used and for what purposes following the experiences of the pandemic (Intawong, Olson and Chariyalertsak, 2021; Herath and Herath, 2020). However, the impact of the pandemic on the bereaved has been devastating and long-lasting. Gloster et al. (2020) looked at the overall impact on mental health. This study recruited participants from 78 countries and who spoke 18 different languages, to examine the mental health outcomes resulting from lockdowns during the pandemic and recognize predictors for these outcomes. Among other findings, worsening of finances and lack of access to basic supplies were found to be leading factors for the worst effects on mental health, as well as lack of social support and social engagement. Xiong et al. (2020) completed a literature review exploring the evidence about the impact of the pandemic on mental health. The review found that over 50% of the population taking part in the studies under review showed increasing levels of anxiety, symptoms of depression, post-traumatic stress disorder (PTSD), psychological distress, and stress, among other symptoms. Of course, and as this review highlighted, there are divides based on gender, ethnicity and age, as well as other areas, which affect the degree of impact on mental health.

In 2020, Lee and Neimeyer (2022) introduced the *Pandemic Grief Scale*² in order to highlight the need for new clinical tools that can provide support by identifying those suffering from complicated grief due to a Covid loss, which impacts mental health more negatively and increases the chances of becoming suicidal, among other areas of focus. This tool has been translated into many languages and its psychometrics tested in various of these, including Turkish (Evren et al., 2022), Spanish (Caycho-Rodriguez et al., 2022), and Polish (Skalski et al., 2022). These studies often highlight the heightened and complex symptoms of grief due to a Covid death as it involved the restrictions in people's

2 <<https://sites.google.com/cnu.edu/the-pandemic-grief-project>>

freedom to engage with their loved ones who were dying, carry out rituals and fulfil familial preferences.

Without doubt, during the Covid-19 pandemic, the grieving processes were disrupted and the sense of loss was magnified. Physical isolation became a barrier to familial proximity with the dying person or the planning of traditional rituals or the public expression of grief, that is, mourning. Grief during the pandemic was an isolating and lonely experience (Doka, 2021), which left many people with a long-lasting trauma and a sense of guilt for not having had the opportunity to celebrate the lives of their loved ones according to their traditions or customs, and many people had to use digital devices to communicate with their dying loved ones. The restrictions set boundaries to the extent to which family members and friends could contribute to the care for family members. Moreover, support from health and social care professionals became limited. A study by the University of Bristol and Cardiff University's Marie Curie Palliative Care Research Centre (Torrens-Burton et al., 2022) found many challenges around bereavement during Covid, with the following three being the most common: restricted funeral arrangements (93%), limited contact with close relatives and/or friends (81%), and experiencing social isolation and loneliness (67%). Further research had similar findings (Burrell and Selman, 2022; Wallace et al., 2020), while other studies (McNeil et al., 2021) argue that virtual funerals and related practices may have transformed the nature of mourning, although they do offer space for mourners to express themselves and connect with others grieving for the same person.

In addition, another area that impacted grief and the grieving process was the possibility for the bereaved to access resources. The circumstances of a person's death during COVID-9 impacted the resources available to the bereaved and the services provided by health and social care professionals. For example, Torrens-Burton et al. (2022) found that 48% of the bereaved did not receive information about bereavement services from professionals when they felt these to be relevant to their experience and needs. These limitations further impacted how death was perceived, and grief expressed privately and publicly, while mental health was also affected (Pentaris, 2021).

4. Streaming rituals and funerals

The use of technology and social media has been a focus of death studies since the 1990s (Sofka, 1997) and evidence has been made available mainly in the last twenty years (e.g., Sofka, Gibson and Silberman, 2017; Refslund Christensen and Gotved, 2015; Pentaris, 2014). Scholarship continues to emphasize the benefits

of technology and social media in grieving and memorialization, and scholars like Sofka (2020) and Moore et al. (2019) have found that these practices have helped move mourning practices from a private space to a public sphere. That said, the tendency to re-institutionalize dying was accompanied by that of publicly expressing grief, making death a public affair altogether. However, the streaming of funerals and the digitization of memorials is not a new trend, but Covid-19 certainly made them mainstream practices worldwide, while previously they only occurred in specific contexts. For example, the Funeral Streaming Company in the UK has been offering its services since 2015.

In their article, Pitsillides and Wallace (2021:70) explored the concept of inequality in relation to digital technologies, which changes the way we remember and celebrate the dead. In their paper, in relation to the pandemic, they say that:

In the context of COVID-19, where there have been enforced cremations, distancing from the deceased's body and lack of physicality in general often leading to difficulties in accepting the death, design ideas such as these could offer gentle and poetic ways to bring the body of the deceased back into the home and personal space of the bereaved.

