

## EXAMINING SPACE OF MOURNING IN COVID19- AN AUTOETHNOGRAPHY

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### Abstract:

*Since the antiquity, humanity has lamented its losses. Grief is expressed differently in each culture. A ritual in which people gathered at a location following a terrible occurrence or after a death to lament the pain and loss and express sympathy to the families of the deceased. The act of sharing soothes psychological suffering, offers consolation, and brings closure and during the pandemic, that period of mourning was entirely interrupted. Pandemic killed millions of people around the world and spread like a wildfire, engulfing everything in its vast fold. COVID19 regulations for social distancing prevented individuals from congregating in a closed environment, thus those who died from its lethal blow had no one to grieve their passing. Even the dead bodies at the hospital morgue were neglected for days by the insufficient hospital staff and the survivors of the deceased left in isolation without human contact when it was most required. The grieving process became complex for the survivors and family members of the deceased because there were no words of condolence, shoulders to cry on, or warm embraces to provide. We were unable to witness the tragedy and loss; it was as though someone had been erased from our lives suddenly of which we only have a virtual knowledge that came through digitized mode. Mourning has become a privilege and that was not available during pandemic. Death caused an aporia, a phenomenon that our minds were unable to understand since we could not see it with our eyes. Slavoz Zizek in his essay "Welcome to the Desert of the Real" underlines that how the 9/11 tragedy failed to touch people's hearts because it was depicted as a hyper real spectacle by media; and people were unable to relate to the sorrow on a personal level since the event was not tactile. The consumption of virtual reality as actual reality unsettled*

*the cognitive schema during pandemic. There was a virtual space for grief through social networking sites; but the exchange of digital messages of condolences could not replace the tactile presence of the people around us. On the corners, under the trees, and on the pavement outside of hospitals, strangers came together and wept for the deaths of their loved ones. This paper tries to examine how the space of mourning has changed and to offer a deep understanding of the experience of mourning space during COVID 19. Through an auto ethnographic study based on my personal experiences dealing with pandemic as a health worker, I will investigate this troubling shift in the realm of grief during COVID19.*

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**Keywords:** Mourning rituals, Ambiguous grief, trauma, bereavement, virtual reality, tactility, corporeality, traumatic- experiences, mortality.

### **Overview of the Situation**

One of life's biggest challenges is learning to cope with the death of someone or something you love. The grief of loss can frequently seem unbearable. One might feel a range of challenging and unanticipated feelings, including astonishment, guilt, and intense sadness, as well as shock or fury. The mourning pain can also interfere with your physical well-being, making it challenging to eat, sleep, or even think clearly. These are typical responses to a big loss.

We have been mourning our losses collectively since antiquity, and the process of mourning rituals has always played a significant role in different cultures. Anthropologists have long been intrigued by the ways that many cultures develop unique religious and rituals that provide meaning to death and its purpose in human existence (Cambell, J., 1988). According to Durkheim rituals present at ceremonial assemblies are essential to social integration. Social interactions are based on moments of "collective effervescence" because they foster closer bonds among those who participate in them and provide people a chance to engage with something greater than them. The value of rituals in contemporary society has not diminished. In contrast, ritualistic practices continue to be important, not in spite of but precisely because of growing societal disintegration (Pantti, M. and Sumiala J. , 2009). Generally, in mourning rituals,

individuals gather together in an assembly to comfort one another and through a sense of collective trauma that helps in some ways to soothe our grief, sufferings and bring about closure. The idea is to achieve catharsis, which would allow us to release our suppressed feelings of sadness, anguish, and suffering through tears (Bernays, J. and Rudnytsky, P.L., 2004). When people share their individual experiences of loss, they tend to make greater sense of the experience and gain higher level of comfort and growth. To move on in life as a meaningful purpose we need to find a proper closure to our loss. That proper closure, bereavement of our losses, process of mourning has disrupted completely during COVID-19 times. Due to the lack of mourning rituals, people experienced a kind of unfinished mourning during the COVID-19 pandemic. Cultural rituals offer both integrative and regulatory aims by providing events a symbolic order, providing structure for the emotional chaos of mourning, and assisting in the creation of shared meanings among members of the family, community, or even nation (Neimeyer, 2002).

