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Disrupting the Rituals of Grief: Conflict, Covid-19 and the Fracturing of Funerary Tradition

On 23 April 2020 a 98-year-old woman called Evelyn passed away in a care home in Overton, Hampshire. The United Kingdom was in the middle of the Covid-19 pandemic and as such no-one was permitted to enter the home to see her in her final days. There was, however, one minor comfort. As she was on the ground floor her son, Michael, was able to stand at her window. She could see him, he could see her, but no physical contact was permitted. She died peacefully, but alone, as she had always feared. Evelyn was one of the so-called wartime generation born in the immediate aftermath of the First World War and actively participating in the Second through her position as a farm manager's wife. She was amongst those who have been celebrated and valorised by the British public, and successive British governments, in the years since 1945. It was her generations' stoicism, her fortitude, that the British people were asked to replicate as the government declared a national emergency on 23 March 2020 (March 23<sup>rd</sup>, 2020).

As other chapters within this volume have explored, the use of war imagery in the context of the current pandemic, particularly imagery relating to the Second World War, is as complex as it is contentious. Acknowledging these complexities, this chapter will consider whether the disruption of the funerary ritual during the Covid-19 pandemic contains echoes of the fracturing of the process of grief and the formal rituals of death and commemoration that was experienced on the Home Front during the Second World War. It will be proposed that in much the same way that the long-term trauma of large-scale loss contributed to a kind of collective trauma, so too do we need to consider how such collective trauma is manifesting within the current pandemic. Through this lens, this chapter will also explore the relationship between the attempts to manage death and grief during the Second World War and attempts by the state to manage death and grief during a time of national trauma but outside the dimensions of a national conflict. Indeed, it will be argued that the intrusion of the state into private grief is perhaps the most identifiable connection between the conflict which is so venerated in Britain and Covid-19.

Whilst much has been written on the commemoration of military personnel who have died during conflict, particularly the First World War, there has been a relative scarcity of research conducted into the impact of the Second World War on domestic funerary practice. This is surprising given the fact that more than any other conflict that had preceded it, the Second World War saw large-scale civilian casualties alongside the deaths of military personnel in direct combat. Julie Rugg (2004), Pat Jalland (2010), and most recently Lucy Noakes (2020) have, however, sought to address this relative absence; their recent work raises some important issues about the nature of large-scale civilian death at a time of conflict which, in turn, poses some pertinent questions about the way in which large-scale deaths have been dealt with in the time of the Covid-19 crisis.

Military deaths during a time of war have long been co-opted into wider narratives about heroism, honour, and sacrifice in Western culture. This is a tradition which has continued, if somewhat reshaped, in the wake of the large-scale loss encountered during the 1914-1918 conflict. As families mourned the deaths of their loved ones, their bodies often 'subsumed' (Wilson, 2012) by the field of battle, local communities responded to their loss through the establishment of monuments and memorials from the purely commemorative, such as memorial plaques in churches, to more utilitarian modes of remembrance such as playing fields and village halls. The establishment of the Commonwealth War Graves Commission in May 1917 provided, it has been suggested, a 'physical form and emotional outlet' (CWGC, 2020) for a nation in mourning. Certainly, it established the

framework for future military commemoration and introduced a strong sense of homogeneity in death when it came to military burials. Despite opposition from some who voiced their concerns about the lack of individualism in death seemingly permitted by the Commission, the organisation maintained that 'equality of treatment in the matter of graves [would be] expressed by uniformity of design' (HC Deb, 4<sup>th</sup> May 1920).

In the case of the Second World War in particular, those combatants who died during the conflict became part of the national narrative of sacrifice in the defence of freedom and democracy and they were viewed as having lost their lives in the ideological battle against tyranny (Noakes, 2015). Yet whilst the treatment of the heroic military fallen after death was widely, if not uniformly, accepted, then, as Lucy Noakes has argued, the burial of civilian victims of the Second World War "proved to be one of the more contentious aspects of wartime life (Noakes, 2015). With what was to become known as the Blitz came civilian casualties on a mass scale. Such deaths were not unknown during the First World War but rose exponentially during the Second as aerial warfare brought destruction to the British domestic landscape. Far from the romanticised sentiments conjured by the poetry of Rupert Brooke, which conveyed images of fallen soldiers claiming their final resting places in foreign fields as spots of land that were "forever England", the devastation of urban environments and the civilian populations they contained, brought about a stark confrontation with mass death.

