Death and Grieving in a Changing Landscape: Facing the Death of a Loved One and Experiencing Grief during COVID-19

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Abstract: This article is a reflection of a palliative care chaplain's experiences of supporting people through grief and loss during the COVID-19 pandemic. People have died without the support of loved ones present; funerals have been conducted in a very different manner to the usual practice; and many people's experience of grief and bereavement has been challenging. The role of the chaplain is explored and discussed in relation to spiritual care provision. The author also acknowledges that the repercussions from COVID-19 have presented a challenge for many people who are grieving and experiencing bereavement.

Keywords: COVID-19, death, grieving, chaplain, Weston Hospicecare

Resumen (Español): La Muerte y el Duelo en un Paisaje Cambiante: Enfrentar la Muerte de un Ser Querido y el Dolor Durante el COVID-19

Este artículo es una reflexión sobre las experiencias de un capellán de cuidados paliativos para apoyar a las personas en su pena y pérdida durante la pandemia por el COVID 19. Muchas personas han muerto sin contar con la presencia de sus seres queridos; los funerales se han llevado a cabo de una manera muy diferente a la práctica habitual. La experiencia de dolor y duelo ha sido un desafío para muchas personas. Se explora y se discute el papel del capellán en relación con la provisión de cuidado espiritual. La autora también reconoce que las repercusiones del COVID-19 han presentado un desafío adicional para muchas personas que están de duelo.

Palabras clave: COVID-19, Muerte, Duelo, Capellán, Weston Hospicecare
Introduction

The year 2020 will be remembered as the year of the COVID-19 pandemic. The virus rapidly made its way around the world, leaving in its wake vast numbers of fatalities. At the time of writing, the number of UK deaths is more than 42,000, and globally there have been almost 400,000 deaths. The probability of confronting death first hand has risen exponentially, which means that the possibility of facing loss and grief is equally at a high level. Most adults will have a memory of a significant world event where the death toll has been shocking, but these months in world history have taken our capacity for shock to a new level.

The daily release of the death toll numbers in individual countries has been a regular feature of our news and conversation, which has led to “death talk” being unavoidable. The social norms about death as a taboo subject have altered as an increasing number of people are affected by the death of a loved one and all that follows. Tom Gordon (2009) discusses the reality of facing death as an ongoing trauma for human beings. He states, “Wrestling with problems related to the meaning of suffering, and seeking to make sense of pain and our ultimate mortality, are as old as time itself.” It seems that society is increasingly more open to sharing conversations concerning our anguish about death and dying. Public figures are sharing their experiences of COVID-19 and appear to be encouraging more open discussion. The UK TV presenter, Kate Garraway, for example, has been very public about her husband’s experience of having COVID-19 (Garraway, 2020).

Background

This reflection has grown out of my recent experience of working as a hospice chaplain alongside conducting a substantial number of funerals for people not known to me who have died from COVID-19. I will explore three themes that have emerged from these recent months of supporting families, conducting funerals, and observing significant differences of practice.

First, anticipating the death of a loved one is hard enough, but as social distancing is enforced, families are prevented from being with loved ones at the end of their life. Those preparing for the death of a loved one are confronted with feelings of guilt and anger at not being present at the point of death.

Second, funeral rituals have had to change dramatically over recent months, and this has been well documented in the press and in social media. I will reflect on my experience of conducting different funerals and how families have responded to these changes.
Third, I perceive that themes emerging from people’s experience may influence funeral practices in the future. I also wonder how grief and loss may or not be resolved for many people who have experienced tragic bereavements through COVID-19, as well as in other circumstances.

When Death Occurs

Experience of Those Bereaved
As a hospice chaplain, my day’s work revolves around life and death. Spiritual care, in its broadest sense, plays a significant role in enabling people to look at some of the big questions that arise when facing our mortality. Spiritual care is also offered to families preparing funerals for loved ones, especially if there are no connections with other faith groups, or simply because people like the continuity offered by the hospice. It’s not unusual, when I’m meeting to plan a funeral with a family, for a conversation to go like this:

Family member: I’ve never had to organize a funeral before. I’m really nervous, not knowing what to do.

Chaplain: Don’t worry. The funeral directors and I will steer you through, there are lots of decisions to make but we’ll take it gently.

Family member: We know what music we’d like, some family want to be bearers and for the curtain to be left open at the end of the service. We know that we’ll want to go and see Mum in the chapel of rest as well.