Pandemic 2020 has impacted almost every nation and corroded all aspects of human life. We all have different kinds of experiences while living during pandemic times. Our lives were affected in a variety of ways by the mandated nationwide lockdown. This paper attempts to get a thorough knowledge of the experiences of grieving during the COVID-19 pandemic based on my own subjective experiences as a health worker. The stories of silent suffering, the incomprehensible and insurmountable pain of departing from your loved ones without seeing them, and the trauma it had brought—some of it I had witnessed on my own—was heartbreaking. I will try my best to be honest about profoundly somber topic, but it is always difficult to articulate and narrate a tragedy and trauma.

*Trauma is not what happens to us,  
But what we hold inside in the  
Absence of an empathetic witness  
Peter A. Levine*

We were all on the same boat, but we brought with us our absurdity, discrimination, and prejudice, all of which weighed down the boat and resulted in countless deaths around the world. Incorrect information related to Corona virus was spread through various platforms, supported by mainstream media based on their own self-propagated agendas. So many people became

expert coming out with their unsolicited opinions to the masses making perturbed people more anxious. Moreover, our nation has a larger number of uneducated people, which made the job of the health care system more complicated and challenging, as they themselves did not know about the virulence of this foreign virus and its malevolent impact on various systems of human anatomy and immunity. This explains that why the death rate was not palliating despite best possible concerted efforts.

### **Subjective Experiences**

Everyone has someone who died during COVID-19 (Woolf, 1992). The character of Septimus Smith in Mrs. Dalloway, created by Virginia Woolf, is examined in a study to show how the traumatized individuals need to give meaning to their suffering to heal from the trauma (DeMeester, 1998). The people affected by the loss of their loved ones were unable to find healing by giving meaning to their sorrows during the Corona pandemic. Death and destruction have encapsulated the entire landscape; humanity bemoaned the loss of so many lives in such a short interval of time. COVID-19 brought the health community, by default, into a certain position of privilege. First-hand information regarding the Corona virus and its related medical knowledge was available to us to some extent, and being the privileged ones by default, we had access to certain inaccessible spaces in the health care units. Pandemic 2020 has altered familiar realities; our perceptions, belief systems, and way of living have been profoundly affected in many ways. In pandemic conditions, losses were usually suffered silently. We were deprived of the public assembly where such losses can be acknowledged, registered, and shared, and are instead returned to home in isolation for mourning. Although the internet has more firmly established itself as the new public realm, it failed to replace the gatherings—both private and public—that allows losses to be comprehended and experienced with others. The inability to hold the usual ceremonies for mourning and the absence of the much-required social support at the time when we lost someone very close to us disrupted the grieving process and led to unresolved grief, resulting in psychological problems for which some of them are still reeling.

I don't know whether I should consider myself fortunate or unlucky to witness this catastrophe with my own eyes. Initially, we underestimated the Corona virus's magnitude and assumed that we would be able to overcome it with available and advanced medical technology

and medicines. It has different phases, like its various mutants. In each wave, the first ten days were very crucial and decisive. The first phase determined the fate of the person fighting it; the rest was just helpless struggles on an unknown, dreary, and dark road that was irreversible for most of them. The announcement of the nationwide lockdown did not bring much change to the lives of healthcare workers. In fact, we were preparing ourselves for the challenging task and the faith that the government and humanity put in us. On March 24, 2020, when I was walking on the roads to the health center, I was scared to see the deserted lanes and roads, police and paramilitary personnel posted everywhere on the roads, stopping people to come out in the open, checking our identity cards, and the certificate that was issued by the health authorities. A feeling of incomprehensible fear of the uncanny enveloped me from all sides, numbing all my sensations. It defamiliarizes the familiar spaces, familiar corners, by lanes, facade of the buildings and shopping establishments that were usually open and full of life and activities. A sudden thought disturbed my reverie. How so much could have changed in just twenty-four hours? There was no hustle and bustle on the university campus, no churning voices of rickshaw pullers, no honking sounds of vehicles and no vegetable and fruit vendors.