In other words, despite the barriers that the pandemic and the associated restrictions have placed in this part of life, technologies offered alternative solutions for individuals to carry out their grieving process and share their personal experiences of loss with those equally or similarly affected. Funeral directors and the industry had to adapt to these new technologies and find new ways to engage with the bereaved and offer their services. Examples of this include an increased offer of virtual visits when the body of the deceased is prepared; virtual support sessions to encourage griever to share their emotional response to their loss; as well as the planning of virtual vigils and other traditions or practices to facilitate specific requests from mourners. The National Association of Funeral Directors, for example, emphasized that with COVID and its associated restrictions, cremation became a more popular choice among the mourners as it offered the option for proximity and the opportunity to say goodbye to the deceased. It is without doubt challenging to even attempt to fully appreciate the impact of this reality on the funeral industry almost three years into the pandemic. As the National Association for Funeral Directors highlighted, staff had to work harder, outside normal working hours, and process funerals at a far slower pace, especially given the high number of deaths in care homes (NAFD, 2021). It is this area that this special issue focuses on, and the following papers will each explore a niche area of concern regarding these changes and in relation to the funeral industry.

5. References

- BOOTH, R. (2020). "UK's Covid bereaved suffer heightened grief, finds study". Available at: <https://www.theguardian.com/lifeandstyle/2020/nov/26/uks-26m-covid-bereaved-suffer-heightened-grief-finds-study> (Accessed: 22 November 2022).
- BORLAND, S. (2020). "Three in four care homes say GPs won't visit residents with coronavirus and only a third of nursing centres are accepting infected patients from hospital as the full horrifying scandal blighting the nation's elderly is revealed". *Mail Online (London, England)*.
- BURRELL, A., and SELMAN, L. E. (2022). "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), 345-383.
- CAYCHO-RODRÍGUEZ, T., VILCA, L. W., VIVANCO-VIDAL, A., SAROLI-ARANÍBAR, D., CARBAJAL-LEÓN, C., GALLEGOS, W. L. A., ... and LEE, S. A. (2021). "Assessment of dysfunctional grief due to death from COVID-19 in Peru: adaptation and validation of a Spanish version of the pandemic grief scale". *Trends in Psychology*, 29(4), 595-616.
- CHAVEZ, S., LONG, B., KOYFMAN, A., and LIANG, S. Y. (2021). "Coronavirus Disease (COVID-19): A primer for emergency physicians". *The American journal of emergency medicine*, 44, 220-229.
- CLINE, S. (1997). *Lifting the taboo: Women, death and dying*. NYU Press.
- COMAS-HERRERA, A., ZALAKAÍN, J., LEMMON, E., HENDERSON, D., LITWIN, C., HSU, A. T., ... and FERNÁNDEZ, J. L. (2020). "Mortality associated with COVID-19 in care homes: international evidence". *Article in LTCcovid. org, international long-term care policy network, CPEC-LSE*, 14.
- DOKA, K. J. (2021). "Grief in the COVID-19 pandemic". In *Death, Grief and Loss in the Context of COVID-19* (pp. 29-39). Routledge.
- EISMA, M. C., BOELEN, P. A., and LENFERINK, L. I. (2020). "Prolonged grief disorder following the Coronavirus (COVID-19) pandemic". *Psychiatry Research*, 288, 113031.
- EVREN, C., EVREN, B., DALBUDAK, E., TOPCU, M., and KUTLU, N. (2022). "Measuring dysfunctional grief due to a COVID-19 loss: A Turkish validation study of the Pandemic Grief Scale". *Death Studies*, 46(1), 25-33.
- FEIFEL, H. (1963). "The taboo on death". *The American Behavioral Scientist (pre-1986)*, 6(9), 66.
- FULTON, N. (2021). "COVID, Constitution, Individualism, and Death". *Widener Law Review*, 27, 123.