So it continues, as people are aware of the usual things that take place when a funeral is being arranged and some of the choices that they are able to make. While this is unfamiliar territory for many people, the norms are not totally unknown. Within the different cultural facets of our society, there are distinctive practices that are usually carried out by family members after death and at a funeral. Great care is taken to ensure that families are able to perform significant rituals and services that enable death to be faced and grieving to begin. Doctor Elizabeth Lee (1995) writes very practically about preparing for the end of someone’s life, urging conversation around the funeral and choices to be made. Lee’s book, A Good Death, was quite unique nearly 20 years ago, but the advice stands the test of time and many resources are now available to help people prepare for these events.

As we make our way through the mire of the COVID-19 pandemic, I am aware that we have entered a very different territory regarding what is
normal, even allowable, when someone dies. Families are distraught about the reality of their loved ones dying alone in hospital. This treasured time to say goodbyes, hold hands, and support a loved one at the end of life is not possible for many patients, especially the elderly. I have supported several families whose loved ones have been admitted to hospital from home with COVID-19 symptoms and have subsequently died. The depth of pain, guilt, and anguish suffered by those in grief has been overwhelming. The expectation of saying goodbye to a mother, father, grandparent, or friend has gone forever, and what remains for many people is a total sense of failure at not being there.

A woman whose elderly mother had died in a care home from COVID-19 symptoms expressed her thoughts to me in these words: “How can I ever forgive myself for not being with my mother, after all she has done for me. I’ll never get over this.” Another elderly woman spoke of being completely wracked with guilt for not being with her husband of 60 years at his death. She wondered, “Will he really know how much I loved him now?”

The Chaplain’s Response
The role of the chaplain in supporting families where death has occurred has required sensitivity, compassion, and quite intense interventions. Most of the spiritual support I have offered has been by phone due to the restrictions of home visiting, which would be normal practice. This has brought its own shortcomings as raw emotions are experienced by family members, and it has felt difficult to fully support people on the end of a phone or by email. Although visual calls have been offered, many have declined that opportunity and have preferred an ordinary phone call. Chaplains have had to adapt their practices considerably with regard to COVID-19 restrictions, but my impression is that this has been supportive and has been accepted by families. The *NHS Chaplaincy Guidelines* (NHS, 2015) are clear in describing the role and value of chaplains in healthcare services: “Chaplaincy provides highly skilled and compassionate pastoral, spiritual or religious support for patients, carers and staff facing situations which are at times harrowing and stressful.”

The pandemic experience has proved this to be absolutely true, where chaplains have been at the forefront of delivering spiritual care and meeting the needs of those facing sudden and shocking bereavement.

How Society Responds
Society as a whole will be reflecting on the manner in which so many people have died during the pandemic. The “process” of bereavement begins with
the moment of death and the emotions that are experienced. As described above, families are left with overwhelming and unfamiliar emotions anyway, but now they are compounded by guilt and anger due to the circumstances of COVID-19. William Worden (1983) discusses guilt in bereavement as something that needs attention, in order to recover and find balance. He states that, “most of this guilt is irrational and centres on the circumstances of the death.” In the examples quoted above, we can see that this is the case, especially as the circumstances are out of the person’s control. This has been a recurring theme in my recent work with the bereaved: how to balance the rational understanding of the exceptional circumstances, alongside an irrational sense of personal guilt; as many have said, “a sense of letting the person down, failing them at the end.” It feels as if few of the usual patterns of how people respond in the first instance to death are very different, and this may well be an ongoing experience. Training for healthcare in managing emotional support of families and having difficult conversations would be a useful response for the immediate future.

Planning the Funeral

When Funerals are Different for Families

The funeral ritual is part of our societal norms, even though the manner in which funerals are conducted has changed considerably over the past 30 years since I started taking funeral services. Tess Ward (2012) writes about the significant trend away from the “traditional” service to something regarded as more “contemporary.” By this, she acknowledges the move away from a specifically religious funeral to something that is felt to be more personal, but with spiritual content. By and large, the protocol and function of a funeral is known to those leading and attending the event.

There is usually some idea of what needs to happen and what people hope will take place in saying goodbye to loved ones. In recent months, however, funerals have been taking place with small numbers of family present, if any at all, and the webcast funeral is becoming an essential tool for providing some way of connecting with the event. Funeral directors are at the sharp end of changing rules and regulations, with families not necessarily understanding the need for strict enforcement of safety measures to protect themselves and staff. Those of us who conduct funerals are making arrangements by phone rather than through the usual face-to-face encounters. Although both sides try to make this work, it is difficult to have more personal discussions and to build a relationship with the family.
As the number of people dying from COVID-19 increases, and people are still dying from other more usual illnesses and tragic circumstances, the resources needed to cope with the numbers of deceased are also stretched to the limit. In grief, people attempt to be as resilient as possible in the face of death and loss by resorting to a form of service or ritual which helps to bring comfort and strength, and also allows for a letting go of the person as a body by attending a cremation or burial. As things stand, funeral directors and crematoriums stand to be completely overwhelmed by demand for support and services, while families and friends experience loss but no recognizable way to cope with this.