The British Home Front occupies a significant, and very particular position, in the British imagination (Harris, 1992). It is conceptualised and portrayed in the popular imagination as a period of social unity and collective community spirit – a perception which, as Jalland observes, seeks to highlight the supposed 'special qualities of the British national identity, including heroism, stoicism, defiance, solidarity, humour and self-sacrifice' (Jalland, 2010). Despite the challenge to this narrative it is clear that these allusions to particular national qualities were also distinguishable in the rhetoric surrounding the national lockdown. Health Secretary Matt Hancock explicitly linked the challenge posed by the Covid-19 pandemic to the German bombing campaign stating that:

Our generation has never been tested like this...Our grandparents were, during the Second World War, when our cities were bombed during the Blitz...Despite the pounding every night, the rationing, the loss of life, they pulled together in one gigantic national effort. Today our generation is facing its own test, fighting a very real and new disease. We must fight the disease to protect life (Hancock, 2020).

The language and rhetoric of war have thus been prevalent aspects of the discourse surrounding the outbreak of Covid-19 and the measures imposed to tackle it. In the days leading up to the announcement of a nationwide lockdown, the Conservative Leader, Prime Minister Boris Johnson, announced that 'we must act like any wartime government' (17 March 2020). This rhetoric was used to justify the measures the government needed to implement to protect the British people and the British economy. There were even calls for the establishment of a government of national unity to tackle the coronavirus crisis given the trials the country was facing and the number of deaths that were anticipated. However, perhaps unsurprisingly, this idea never gained traction with Cabinet Secretaries in the incumbent government (Mason, R., Walker, P. & Proctor, K. 2020; Smith, 2020). Other statements issued by the Prime Minister, and by other leading political figures, in the early stages of the Covid-19 pandemic, were also littered with militaristic language and metaphors. In a press release issued by Matt Hancock and the Department of Health, a public information campaign was announced which spoke explicitly of the establishment of a cross-government "war-room" and alluded repeatedly to the "battle plan" being put in place to ensure cohesion, unity and coordinated responsibility as Covid-19 escalated. The Health Secretary even evoked memories of the famous Alfred Leete advertisement depicting Lord Kitchener when he appealed to those who had left the medical

profession with the call that 'The whole country needs the NHS right now and if you're a retired doctor or a retired nurse then your NHS needs you' (Binding, 2020).

The British government was by no means alone in comparing the challenge to tackle the pandemic to a war, nor were British politicians the only ones to refer specifically to the *Second World War* (Lawler, 2020; Momtaz, 2020; 'Trump Says Coronavirus Worse 'Attack' than Pearl Harbor', 2020). Yet the continual reference to conflict in the British context alluded specifically to a notion of exceptionalism and was tied in more explicitly with allusions to a supposedly unique national character and ability to withstand external threats with fortitude and resilience. This sense of exceptionalism remained even as panic buying broke out across the country as the national lockdown loomed. At a press conference on 3 March the Prime Minister boasted to reporters that he had been 'at a hospital the other night where I think there were actually a few coronavirus patients and I shook hands with everybody, you'll be pleased to know, and I continue to shake hands' (Duncan, 2020). Despite attempts by the medical community to counter the idea that physical contact was safe, it was clear that the rhetoric of "keep calm and carry on" would continue to remain strong when, on the day that the first confirmed death of a patient with coronavirus was announced, the Prime Minister declared it remained 'business as usual' in the UK ('Boris Johnson Says "Business as Usual"', 2020). Even when the reality of the situation became apparent and it was at last decided that a national lockdown needed to be implemented, Johnson continued to refer to a particular idea of British character in order to pacify and praise the public, stating that 'I know how difficult this is, how it seems to go against the freedom-loving instincts of the British people' (20 March, 2020). What was particularly "freedom loving" about the British public was never actually identified, however. Yet merely a week after the lockdown was announced, it was clear that the narrative of British exceptionalism was exposed when Johnson, Hancock, and Chief Medical Officer Chris Whitty, all tested positive for the virus. The narrative became even more fractured once Johnson was moved to intensive care on 7 April.