It was an arduous and testing time to work under so much pressure and then the disruption of the supply chain of goods posited different obstacle to procure lifesaving medicaments, surgical goods and other logistics to get ourselves better prepared for an emergency situation. It was extremely scary to work under the threat of deadly virus, later on when we got acclimatized working, I somehow overcame the fear of working amidst this contagious virus, and when you manage to overcome your fear, you start to look beyond it and to see the things that you have not noticed before. The grief brought on by the bereavement experience is a natural emotion that lasts for a while by accepting the deceased's absence and lending libido to others, and eventually the individual moves through this stage. However, COVID-19 interfered with this typical grieving process, making it harder for the bereaved to cope. The aporia was caused by the sudden mortality brought on by the deadly virus and the measures the government took to stop it from spreading. Incomplete knowledge and the unavailability of tactile presence of the dead ones, absence of mourning rituals, no warm hugs, no soothing words from the family and friends stirred the innermost core of our emotional self.

People were swarming like bees outside the hospital emergency room, and the helpless cries and sobbing wails & weary eyes filled with tears created a terribly gloomy atmosphere. I saw a woman sobbing over her loss and unwilling to hug me out of concern about contamination. The image of people silently crying under a tree, gazing up at the sky, pleading with God, and casting frantic glances in the direction of the hospital emergency door. They were all strangers to one another, but their shared sense of agony brought them together in the open, and they all appeared to be free of any dread of the Corona virus, as if anticipating death to arrive and claim them as well, like their loved ones. The life that was cut short, the life that should have had the opportunity to live longer, the worth that person now has in the lives of others, and the wound that forever changes those who continue on are what one laments. Although the pain of another person is not the same as one's own, the loss that the stranger experiences cross over into the sorrow that one personally experiences, potentially bringing together strangers in mourning. I cannot explain or articulate what I was feeling at the time. I have experienced the height of desperateness, being extremely sad, frustrated, angry, and overwhelmed, as if something has taken out of my hands forever. The feeling of helplessness enveloped me from all sides and that pang of desperateness stays deep down with me till now, although I have learned to live with it.

The guard standing outside the morgue in one of the hospitals told me that he lost count of the bodies, which had been handed over to the families from the morgue. His eyes were red and weary, and he was extremely exhausted both physically and emotionally. He seemed to be stuck in a Sisyphean act like Ancient Mariner, who was destined to tell his tale again and again, he seemed to be stuck in the same fate of helplessness (Salinsky, J., 2002). Their duties had extended for indefinite period due to the shortage of staff.

I learned about a family in the Jamia community whose wife tested positive for the Corona virus and her husband, however, did receive a negative result but had to spend the entire time alone in the house. Their two sons also tested positive but had only mild symptoms, so they were taken to the quarantine centre. The woman passed away a week later in the hospital. The individual, who was left alone in the house refused to speak to anybody, would not answer the calls when we tried to reach him, and when we did manage to speak with him, he sounded so

shattered and was unable to articulate him. He wanted to end his life and his entire existence had crumbled like a bird's nest in the middle of a violent storm. Millions of people were rendered emotionally numb by the loneliness and existential anguish that the Corona virus brought into their lives. The abrupt onslaught of the infection deeply traumatised them.

*How deadly this fever is, everyone is dying it.  
Men become lame with it.  
And go out in dolis.  
The hospitals are gay and bright,  
But sorry is men's plight (Ali, 2007).*

The Corona virus claimed the patient in a clinical setting, far from the family. The pain brought on by these deaths grew considerably harsher because family members were not present during the deceased's final moments of life, and they were unable to bid them farewell. They will have to bear the weight of this loss forever. The guilt and regret lingered for a longer time, perhaps for a lifetime. The hospital authorities handled most of the dead bodies during the first wave in 2020. If they did give the bodies to the bereaved families, the COVID protocol made it very difficult for the people to arrange a decent burial or cremation because gatherings were not permitted. As a result, assembling PPE kits for their personal protection at a time when surgical supplies were difficult to get due to the nationwide lockdown became a difficult task for fewer members of the family.