- GLOSTER, A. T., LAMNISOS, D., LUBENKO, J., PRESTI, G., SQUATRITO, V., CONSTANTINOU, M., ... and KAREKLA, M. (2020). "Impact of COVID-19 pandemic on mental health: An international study". *PloS one*, 15(12), e0244809.
- GOMES, B., CALANZANI, N., GYSELS, M., HALL, S., and HIGGINSON, I. J. (2013). "Heterogeneity and changes in preferences for dying at home: a systematic review." *BMC palliative care*, 12(1), 1-13.
- HERATH, T., and HERATH, H. S. (2020). "Coping with the new normal imposed by the COVID-19 pandemic: Lessons for technology management and governance". *Information Systems Management*, 37(4), 277-283.
- HIGGINSON, I. J., BROOKS, D., and BARCLAY, S. (2021). "Dying at home during the pandemic". *BMJ*, 373.
- HOLMES, T. H., and RAHE, R. H. (1967). "The social readjustment rating scale". *Journal of psychosomatic research*, 11(2), 213-218.
- HWANG, T. J., RABHERU, K., PEISAH, C., REICHMAN, W., and IKEDA, M. (2020). "Loneliness and social isolation during the COVID-19 pandemic". *International psychogeriatrics*, 32(10), 1217-1220.
- INTAWONG, K., OLSON, D., and CHARİYALERTSAK, S. (2021). "Application technology to fight the COVID-19 pandemic: Lessons learned in Thailand". *Biochemical and biophysical research communications*, 534, 830-836.
- JACOBSEN, M. H. (2019). "Thoughts for the times on the death taboo: Trivialization, tivolization, and re-domestication in the age of spectacular death". In *Death in contemporary popular culture* (pp. 15-37). Routledge.
- KIRKPATRICK, J. N., HULL, S. C., FEDSON, S., MULLEN, B., and GOODLIN, S. J. (2020). "Scarce-resource allocation and patient triage during the COVID-19 pandemic: JACC Review Topic of the Week". *Journal of the American College of Cardiology*, 76(1), 85-92.
- KUNZ, R., and MINDER, M. (2020). "COVID-19 pandemic: palliative care for elderly and frail patients at home and in residential and nursing homes". *Swiss Medical Weekly*, (13).
- LEE, S. A., and NEIMEYER, R. A. (2022). "Pandemic Grief Scale: A screening tool for dysfunctional grief due to a COVID-19 loss". *Death Studies*, 46(1), 14-24.
- MAHASE, E. (2020). "Coronavirus: NHS staff get power to keep patients in isolation as UK declares "serious threat"". *BMJ* 2020; 368 doi: <<https://doi.org/10.1136/bmj.m550>>
- MOORE, J., MAGEE, S., GAMREKLIDZE, E., and KOWALEWSKI, J. (2019). "Social media mourning: Using grounded theory to explore how people grieve on

- social networking sites". *OMEGA-Journal of Death and Dying*, 79(3), 231-259.
- NAFD. (2020). "Impacts of Covid-19 on the funeral director market – implications for the MCA investigation: A report for the National Association of Funeral Directors". Available at: <<https://www.nafd.org.uk/wp-content/uploads/2021/06/Impacts-of-COVID-19-on-the-funeral-directors-market-190620.pdf>> (Accessed: 28 November 2022).
- NEIMEYER, R. A., and PENTARIS, P. (2022). "Pandemic Loss and Grief: The Case of Covid-19". *The Handbook of Grief Therapies*, 211.
- NEW SCIENTIST (2020). "Coronavirus rules for care homes are too strict and not science-based". Available at: <<https://www.newscientist.com/article/2259044-coronavirus-rules-for-care-homes-are-too-strict-and-not-science-based/>> (Accessed: 22 November 2022).
- ONS – OFFICE FOR NATIONAL STATISTICS. (2021). "Deaths from Covid-19 alone in hospital". Available at: <<https://www.ons.gov.uk/aboutus/transparencyandgovernance/freedomofinformationfoi/deathsfromcovid19aloneinhospital>> (Accessed: 26 November 2022).
- PAUL, S. (2019). Is death taboo for children? "Developing death ambivalence as a theoretical framework to understand children's relationship with death, dying and bereavement". *Children and Society*, 33(6), 556-571.
- PENTARIS, P. (Ed.). (2021). *Death, Grief and Loss in the Context of COVID-19*. Routledge.
- PENTARIS, P., and WOODTHORPE, K. (2021). "Familiarity with death". In *Death, grief and loss in the context of Covid-19* (pp. 17-28). Routledge.
- PENTARIS, P., WILLIS, P., RAY, M., DEUSDAD, B., LONBAY, S., NIEMI, M., and DONNELLY, S. (2020). "Older people in the context of COVID-19: A European perspective". *Journal of Gerontological Social Work*, 63(8), 736-742.
- PENTARIS, P. (2019). *Religious literacy in hospice care: Challenges and controversies*. Routledge.
- PENTARIS, P. (2014). "Memorial video tribute and the enfranchised grief of a gay widower". *Thanatos*, 3(2), 1-14.
- PITSILLIDES, S., and WALLACE, J. (2021). "Physically distant but socially connected: streaming funerals, memorials and ritual design during COVID-19". In *Death, Grief and Loss in the Context of COVID-19* (pp. 60-76). Routledge.
- POKHREL, S., and CHHETRI, R. (2021). "A literature review on impact of COVID-19 pandemic on teaching and learning". *Higher Education for the Future*, 8(1), 133-141.

