

SO CLOSE YET SO FAR: SOCIAL COHESION EFFECTS OF ALTERED CATHOLIC AFTER-DEATH RITUALS DURING THE COVID-19 PANDEMIC

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ABSTRACT

The death of a loved one is one of those significant life events when social cohesion is desperately needed to ameliorate the pain and grief. However, social cohesion in times of pain and grief has been frustratingly disrupted by the COVID-19 pandemic because of physical distancing, border closures, travel restrictions, and other similar measures. This present study aimed to investigate the effects on the social cohesion of altered Catholic after-death rituals as a result of the state-imposed restrictions to contain the COVID-19 pandemic in the Philippines. Employing interpretive phenomenology to capture the lived experiences of bereaved individuals, 48 participants across the capital cities of the Central Visayas region agreed to participate in in-depth interviews. Digitally recorded interviews were thematically analyzed to generate the themes and subthemes. Three themes emerged as results of reshaped after-death rituals: physically disconnected community members, socially isolated and stigmatized mourners, and loss of autonomy due to state-imposed restrictions. Social cohesion regarding the expression of reverence for the dead person and condolence to the bereaved, along with the performance of after-death rituals, are significantly challenged and weakened by the state-imposed restrictions during the COVID-19 pandemic. However, the ability of the social actors (individuals, community, and institutions) to find alternative ways to salvage social cohesion was observed. Specifically, some participants were quick to transition to technology-mediated communication and virtual after-death rituals to mitigate the unpleasant effects of the restrictions.

Keywords: *social cohesion, after-death rituals, physical distancing, mourning in isolation, stigma, medicalized death, technology-mediated rituals*

INTRODUCTION

The death of a loved one is one of those significant life events when social cohesion is desperately needed to ameliorate the pain and grief. Notably, a funeral or ceremonial disposal of the dead body is a key element of many mourning customs (Sallnow et al., 2022). In fact, “the performance of cultural, religious, or other spiritual rituals,” “the emotional support from family and friends,” and “dying at a preferred place” which is at home are three of the eleven conditions that comprise good death (Zaman et al., 2021). By the same token, observing traditions and values that govern the community at the time of the funeral and burial is one of the most vital strategies for managing corpses (Nejati-Zarnaqi, Sahebi & Jahangiri, 2021).

According to Norton and Gino (2014), “ritual is a symbolic activity that is performed before, during, or after a meaningful event in order to achieve some desired outcome (e.g., alleviating pain from the death of a loved one)” They further suggested that rituals are used as a coping method to help people feel in control again after suffering losses, and this greater sense of control reduced grief.

In the context of Catholicism, their perspective on death is highly essential to understanding the effects of altered after-death rituals on social cohesion. Catholics believe that death does not spell the end of life; rather, it is the beginning of a new life in God, a life that will never end. Moreover, their belief on resurrection further supports the Catholics’ view on life and death primarily from a spiritual, rather than a physiological, standpoint (McTavish, 2016). Still in the Catholic tradition, ensuring a dignified death entail, among other things, that the dying person will not be deserted or left to die alone by the community (Kopfensteiner, 1996). Additionally, although death is solitary as it happens to us personally, it does not imply that we should die by ourselves in the absence of those who love and care for us. Kopfensteiner (1996) further explained that the community is consequently deemed to have lost its sense of human solidarity with the most vulnerable people in society in an environment where the dying feels alone. No wonder that the Catholics also emphasize the ecclesial significance of after-death rituals, which concerns everyone who is a member of God's people (*La celebration des obseques*, 1972, as cited in Mariolle, 2020).



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During the COVID-19 pandemic, people's mobility was limited to essential things like availing of health services and procuring basic commodities. Physical distancing was strictly enforced to stop the rapid spread of SARS-CoV-2; social gatherings were prohibited; non-essential in-person activities were canceled. Consequently, social cohesion in times of pain and grief has been frustratingly disrupted by the pandemic because of physical distancing, border closures, travel restrictions, and other similar measures. Specifically, physical distancing has reduced social support and is likely to dramatically increase social isolation and loneliness (Marziali et al., 2020). Bereaved families were confronted with challenges because of pandemic mobility and distancing restrictions that reshaped and altered some long-held traditions, e.g., after-death rituals (church service, graveside service, memorial service, and the like).

Local communities with a higher level of social cohesion (alongside informal social control, and social exchange) are more likely to be confident in their neighborhood's ability to recover swiftly from a disaster (Cagney et al., 2016). In fact, social cohesion is recognized as a crucial resource for disaster recovery planning and an essential component of all phases – before, during, after a disaster, and recovery phases (Ludin, Rohaizat & Arbon, 2019). Unfortunately, the COVID-19 pandemic has amplified social cohesion issues across countries worldwide (Jewett et al., 2021). Social connectedness declined during the pandemic, and adults who felt more isolated or less connected to others reported a significant decline in life satisfaction (Folk, Okabe-Miyamoto, Dunn & Lyubomirsky, 2020).