Mourning rituals gave meaning to loss by understanding grief as an endeavor to rewrite a coherent life narrative that accommodates unpleasant transitions. The phenomenon of loss, grief, and mourning are permeated with meaning. Bereavement has played a significant role both as an impediment and to provide space to human growth and fulfillment. Death is not just a natural occurrence that we must endure; it also serves as a catalyst for the creation of cultural frames of reference that unite people of different generations (Neimeyer, 2002). Durkheim examines and suggested that death and loss are the processes that hold societies together. He believes that cohesiveness of a society is threatened by the loss of a member of society; efforts should be made to restore the social fabric through the dual processes of integration and regulation (Neimeyer, 2002). Human beings attempt to create a cohesive narrative of their loss that

maintains a sense of continuity with who they have been while also incorporating the realities of a changing world into their vision of who they must now to find meaning in their grief. Significant alterations to our daily and long-term goals are crucial if our lives are to once again obtain a degree of consistency and purpose post major losses, which undermine our efforts to maintain a coherent self-narrative due to the loss of the significant persons on whom our life stories depend. Tragic losses undermine the "assumptive reality" on which we rely for they severely and perhaps permanently damage our senses of security, predictability, trust, and optimism by the traumatic experience (Janoff-Bulman, 1998).

Mourning has become a privilege that was not available in the pandemic of 2020 due to the mandatory COVID protocols of social distancing that came at the emotional cost and altered the concept of mourning space. We did not have the privilege to hold our loved ones in our arms or kiss their foreheads and accompanied them to their final resting place. In 2020, many of the people could not even see the face of their loved ones; no one was around the families of the bereaved to console them. They were mourning the loss to which they could not witness it through their own eyes. It was like a permanent black spot that got engraved in the chamber of the sub conscious minds of the millions. Corporeality, an important aspect of handling grief was totally missing. During COVID memorials tactility emerged as a means of remembering because it depicts the difficulty of individuals to touch during the pandemic and conveys the human urge for connection (Bennett, 2022).

The telling image of numerous pyres blazing at a cremation site outside of the main city was featured in The Hindu newspaper, filling everyone's heart with misery and dread. Cremations were being performed starting at 4 a.m., according to a staff member who asked to remain unnamed. The employees at the cremation ground had been working until sunset every day, leaving them with no choice but to remain on the grounds at night (Anand, 25.04.2021).

*"I would have never thought that death had undone so many (Booth, 2015)."*

Massive destruction of human lives due to corona virus made people numb to the losses. There was so much chaos and confusion surrounding us that it became impossible to make sense of our losses and to attribute meaning to our losses; that is why our wounds were left unattended and



exposed with no embalming words of condolence.

### **Death As A Virtual Reality**

The human loss, suffering, destruction was present in the digitized world making it a spectacle to watch and silently consumed only. The height of desperation was seen everywhere; COVID-19 knows no power; no social status; no riches; no ethnicities. It moved across spaces and times and carried everything with its unprecedented power. Death during corona pandemic became a virtual reality as it was not possible to let the people handle the dead bodies of the victims of corona virus on their own with the fear of its highly contagious nature. Death was present everywhere with its absence, celebrating its success in devouring so many innocent lives; it created an aporia- an impasse- we knew it was there, but we could not cross it. It was like a spectacle which we observe from a distance and consumed it as a virtual reality. It was akin to what Slavoz Zizek mentioned in his essay “Welcome to the desert of the real” that how 9/11 tragedy failed to touch the heart of people because of the absence of the actual dead- bodies, people could not connect it to the tragedy at human level, as the whole scene was repeatedly telecasted on the main stream media showing two airplanes crashing into the twin towers of the World Trade Centre followed by a huge dust storm (Iek, 2002) People consumed the actual tragedy as some distant and virtual event. Similarly, in COVID-19 times, the knowledge of the death of the loved- ones were received only through digitized mode, and then hospital authorities in the presence of minimum members of the bereaved family carried out the final ritual. This perilous situation caused absence of closure, a sense of anxiety, created an ambivalence, inevitability, helplessness, isolation, hollowness, existential crisis, and cognitive numbness. The sudden absence of someone close to us created an incomprehensible ambiguity; it was like someone just not there who were there few days before, and not having any knowledge and visual of what had happened in the ICU with him/ her created permanent vacuum. We all were forced to consume the tactile reality as virtual reality and that had profoundly impacted our cognitive schema.