**Spiritual Care of the Bereaved**

Over the past few weeks I have conducted a lot of funerals, some for hospice patients, but many for people I don’t know. As the pool of people available to lead a funeral decreases, those of us who are available are being asked to conduct a very different form of funeral to those we usually lead. My experience has been that, once people know of my connection with the hospice, they have felt able to talk very openly and trust me to lead them through this time. The hospice connection suggests to them that “I know about dying,” to quote one family member.

Most families still ask for someone to lead them through the service, and this means adapting our practices to carry out their wishes. As a hospice chaplain, I am well used to leading services which are not highly religious in content, but which meet the needs of the family as well as reflecting the wishes of the deceased. Murphy and Whorton (2017) explore the adaptability of palliative care chaplains, especially with respect to the subject of funeral planning. It is vital to have a flexible approach to what is being requested and what is possible. A request for me to conduct a “non-religious” service, for example, is not uncommon, but this usually includes a hymn and the Lord’s Prayer.

As described in the above initial conversation, families have often thought about some of the choices available, such as music to be played, who might want to give a tribute for the person or read a poem. These choices remain available, but until recently in most crematoriums, only 10 people have been able to attend the service. In one local crematorium, all the chairs apart from 10 were removed from the chapel and spread out to enable social distancing. Families are still no longer permitted to carry the coffin into the chapel, and the curtains must be closed to prevent touching the coffin at the end of the service. Many funeral directors have adhered to strict regulations regarding not allowing viewings of the deceased.
Spiritual care and the chaplain’s role in these situations are crucial. We have the considerable task of attending to people in severe emotional pain, supporting them in ways that feel unsupportive, that is, remotely rather than in person, and then bearing that pain in the context of a funeral which appears different in so many ways. The breadth of a chaplain’s ability to bear this work, and conduct a funeral with compassion and care, draws on our core skills and abilities. The *NHS Chaplaincy Guidelines* (NHS, 2015) reinforce this need for compassion and its value through the presence of the chaplain: “Compassion should always inform chaplaincy practice and is a key outcome of the patient’s experience of the service being provided” (NHS, 2015). Regular supervision and self-care are vitally important to sustain our work at this intensity (Leach & Patterson, 2015). Supervision and reflection need to be part of our working practice, in order to maintain a high standard of spiritual care delivery and to protect ourselves from exhaustion.

**When the Usual becomes Unusual**

These are some of the practical differences that families are facing, and while there is an understanding of the need for safety and prevention of the spread of the virus, there is a stark contrast to the way in which funerals are normally conducted. Grieving a loss surrounded by loved ones and those who come to show their respects as friends and colleagues is not possible at the moment, and what remains is a small group of usually the closest family members gathered together in grief. Many people are finding this really hard to bear. Grief is usually shared and witnessed by others who have empathy for us in our loss and mourning, whereas currently there is apparently a void of support when we need it most. Those moments of hearing comments about someone – funny stories and memories that we cherish – are going left unsaid unless written in a message.

An opportunity for a celebration after the funeral is no longer possible, and families drift off to separate homes to contemplate what has just happened. Many families have spoken of holding an event in the future to celebrate the life of their loved one. This may or not happen. My sense is that people will return to their lives and will find it hard to gather again in the future, but that remains to be seen. Collective remembrance and mourning form a significant societal ritual that has been lost during this time, to some extent. My hope is that hospices, organizations, and churches will hold events to enable goodbyes to be said by groups of families and friends when this is possible.
How will we Grieve in the Future?

Yet I wonder if there is something to be salvaged from these intensely private and personal gatherings? Many of the funerals I have led recently have had only four or five people attending, with others receiving the webcast. The intimacy of our gathering feels very different to the full crematorium chapel services, where often families speak of the pressure not to cry, be brave, and not let go of emotion. There is a quietness and gentleness about these current events, which is allowing families to grieve more openly, sit and cry together, without feeling worried about showing emotion. In the case of elderly parents, adult children can be supporting an elderly father or mother following the death of the other parent. The funeral has been the place where the adult children can shed tears for the deceased parent away from the one still dependent on them for care. Some people are commenting that the smaller group is allowing them greater emotional freedom to express their sadness, expressing comments such as, “It’s felt more personal and intimate,” “I didn’t feel so much pressure,” “I was able to let go of my emotions, sorry I cried the whole way through!”