Ideally and culturally, after-death rituals are spaces for the expression of emotional attachment, mutual help, and moral support both for the deceased and the bereaved family. And nothing could be more excruciating than being incapacitated by government restrictions to perform these after-death rituals. We have therefore witnessed how social cohesion is tested and threatened by state-imposed restrictions.

At least in the Philippine context, after-death rituals are predominantly communal, social, and collective in nature. Physical distancing and other non-pharmaceutical measures have created unprecedented effects on social cohesion by default. Thus, expressing the community's collective in-person moral and emotional support to the bereaved families as the optimum expression of social cohesion is not challenged and threatened. On the part of the bereaved, the inability to be present before or during the death of a loved one results in a sense of guilt for not having fulfilled their social or personally desired role (Becker & Victor, 2020).

Further, the prospects of dying alone, social isolation, complicated grief, and even stigma may be exponentially higher in a time of pandemic than in a normal period. To wit, “dying alone is described as approaching death while living alone or dying in a place where significant others are unable to be near” (Nelson-Becker & Victor, 2020). Individuals who die with only hospital personnel present, without their family, are considered to die alone (Nelson-Becker & Victor, 2020). Also, long-term stay-at-home imposition during the epidemic is likely significantly to escalate loneliness and social isolation among many people (Killgore et al., 2020). Prohibitions and restrictions imposed on mourning rituals can predispose vulnerable individuals to develop psychopathological conditions, like complicated grief and persistent complex bereavement disorder (DiIaiuti et al., 2021). Finally, stigma is now seen as an unintended consequence of the COVID-19 pandemic experienced by people who tested for the disease and those who are likely to get infected (Islam et al., 2021).

Currently, there are no studies that investigate the effect on the social cohesion of altered Catholic after-death rituals during the COVID-19 pandemic based on the lived experiences of bereaved family members. To the best of our knowledge, there remains a need to focus on the experiences of bereaved family members and explore the effect on the social cohesion of altered after-death rituals during the COVID-19 pandemic.

This present study is guided by the conceptual lens that death is not only a physiological condition but also a psychosocial phenomenon among bereaved individuals and community members, especially so among Catholics whose traditions are replete with after-death rituals where social cohesion is covertly demonstrated. Furthermore, social cohesion is defined as “the ongoing process of developing well-being, sense of belongingness, and voluntary social participation of the members of society, while developing communities that tolerate and promote a multiplicity of values and cultures and granting at the same time equal rights and opportunities in society” (Fonseca, Lukosch & Brazier, 2019). It is further understood in terms of its three levels, namely: community, individual, and institutions.

This present study aimed to investigate the effects on the social cohesion of altered Catholic after-death rituals during the COVID-19 pandemic based on the lived experiences of bereaved family members. The following research question guided the investigation: How was social cohesion (at the community, individual, and institutional levels) affected by the altered Catholic after-death rituals during the COVID-19 pandemic?

While this study was part of a research project that focused on the overall alterations or changes of the Catholic funeral rites tradition as affected by the state-imposed health protocols during the COVID-19 pandemic (see Albina et al., 2022; Boholano & Bacus, 2022; Mijares, 2022), it however zeroed in on the effects towards the social cohesion of those altered Catholic after-death rituals – at the community, individual, and institutional levels. The present investigation therefore focused on the social cohesion as a phenomenon, and not on the Catholic funeral rites tradition *per se*.

The result of the study will provide a good reference for the government in making policies and implementing programs that aim to cushion the negative effects on the social cohesion of altered after-death rituals during health emergencies. After all, the cornerstone of any chosen strategy in the management of COVID-19 patients' dead bodies should be adhering to acceptable funeral and burial practices and preserving social values, as well as the rights and dignity of the corpses (Nejati-Zarnaqi, Sahebi & Jahangiri, 2021).

METHODOLOGY

Research Design

We employed interpretive phenomenology to capture the lived experiences of bereaved individuals regarding the effects of the altered after-death rituals on social cohesion at the levels of the family and with the community because of the state-imposed restrictions on Catholic funeral traditions during the COVID-19 pandemic in the Philippines. As a study that employed interpretive phenomenology, we presented the object of investigation (lived experiences of bereaved individuals regarding the effects of the altered after-death rituals) beyond words in the participants. As researchers, we were aware of our knowledge and perceptions, but did not let them limit us, but instead make use of them to enrich the interpretation of making meaning out of the phenomenon under investigation.