### **Understanding Grief in COVID-19 times**

Grief is a normal and healthy human response to loss that naturally and gradually heals. While some emotional reactions are universal, each person's grief is unique and may be experienced in

a variety of ways. Grief, with all of its nuances, may linger longer than most people anticipate or understand. The five dimensions of life that are affected during a grieving process are Physical, emotional, psychological, social, and spiritual. In order to cope up with grief we must express and share it with others. Elisabeth Kübler-Ross, psychiatrist, introduced the "five stages of grief" also called the DABDA model and she created it by interviewing 200 individuals dealing with life threatening illnesses and their experiences. The five stages are 1- Denial- *Denial involves more than just rejecting the actual loss. It may also seem hopeless and useless, like the world has lost all significance. Our bodies and minds can only process so much emotion at once, which results in feelings of shock and numbness.* 2- Anger- *After a loss, anger may become the most intense feeling we feel. Anger after a loss can be misdirected and can be aimed against a range of people and places in our lives, such as friends and family, ourselves, the lost loved one, or even the entire globe.* 3- Bargaining- *It's only normal to desire life to resume the way it was before a loss. When a loss occurs, statements like "If only we could go back in time" and "What if this never happened?" are used as a coping mechanism. And we can temporarily avoid some of the pain by lingering in the past.* 4- Depression- *Depression is entirely centered on the present. Grief may be felt more intensely than before. It may seem as though the melancholy thoughts would remain forever due to the permanence of death. Moreover, while depression is frequently treated as a disease in everyday life, it plays a crucial role in the healing process after a loss.* 5- Acceptance- *It is the realization that a loved one is actually physically gone and that a new, terrible reality now exists as a result. This new reality may not be one we ever embrace, but it is one we must learn to live with. Moving on or marking the end of the grieving process are not synonymous with acceptance. Making new friends and relationships, paying attention to our own needs, or just getting back to living are all examples of this, but only after grieving.* In normal circumstances, people go through either of these stages depending on their loss and their ability to deal with it (Kubler-Ross, 2009). But people have experienced a kind of ambiguous grief that cannot be classified into a stage/category; that was extra ordinary, could not be articulated, created cognitive flatness; people were too shocked to talk about it during the Corona pandemic in the absence of traditional mourning rites that were prohibited by the COVID-19 guidelines. Such non-bereavement traumatic events and death of a close one resulted in complicated grief

often associated with Post Traumatic Stress Disorder (Neimeyer, 2002).

When you are continuously experiencing trauma, getting over grieving can be very difficult. Health care professionals have also experienced grief in ways that were unique to their line of work. They have seen countless instances of illness and suffering. They have called family members far too often to inform them that their loved one may pass away, that they are not permitted to visit, they may hold up a mobile for them to say goodbye. It is expected of health care professionals to understand how to deal with grief more adeptly than others, but the truth is that they themselves have been going through a lot, dealt directly with the patients dying from COVID-19 and its numerous complications. Words of comfort had lost their meaning, making it impossible to comfort the affected person's family. We were trapped in a liminal place, torn between telling the whole truth or a partial falsehood to the emotionally vulnerable and helpless people who only wanted us to save their loved ones.

### **Conclusion:**

Many people are uncomfortable about how quickly the pandemic impacted their life. Families of the deceased were left feeling ambivalent and on the brink of liminality because of the precarious situation; they were unable to deal with their loss and, as a result, could not find closure for their ambiguous grief, which resulted in unresolved feelings. While we may mourn each of these losses, we lacked the rituals or even the language to identify them as such. The narrative recurrences we incorporate into COVID-19's telling serve to both commemorate those who have passed on and serve as a stark reminder of the willful ignorance that many people choose to embrace. Some have already urged us to put the pandemic behind us, and many people are willing to comply and for good cause. But, the most vulnerable people will continue to suffer the pandemic's consequences for years to come. Grief requires one to face the uncertainty of every moment of life. People acquire the ability to anticipate and prepare for all probable consequences. We will try our best to be better prepared to face any catastrophe in the future. However, no amount of preparation can prevent the inevitable or make the unknown known. People will never forget the spring of 2020, & 2021 for ages, so much has written, articulated and said about pandemic 2020.

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