- RANI, S. (2020). "A review of the management and safe handling of bodies in cases involving COVID-19". *Medicine, Science and the Law*, 60(4), 287-293.
- REFSLUND CHRISTENSEN, D., and GOTVED, S. (2015). "Online memorial culture: An introduction". *New Review of Hypermedia and Multimedia*, 21(1-2), 1-9.
- SANDERSON, A. (2020). "Number 10 wasted millions of YOUR cash on Tory pals in sheer panic", *Daily Express*. Available at: <<https://www.express.co.uk/comment/expresscomment/1362076/Boris-Johnson-PPE-cost-NHS-Covid-19-coronavirus-lockdown-Matt-Hancock>> (Accessed: 21 November 2022).
- SETHI, B. A., SETHI, A., ALI, S., and AAMIR, H. S. (2020). "Impact of Coronavirus disease (COVID-19) pandemic on health professionals". *Pakistan Journal of Medical Sciences*, 36(COVID19-S4), S6.
- SHEPPERD, S., GONÇALVES-BRADLEY, D. C., STRAUS, S. E., and WEE, B. (2021). "Hospital at home: home-based end-of-life care". *Cochrane Database of Systematic Reviews*, (3).
- SHRESTHA, N., SHAD, M. Y., ULVI, O., KHAN, M. H., KARAMEHIC-MURATOVIC, A., NGUYEN, U. S. D., ... and HAQUE, U. (2020). "The impact of COVID-19 on globalization". *One Health*, 11, 100180.
- SICHE, R. (2020). "What is the impact of COVID-19 disease on agriculture?" *Scientia Agropecuaria*, 11(1), 3-6.
- SIDDIQUE, H., and MARSH, S. (2020). "Coronavirus: Britons saying final goodbyes to dying relatives by videolink". *The Guardian* (24 March 2020)
- SKALSKI, S., KONASZEWSKI, K., DOBRAKOWSKI, P., SURZYKIEWICZ, J., and LEE, S. A. (2022). "Pandemic grief in Poland: Adaptation of a measure and its relationship with social support and resilience". *Current Psychology*, 41(10), 7393-7401.
- SOFKA, C. J., GIBSON, A., and SILBERMAN, D. R. (2017). "Digital immortality or digital death? Contemplating digital end-of-life planning". In *Postmortal Society* (pp. 173-196). Routledge.
- SOFKA, C. J. (2020). "Netiquette regarding digital legacies and dealing with death, tragedy, and grief". Available at: <<https://www.siena.edu/files/resources/netiquette-social-media-and-grief.pdf>> (Accessed: 28 November 2022).
- SOFKA, C. J. (1997). "Social support "internetworks", caskets for sale, and more: Thanatology and the information superhighway", in Sandra BERTMAN (ed), *Grief and the Healing Arts. Creativity as therapy*. London: Routledge.
- SOLOMON, M. Z., WYNIA, M., and GOSTIN, L. O. (2020). "Scarcity in the Covid-19 pandemic". *Hastings Center Report*, 50(2), 3-3.

- STERPETTI, A. V. (2020). "COVID-19 diffusion capability is its worst, unpredictable characteristic. How to visit a patient from a distance". *Journal of British Surgery*, 107(7), e181-e181.
- THOMAS, K. (2003). *Caring for the dying at home: companions on the journey*. Radcliffe Publishing.
- TORRENS-BURTON, A., GOSS, S., SUTTON, E., BARAWI, K., LONGO, M., SEDDON, K., ... and HARROP, E. (2022). "'It was brutal. It still is': a qualitative analysis of the challenges of bereavement during the COVID-19 pandemic reported in two national surveys". *Palliative care and social practice*, 16, <<https://doi.org/10.1177/26323524221092456>>
- VERDERY, A. M., SMITH-GREENAWAY, E., MARGOLIS, R., and DAW, J. (2020). "Tracking the reach of COVID-19 kin loss with a bereavement multiplier applied to the United States". *Proceedings of the National Academy of Sciences*, 117(30), 17695-17701.
- VERMA, A. K., and PRAKASH, S. (2020). "Impact of covid-19 on environment and society". *Journal of Global Biosciences*, 9(5), 7352-7363.
- WALLACE, C. L., WŁADKOWSKI, S. P., GIBSON, A., and WHITE, P. (2020). "Grief during the COVID-19 pandemic: considerations for palliative care providers". *Journal of pain and symptom management*, 60(1), e70-e76.
- WALTER, T. (1991). "Modern death: taboo or not taboo?" *Sociology*, 25(2), 293-310.
- XIONG, J., LIPSITZ, O., NASRI, F., LUI, L. M., GILL, H., PHAN, L., ... and MCINTYRE, R. S. (2020). "Impact of COVID-19 pandemic on mental health in the general population: A systematic review". *Journal of affective disorders*, 277, 55-64.
- ZHANG, W. (2022). "Is death taboo for older Chinese immigrants?" *OMEGA-Journal of Death and Dying*, 84(4), 1061-1080.