As one big project led by the corresponding author, this study was conducted in the capital cities of Central Visayas in the Philippines, namely: Dumaguete City (see Albina et al., 2022), Cebu City (see Boholano & Bacus, 2022), Tagbilaran City (see Mijares, 2022). These cities have a significant number of mortalities related to COVID-19 as compared to towns or municipalities in the region.

Research Participants

The study participants comprised those 48 purposively selected persons (16 per city) whose loved ones died in the year 2020 when community quarantine was already strictly imposed in the country, regardless of whether the cause of death is COVID-19-related or not. Specifically, those who were recruited to participate as key informants in this study were the spouses, children, siblings, parents, and close relatives of the deceased. They consented to participate in the in-depth interviews. Interviews took place between August 31 and November 28, 2021. The interviews ranged in length from an hour to an hour and a half.

Data Gathering Procedure and Data Analysis

The digitally recorded interviews were translated from Cebuano to English, coded, and analyzed using thematic analysis techniques to generate the themes and subthemes. Regarding the translation procedure, a multilingual translator who is proficient in both Cebuano and English double-checked every transcript. In addition, NVivo 12 software was utilized as an aid in analyzing the translated interview transcripts.

Ethical considerations

To attest to the voluntary nature of their participation, we made sure that study participants had read and signed the informed consent form. The participants' identities were protected by anonymizing individual responses that would identify them and by presenting the results in general. Additionally, we honored the decision of the participants who chose to withdraw during the whole course of the study, particularly during the collection of data, even though they had already completed the informed consent form. Finally, because all replies were kept in a secure database, nobody but the researchers had access to the data that participants submitted. Any information that could be used to identify participants was thoroughly anonymized. In this study, no potential conflicts of interest have been found. Before fieldwork started, the Cebu Normal University Study Ethics Committee (CNU REC) processed and gave an ethics review clearance to make sure that no ethical considerations in the conduct of research with the participants would be violated.

RESULTS

The COVID-19 pandemic made the imposition of health protocols as a preventive measure against rapid viral transmission and infection which usually resulted in several deaths before the vaccines were finally manufactured and massively used. Not only those deaths due to COVID-19 scared many, hence, the strict enforcement of health protocols; one direct result of mobility restrictions was the alteration of funeral rites, particularly of the Catholics. The thematic analysis of in-depth interview transcripts generated three major themes to highlight the social and psychological effects of the COVID-19 pandemic: physically disconnected community members, socially isolated and stigmatized mourners, and loss of autonomy due to state-imposed restrictions.

Reshaped after-death rituals

The reshaping of after-death rituals at the time of the pandemic appeared to be one of the unintended consequences of all the health and safety measures imposed by the government. This brought people to the realization of how unstable the long-held and valued after-death rituals can be in the face of a crisis. The after-death rituals were either altered in the case of death not caused by COVID-19 or completely canceled in the case of deaths due to COVID-19 (see Albina et al., 2022; Boholano & Bacus, 2022; Mijares, 2022). A relative of the deceased noticed the big difference in how deaths and funerals were managed between pre-pandemic and at the height of the pandemic when cases of infections were rising. In the past when somebody died the relatives could come and gather to physically show sympathy and support. The neighbors could likewise come and look at the dead's final moments which are not feasible anymore with the exclusivity of physical mourning for fear of viral infection.

The alteration and exclusivity of after-death rituals were evident in the imposition of a three-day maximum funeral wake, restrictions of neighbors and friends to attend funeral wakes during curfew and funeral mass, abbreviation of funeral mass, observance of physical distancing in all these rituals. A relative of the deceased recounted that during pre-pandemic the burial or wake traditionally lasted for nine days among Catholics. He added that at the height of the pandemic, only three days were allowed and exclusive only to family members if it was held at home. The exclusivity of funeral rites extended to the day of the burial when only family members should attend. This also applied to death not caused by COVID-19. Similarly, the church was extremely strict in compliance with the government's health protocol requirements. He concluded that "the mass was so short, it probably just lasted for less than 30 minutes."

On the other hand, the cancellation of after-death rituals was seen specifically in the absence of a funeral wake or vigil and funeral mass, particularly in deaths due to COVID-19, which were buried immediately. A mother of the deceased sadly remembered that “we did not get to take him to church... no mass was held for him in the church because it was not allowed.” In order to abide by Catholic tradition, the family just requested a priest from the church to hold a mass for the deceased before burial. The wife of the deceased who succumbed to COVID-19 could not also accept what had happened because it was not the usual kind of death. Suffering from COVID infection was not easy given the struggle of the patient to survive and the cost of hospitalization for the surviving family. She recalled that her husband was simply taken away and they were not even able to give him a proper burial.

Theme 1: Physically disconnected community members

The first theme generated captures the impact of altered after-death rituals on the community, which include the relationships and ties that exist within it, the prevailing social climate, and the extent of participation in those rituals. The impact on the family and community that threaten social cohesion is reflected in the following subthemes: no more homecoming and getting together, distanced mourning, limited participation in altered after-death rituals, mourners on a mask, and technology-mediated communications and after-death rituals.