It may be the case that, on reflection, those attending these very different funerals are comforted and settled by the way in which they have said goodbye to loved ones. I have spoken to a number of families since the funerals have taken place, and they felt relieved by the small number of people attending. They felt able to support each other in a different way and, on reflection, expressed gratitude for a more personal event.

The above comments and more describe how people have adapted to and accepted the huge changes suddenly thrust upon them, in the face of unexpected loss in many cases. This is not, of course, the case for everyone, and many people are finding the lack of tangible support very distressing and stunting of emotional expression. Colin M. Parkes (1972) wrote of his observations of adults facing grief, and identified the dangers and complications of experiencing loss under difficult circumstances. It feels as if these extraordinary times are potentially creating difficulties for mental health well-being, as grief can become harder to bear, and it is harder to find a way of living with loss. For some, the inability to provide the rituals held dear by their traditions is hard beyond words; and again, spare a thought for the funeral directors having to enforce new regulations to ensure everyone’s safety. The effect in the aftermath of these times on people’s emotional and spiritual health will be considerable. My observation is that people are holding on to grief until such a time when they can get together for an event that reflects on their loved one’s life. This comes at a cost and is counter to all
the advice given around death and grieving, when people are encouraged to show sadness and emotions.

I don’t know where this leaves people ultimately, other than in between a rock and a hard place. Grief is such an unfamiliar emotion for most people, and it is hard to bear with others, but to be alone with grief is overwhelming and potentially destructive to one’s mental health. I am aware that organizations, groups, faith communities, and neighborhoods are being encouraged to find ways of supporting those bereaved during this period and are doing a great job of providing support and kindness (Abel et al., 2013). It may well be that through this time comes an awareness of compassion for others that has laid dormant in our self-centered society. Someone described to me recently her memory from childhood of neighbors coming in to the house to “lay out” a family member who had died at home. She went on to recollect local care given through the early days of bereavement and became tearful at the memories of such compassion. Local communities may be reviving that compassion as I write, the kind of local care Bruce Rumbold (2002) describes which could be offered to people with life-limiting illnesses and in bereavement.

Epilogue

Many people are talking about holding a memorial service “when it’s all back to normal,” or having a gathering of some sort to celebrate the life of a loved one. I don’t know if all these events will actually happen as time passes, but I do know that it feels as if people are discovering a resilience and courage in the face of their loss. The COVID-19 pandemic has brought forward many untimely and unexpected deaths, which may not fit into the neat category we like to call a “good death.” Rosie Deedes (2019) helpfully states that through loss and grief people can still find “resilience and adaptability of the human spirit in the face of the greatest challenge of our existence, death itself.” Families bereaved at this time are facing great challenges in coping with their grief in the future. As described above, emotions are overwhelming and strongly felt, especially guilt for the way death happened and anger at COVID-19 for “taking my loved one.”

For those involved in healthcare, including chaplains, we may find that talking about death and dying, mortality and loss, are becoming definitely less taboo subjects than in previous generations. Kathryn Mannix (2017) writes with urgency about the need to keep these conversations in our mind’s eye, so to speak, as she describes her encounters with patients and families in palliative care settings. In the face of unpredictable death, she talks through the value of planning ahead and being aware of choices that
are possible. The chaplain's task is to be equipped with skills and training to provide a level of spiritual and emotional support that is heavily centered on people’s expression of guilt and the need for forgiveness. Chaplaincy organizations offer good support and structures available to chaplains, in order to practice safely, both for themselves and to protect the public. The UK Board of Healthcare Chaplaincy (2015) is an excellent reference point for support, training, and development to ensure best practice for healthcare chaplaincy.

The COVID19 pandemic has provided the world with many challenges, not least our attitude to death, dying, and the rituals we need to mark the death of someone dear to us (Byrne & Nuzum, 2020; Drummond & Carey, 2020). For many, the level of planning that Mannix (2017) describes has not been possible, and people feel cheated out of saying goodbye to their loved one in the way they had previously anticipated would be possible. It feels as if the landscape of loss and grief has been significantly altered by recent events. Those experiencing bereavement during the pandemic have deeply moving stories to share, reflecting practical and emotional difficulties. The fact remains that although resilience and adaptability are present, support and compassion remain the tools society can use to offer restoration in grief and loss.

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References


Durham: Sacristy Press.