No more homecoming and getting together. When a person dies, bereaved family members, relatives, and friends normally come home to pay last respects to the deceased and participate in after-death rituals (funeral wakes, vigils, funeral mass, and burial, among others). The more this is true for married children of the deceased or the children who are working away from home if they are financially able to spend for the trip. In fact, burial is postponed until the closest person to the deceased has arrived. Sometimes death in the family and the days of mourning have become a cultural way for the immediate family members to come together although on a sad occasion. This cultural event is an opportune time to get together and reconnect with each other but the health restrictions during the pandemic had stopped this. At the height of the COVID-19 pandemic, coming home to the Philippines of Filipinos from other countries and even those from neighboring places and provinces is difficult, if not totally impossible when travel restrictions and border closures were in place as measures to contain the rapid spread of SARS-CoV-2 and protect public health.

A daughter, for example, recounted: “When my father died, my older sibling would have been able to travel and be back here immediately if only there was no COVID-19 pandemic. He is in Indiana, USA. If there were no pandemic or quarantine protocols, automatically he would come home in a rush.”

A quick trip home is not a problem here because the concerned family member can afford it, but money cannot buy easy entry to the country because of the heightened health alert during the height of viral transmission. Meanwhile, the experience where almost all family members were not able to attend the funeral was shared by the spouse of the deceased. She said: “Even two of my children themselves and my family’s side who are in Bacolod City and my husband’s relatives in Manila were not able to come home because it was not possible due to swab tests and quarantine requirements.”

To a certain extent, the prospect of seeing again relatives and friends from other places during a funeral wake or prayer vigil reduced the pain of losing a loved one. Hoping for a reunion of relatives even on a sorrowful occasion, a relative of a deceased said during the interview: “Although you are mourning, somehow you’ll get excited about meeting one another once again. When somebody dies, the family can get together, just like a reunion, and then you reconnect with them. But due to the pandemic, it’s like we are being robbed of happiness.” A cousin of the deceased who missed a lot of the opportunity to meet relatives from different places due to the restrictions recalled that: “there used to be chatting during the funeral with friends and family whom we haven’t seen in a long time. All these are gone now.”

Distanced mourning. While the Philippine government allowed, however for a limited time, funeral vigil and mass for non-COVID-19-related deaths, these rituals were canceled altogether for COVID-19-related deaths (both confirmed and non-confirmed). Unfortunately, strict implementation of physical distancing (i.e., maintaining at least a meter distance between and among persons in public spaces) resulted in the unwanted distancing of mourners who attended after-death rituals, hence the distanced mourning. Distanced mourning was seen in two forms: person-to-person distancing, and person-to-dead body distancing. The former has resulted in the curtailed desire of mourners to touch, hug, kiss, and pat each other’s shoulders as behavioral expressions of comfort and support: “I don’t like what’s happening now. Before the pandemic, you could express how you grieve and everything, the love, affection, you can embrace, etc. Now, there is nothing like that anymore. It’s like you will just stare at each other even though you really like to shed tears.” A son of the deceased said that “many are supposed to go with or attend the interment, but now it is limited because of social distancing.”

Meanwhile, the latter form of distanced mourning describes the restriction to come closer to the dead person’s body during burial. As a result, mourners simply witnessed the burial at a considerable distance, thereby divesting them from seeing their loved ones for the last time. According to a daughter, “it was just my older sibling and me who witnessed the burial of our mother at the cemetery.

We were not permitted to get close to the coffin.” A spouse of the deceased also shared: “During my husband’s burial at the cemetery, we really did not gather; the others remained far from one another. Even in the family, my kids even kept their distance from each other. It was inevitable that as the coffin was lowered down, only my child had assisted because my neighbors were far away.” Being restricted to go closer to the coffin must have also deprived them of the traditional practice of throwing flowers at the coffin when lowered down as a gesture of goodbye.

Limited participation in rituals. Due to the COVID-19 containment measures, especially the mandatory stay-at-home order, people’s mobility was generally limited to accessing essential goods and services and going to offices and establishments permitted by the government. In effect, it created a limitation on people’s participation in after-death rituals for non-COVID-19-related deaths. A relative of the deceased lamented: “If ever prayer vigils were initiated, only the prayer leader and the family of the deceased should be there. Neighbors would no longer come. If ever other people should be there, only a few could do so.”

The same theme was narrated by a sister of the deceased about mourning that has become a practice done in isolation by the nuclear family which used to be a gathering of relatives and friends. She said during the interview that the “vigil was just for the family. Also, during the mass and the burial, it was just our family. Very few friends have attended.” This phenomenon created a picture that is extremely different from the pre-pandemic after-death rituals that were attended by a multitude of mourners and sympathizers from different places. A sister of the deceased would describe her condition as “utterly pitiable” and the funeral as “awfully deserted.” She concluded that her burial was so “heartrending.” In another interview, a daughter of the deceased admitted that “only the immediate family members are... expected at every wake; no neighbors or good friends are allowed.”

Mourners on a mask. Physical disconnectedness among community members was evident in the inability to come home and get together, express behavioral gestures like hugging, kissing, and patting of shoulders due to distancing measures, and limited participation in after-death rituals, let alone the wearing of face masks which served as a barrier in expressing gestures of sympathy, care, and support. A sister of the deceased for instance described: “Everyone now wears facemasks; it’s difficult to recognize those people who expressed their condolences and sympathies during funeral wakes and the burial, let alone see their facial expressions.”

Moreover, interactions or movements among mourners were limited by the health protocol on avoiding or preventing the transmission of the invisible virus. Gestures of sympathy through hand signals became common which tried to compensate for the absence of facial expressions of condoling the immediate family members of the deceased. The description of the interaction inside the house during the funeral wake by the daughter of the deceased suggests the prevailing absence of meaningful encounters among relatives and friends. She said that they “would only go inside if it was no longer too crowded and they would wear masks. The people were wearing masks. I couldn’t identify sometimes who those people were”.

Technology-mediated communications during after-death rituals.

Communication technologies and the internet appear to partly substitute for the lost physical connectedness among community members, and in effect mitigate the social, emotional, and religious impairment caused by the non-observance of after-death rituals like how they were performed before the pandemic hit. Video calls via Messenger, virtual vigils, virtual masses, and virtual burials became via Zoom, Facebook, Google Meet, and other platforms became the new normal during the pandemic.

However, technology-mediated communication would work only as a better alternative when the relatives involved have gadgets or good internet connectivity. With proper scheduling, particularly in different time zones, a group prayer among members of the immediate family could be held while those away and prevented to travel could do the same in real-time. A relative of the deceased provided the details of how they did that: “We had a schedule on Zoom led by my brother in the US. We would just log in on Zoom and then hold the prayer. Someone would be leading; that’s where we would do the rosary.” In another case, a relative of the deceased described how group virtual prayers were arranged: “The prayers were recited using Google Meet so that our unfortunate relatives could at least see even if it was just the jar containing the ashes.”

Theme 2: Socially isolated and stigmatized mourners

The second theme identified reflects the impact of altered after-death rituals on the person *per se* as an individual member of society. The impact on the person related to social cohesion is reflected in the following subthemes: mourning in isolation, stigmatized mourners, and hesitation to stay long in altered after-death rituals and come close to the bereaved families.

Mourning in isolation. Being alone and mourning is probably one of the major psychosocial drawbacks that are hard to manage as the death of a loved one calls for collective support from families, relatives, neighbors, and friends. This is primarily caused by the measures to contain the spread of COVID-19 such as travel restrictions, border closures, and the like. Relatively, nothing could be more painful for a parent or child being incapacitated by extrinsic factors to physically see the dead body and say farewell to their loved one for the last time. This is evident in the recollection of the mother of the deceased: “At the wake, not so many would stay. It was only I who was there for the vigil.” A sentiment that was also shared by a daughter of the deceased who wished to be home: “I was sad and angry as I really wanted to go there.” She cannot join in the vigil for her mother since she is at the hotel completing her mandatory quarantine since she is a returning OFW.

For family members mourning at home, the feeling of seemingly being alone is reflected in the response of a son of the deceased who compared the past to the present situation. “The family of the deceased feels lonely because nobody would stay and stand by. It’s really lonesome. Before, a lot of family and relatives would come together, but now it’s really forlorn. The wake is really deserted.” Although technology and the internet could have served as a solution to those who cannot physically attend to after-death rituals, participants noted that nothing can replace, not even social media, to ease one’s longing for physical presence and ameliorate one’s feeling of isolation. A cousin of the deceased upheld the importance of physical presence and that technology is just a “band-aid” solution: “Human connection is important. Even if social media has advantages, there’s nothing that can replace your personal experience, where you can really feel it deep in your heart. Even when I was watching the Live, I can still cry. But the feelings could not compare if I was there during the funeral and burial.”

Stigmatized mourners. People’s fear of contracting the COVID-19 consciously or unconsciously led to their attitude or belief that negatively stereotyped those individuals who have had close contact with or exposure to COVID-19 patients, confirmed or otherwise, more so if patients die, regardless of whether it is due to COVID-19 or not. Based on the participants’ experiences, they feel discriminated against by their neighbors and friends as evidenced by the latter’s desertion from vigils and avoidance to going near or passing by the house of someone who died of a COVID-19-related cause.

Although a sister of the deceased felt bad about the stigma, she also became more driven to correct misinformation about the virus and how one could be infected. She explained: “You would really feel that a lot of people were avoiding you. The reason I went to see her at the hospital was not only to do some errands. It was also to prove

to other people that she didn't die of COVID-19." A relative of the deceased who felt the same way explained that the "vigil was so deserted because some of our neighbors, considering we are close to the people in the area, did not come." The family heard speculations that maybe their neighbors were afraid of contracting the virus from them. And this is a very stressful situation. A niece of the deceased expressed their ill feelings this way: "we are mad at the people who treated us like we were sick of some grave illness as they avoided us out of fear of being infected."

Hesitation to stay long and come close. If at all neighbors and friends of the deceased would pay a visit to the wake or witness a burial, they would do so very quickly, even if the person's cause of death is not related to COVID-19. Neighbors and friends who participate in altered after-death rituals normally hesitate to stay, unlike during the pre-pandemic period when people would spend prolonged hours talking with the bereaved family and anyone around, or simply just make one's presence be felt by others. Thus, attending a burial rite in the church or cemetery is an opportunity for some to meet relatives and friends whom they have not seen for a long time because the latter already reside elsewhere.

A spouse of the deceased noticed a great contrast with burials during normal times. He observed that "during vigils, even our neighbors would just take a short peek and walk away; they would not stay long. It truly was different." This behavior continues up to the final burial rite in the cemetery as one mother had compared the experience now with those burial rites she observed before the pandemic. She pictured the situation this way: "After the prayer led by the lay minister, everyone headed home immediately. It's unlike before when everyone would gather around; families would talk; people would ask each other about what is happening. Yet now, it's no longer like that. After blessing my child's body and burying it, everyone immediately goes straight home." A daughter in another grieving family summarized the vigil to be literally lonely. She further recalled that "those who are there wouldn't even eat the prepared snacks. They leave immediately. They don't even come close to sit down."

Theme 3: Loss of autonomy due to state-imposed restrictions

The third theme established shows the effect of altered after-death rituals on the institutions present in the society, which include governance, freedom of the individual as an agent and actor with human rights, and the norms and values that society upholds. The effect on the institutions related to social cohesion is reflected in the following subthemes: medicalized death and corpse management and disenfranchised from freedom to make decisions.

Medicalized death and corpse management. During the COVID-19 pandemic, death among patients with confirmed or suspected COVID-19 infection was viewed purely from the medical viewpoint, which in effect prohibited loved ones from visiting them in hospitals prior to death and making funeral arrangements thereafter. Families, communities, and the church had little to no direct involvement in according their deceased loved ones with the usual pre-pandemic after-death rituals.

A son whose father was suspected by the hospital management to have died from COVID-19 reported that he was instantly wrapped in a body bag. He narrated that the cadaver “was taken away by the personnel from the local government, and at 11 o’clock in the evening, was buried. We were no longer able to get out of the house because we were already quarantined.” A more sobbing scenario was described by a wife whose husband was buried without the traditional Catholic Church rites either done by a priest or a lay minister. She recalled that “the deceased was directly lowered into the tomb... (directly)... from the hospital. It was like just burying an animal because no one ever held a prayer at the cemetery.”

The preceding experience corroborated the observation of a wife when her husband was hospitalized. She said “that if somebody died of COVID-19, they are immediately wrapped up in a body bag. The hospital staff, the ones that look like astronauts, would handle the dead bodies. No one can go near even the bereaved. It had goosebumps then.” A relative vividly described the burial he had attended: “They simply use the backhoe so that they can wrap up the burial quickly because of many COVID-19-positive deaths. The coffin is simply placed in the grave dug up by the backhoe.”

Disenfranchised from freedom to make decisions. Bereaved individuals felt that the government’s COVID-19 measures and protocols disenfranchised them of their freedom to do the things that they used to do during the pre-pandemic period. They felt that it was the government that was in control of everything, and there was nothing they could do about the situation. A son of the deceased reminisced that “in the past, you could have vigils for the deceased for as long as you want and wait for other family members who were from far places to come home. You could choose when you wanted the dead to be buried. You have the freedom to do so for as long as you have the financial capacity to accommodate your visitors. Nowadays, however, it’s not you who decide but the government.” Another remember that his mom had to be present during the burial at around 11 o’clock in the evening to know the exact location of the grave. But she was not allowed to stay longer and had to be home because the family was quarantined.

The *barangay tanods* or village watchmen [*barangay* is the smallest political unit in the Philippines] and policemen were roving around and reminding everyone during nighttime to strictly observe the curfew starting at 10 o'clock. Wakes or vigils beyond these hours were strictly for immediate members only. According to the mother of the deceased "there are village watchmen who would go to the wake. They would go to sort of reprimand regarding the curfew. They would remind me about the time." Because of the curfew the prayer had to be scheduled early around 6 o'clock in the evening. Another mother remembered that "the village watchmen were there to reprimand and tell us that it was already time for curfew. At around 8 o'clock in the evening, it should just be us, just the family."

Although the funeral wake for deaths not due to COVID-19 was permitted for three nights only, this can also be extended to nine nights as traditionally practiced by devout Catholics. The concerned family must only ask permission from the *barangay* chairperson. Some requests for extension were granted, but these were mostly not granted as the pandemic was getting serious. Meanwhile, asking permission to attend the burial of a relative who died of COVID-19, particularly the request by the spouse, may be granted but only one or two from the family could attend because of the restriction on large gatherings. After the burial, those who attend were mandated to strictly stay at home, and not to go out until their swab tests or RT-PCR results turned out to be negative for COVID-19.

Some were obviously saddened or disappointed by the experience of having been disenfranchised of their freedom to accord their loved ones the after-death rituals that they used to practice. A son of the deceased lamented that "it really hurts that we buried our father immediately, but there was nothing we could have done. We had no choice since he had to be taken away in 24 hours. My relatives were disappointed because my cousin didn't die of COVID, yet we couldn't come close and there is nothing we can do because it is the law. However, some simply rationalized the importance of having all these restrictions and limitations which aimed to put a halt to the rapid spread of SARS-CoV-2. Besides, going against what the government only allowed was tantamount to risking punishment. A sister said that "it's sad that what has been in the past will never happen again. Nevertheless, what is important is our safety. We need to understand that this is now the new normal. Hence, we can't do anything about it so we have to follow the rules and what is set by our government.

DISCUSSION

The COVID-19 pandemic has amplified social cohesion issues within the family and in the community across countries worldwide (Jewett et al., 2021). Measures imposed to contain the spread of COVID-19 led to the prohibition against mourning rituals, which resulted in the inability of bereaved persons to visit their loved ones in hospitals, homes, or care facilities to bid their last goodbyes (Ingravallo, 2020). Religious and cultural events like weddings and funerals that promote social cohesion are severely affected by COVID-19 health and safety measures, especially with the requirement of physical distancing in social gatherings (Jewett et al., 2021). In fact, the perceived cohesion was significantly lower during the pandemic period than in pre-pandemic periods when social gatherings were totally prohibited (Borkowska & Laurence, 2021).

Our results lend credence to the notion that the non-pharmaceutical interventions (physical distancing, the wearing of face masks, among others) imposed by the government have reduced physical, social, and emotional interaction. The cancellation of homecoming and social gatherings during funeral wakes, masses, and burials have reduced the physical and social interaction between and among family and community members. Of utmost interest is what this present study reveals the wearing of face masks has served as a barrier to people's facial expressions and emotional interactions. Indeed, the use of personal protective equipment (PPE) had an impact on the care given to bereaved individuals and it was a major obstacle to providing compassionate care, which consequently made caring impersonal and interaction difficult (Power, Atkinson, & Noonan, 2022).

Through communication, emotional support is offered between and among people within their social networks (Afifi & Afifi, 2009). It is essential for surviving the pandemic; however, it can occasionally be stressful (Donovan et al., 2022) considering again the restrictions and limitations inherent in certain health and safety measures. Further, the concept of substitution reveals that when one's primary means of connection are no longer available, one will find alternative means to still be able to satisfy one's basic need for belonging (Baumeister & Leary, 1995). No wonder virtual mourning may be considered a possible alternative for holding religious and cultural ceremonies (Nejati-Zarnaqi, Sahebi & Jahangiri, 2021). However, the so-called virtual mourning may in turn pose questions about its feasibility for people living in poverty and questions about its ability to afford genuine and authentic experiences similar to the one that is not technology mediated.

Long-term stay-at-home imposition during the pandemic, which curtailed observance of public funeral rites, is likely significantly to escalate loneliness and social isolation among many people (Killgore et al., 2020). The lockdown has appeared to have led to loneliness (Gallagher et al., 2021). Consequently, the chance of developing depression symptoms rose with higher levels of loneliness (Gallagher & Wetherell, 2020). In addition, people who are socially isolated have higher mortality and disease rates (Kim et al., 2016), and even risk of early mortality (Holt-Lunstad et al., 2015).

In this present study, dealing with a loved one's death is doubly painful as evidenced by the participants' lamentations about being incapacitated with coming home and getting together with social networks, and having to face the loss in isolation. Literature shows that any unexpected interference to a person's response to a loved one's death may derail the mourning process, thereby delaying healing and increasing pain (Shear, 2012). Interferences like prohibitions and restrictions imposed on mourning rituals can predispose vulnerable individuals to develop psychopathological conditions, like complicated grief and persistent complex bereavement disorder (Diolaiuti et al., 2021). The participants involved in this present study were people who lost a loved one (a spouse, a parent, a sibling, a relative). And they are mostly likely to experience complicated grief, more so in the context of the restrictions to the and alterations of after-death rituals according to the study of Shear (2012).

As early as the mid-1970s, the medicalization of dying was already discussed and sometimes frowned upon in the scientific community. Among Illich's (1976 as cited in Clark, 2002) critiques of the medicalization of dying is its ability to disable the expression of personal and family care and devalue the traditional rituals concerning death and dying. More and more researchers are investigating this phenomenon. Fast forward to the time before the COVID-19 pandemic hit, participants in the study of Schwarz & Benson (2018) also expressed several unfavorable features of hospital deaths, such as dying in the presence of strangers, doctors' lack of compassion, existential concerns about stopping treatment, and several other issues. During the COVID-19 pandemic, death and dying are now predominantly a concern of health systems rather than family and communal affairs; people, therefore, have died a medicalized death (Sallnow et al., 2022).

The medicalization of death and dying appears to contradict components of the death system which include symbols and images, which include, among others, rituals such as the last prayers (Kastenbaum, 1977, as cited in Sallnow 2022). It likewise runs contrary to the functions of the death system which include disposing of dead people and the rituals and funeral customs that accompany these tasks, and social

consolidation after death, which refers, among others, to the processes that allow families or communities to adjust to the loss, and social networks and support (Kastenbaum, 1977, as cited in Sallnow 2022).

Alongside many other stressors, enactment of public health measures that violate people's freedom contributes to the emotional distress and increased likelihood of psychiatric illness linked to COVID-19 (Pfefferbaum & North, 2020). Those we have interviewed are of the opinion that the government-imposed protocols limited their freedom to perform the after-death rituals. In fact, a fatalistic resignation of bereaved individuals was noted based on their statements that there is nothing they can do with the restrictions which in effect reshaped the after-death rituals and curtailed their freedom to perform or participate.

Our findings support to the notion that rethinking about death system is theoretically and legislatively imperative using the COVID-19 pandemic experience as context and background. Making sure that personal protective equipment is available and ready for use by loved ones who wish to visit a family member admitted to a hospital or health facility would go a long way in reducing the prospect of patients dying alone (Zaman et al., 2021). Further, allowing the bereaved individuals to at least witness the burial and get close to the dead body prior to burial would likewise go a long way in making the bereaved individuals less vulnerable to complicated grief.

LIMITATIONS

The current study has various strengths. One of those is its wide geographical coverage, which included three major cities in the Central Visayas region. Another is the cross-sectional nature of participants, which constituted all the voices of the dead's significant others, namely: spouses, children, siblings, parents, and close relatives. This leads to the robustness of the data gathered through in-depth interviews. However, the findings in this study should be viewed considering some limitations. Firstly, although some participants were quick to transition to technology-mediated communication and virtual after-death rituals, their authenticity, genuineness, and ability to salvage social cohesion remain to be a point of investigation. Secondly, although participants in this study are potentially vulnerable to suffering complicated grief because of the interference with the healing process during moments of grief, clinical diagnosis is required to ascertain this matter which was no longer within the purview of this study.

CONCLUSION

Social cohesion regarding the expression of reverence for the dead person and condolence to the bereaved, along with the performance of after-death rituals, are significantly challenged and weakened by the state-imposed restrictions during the COVID-19 pandemic. However, the ability of the social actors (community, individuals, and institutions) to find alternative ways to salvage social cohesion was observed. Specifically, some participants were quick to transition to technology-mediated communication and virtual after-death rituals to mitigate the unpleasant effects of the restrictions. Further, some bereaved families, especially those who have the provision of technology and the internet, may have smoothly transitioned to virtual vigils and burials, but families who lack appropriate resources to remain cohesive may have clandestinely struggled.

For the practical utility of the data generated from this study, more emphasis and support should be provided for people's psychoeducation and recovery from socio-psychological pain and trauma from the loss of a loved one in times of a pandemic when several restrictions are in place, particularly at the individual level. Policymakers and implementers may want to alarm clinicians to address the psychosocial needs of bereaved families who have the potential to develop complicated grief after not having had the usual after-death rituals for their departed loved ones. Also, hospital personnel assigned for communication updates and emotional support for patients, families, and staff must be prioritized if family presence must be restricted in the future (Conn et al., 2022). Finally, this study is expected to contribute to the discourse and the prospects of institutionalizing and eventually strengthening the country's death care system, enhancing its people's death literacy, and ensuring community resilience in times of a crisis of global magnitude.

DECLARATION OF CONFLICTING INTERESTS

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

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