The use of militaristic language was not only drawn on by politicians, however, but also by the medical profession themselves as they applauded the willingness of the public to volunteer to support the NHS at this time of crisis. After over 400,000 people signed up to offer their services in just one day, NHS National Medical Director Stephen Powis declared himself 'truly amazed by the number of people who want to come and help us in the war against coronavirus' ('Over 400,000 People Join NHS Army of Volunteers in One Day' 2020). Whilst Sir Simon Stevens, Chief Executive of the NHS, expressed his gratitude to the nation praising them by saying that 'Times like this show just how generous the British people are and how much they value our health service – we are blown away by this response and the kindness of our country' coronavirus', ('Over 400,000 People Join NHS Army of Volunteers in One Day' 2020). Labelled the 'People's Army' by the Sun newspaper, this voluntary force was presented as demonstrating the unity of the country and the resilience of the British public during times of adversity (McDermott, 2020).

The utilisation of militaristic language and metaphors of war by medical practitioners, and by health science communicators, has a long tradition (Sontag, 1978; Larson & Wallis, 2005; Fuks, 2010; Nie et al, 2016). Such metaphors allow for the simplification of narrative and facilitate the communication of complex information to audiences not versed in medical language or scientific concepts. Audiences appear, in the main, to remain receptive to these connections, fuelled perhaps by the 'insatiable' appetite displayed within the media for the evocation of supposed metaphorical combat against illness or disease (Flusberg, Matlock & Thibodeau, 2018). Military metaphors both carry and mediate weighty emotional baggage of ideas about loss, sacrifice, and defeat. They also manage to convey more subliminal messages, messages of unity and cohesion as well as ideas about betrayal and treason which encourage vigilance through societal self-regulation.

The symbolism of the virus as an enemy has come to dominate discourse surrounding it; this has shaped, and been shaped by, public policy discussions. For the language utilised to describe a problem not only shapes the way in which that problem is conceptualised but also guides the way people respond to the potential solutions to that problem. The personification of the virus as an insidious and subversive adversary reached its zenith when the predicted, and arguably inevitable, second wave of the virus was announced as 'coming in' to the country, conjuring images of an invading enemy force (Woodcock, 2020). Yet whilst the utilisation of war metaphors is certainly effective, it is also apparent that there are problems with drawing on this type of imagery to communicate important medical information. For a virus is not a military enemy. It is not a foe that is able to be defeated through the same military strategies that are available during a time of armed conflict.

Whilst the metaphors galvanised public sentiment and popular action, those employed in health and social care, supermarket employees, teachers, cleaners, bus drivers and couriers all became redefined as frontline workers, risking their own health to ensure the continuation of key services as the rest of the country remained home to protect the National Health Service and the more vulnerable in society. Although the actions of those who continued working during the national lockdown have been deserving of admiration, there are ethical implications we need to consider when comparing healthcare professionals to soldiers on the front line. For none of the people listed above are in the military. Those who are health care professionals such as nursing staff, doctors and care-home workers are trained to help save lives, but they did not enlist to wage war on a virus, nor to expose themselves, and their families, to infection. Despite this, however, the concept of "NHS heroes" has continued unabated, not least, through the establishment of a website designed to 'create a living map of gratitude from every corner of Britain' ([www.thanksamillionnhs.co.uk](http://www.thanksamillionnhs.co.uk), 2020). Supported by both local, and national newspapers, the site gives people from across the country the opportunity to thank the "NHS heroes" through messages of love and support for their work 'heedless of own health as they work tirelessly to care for people in the face of the Coronavirus pandemic' ([www.thanksamillionnhs.co.uk](http://www.thanksamillionnhs.co.uk), 2020). Whilst the genuine sentiment behind the expressions of gratitude amongst the population was clear, much like the clap for carers that became a fixture of Thursday evenings during the opening weeks of national lockdown, it became increasingly apparent that those working in the NHS themselves were not necessarily heedless of their own health (or that of their families) and that, when expressed by politicians, such platitudes were neither coveted nor welcomed, in part because of the narrative of sacrifice it implied ('A Message from a Tired Healthcare Worker', 2020; 'No Medals, Badges or Claps This Time - Just Pay Nursing Staff Fairly', 2020; 'NHS Workers Don't Want Applause, They Want PPE', 2020; Brazell, 2020; Darlow, 2020).

Another significant outcome of utilising war imagery in this way is the inevitability of death that it implies. In a war there is death and so, by drawing on military language to describe national attempts to bring a pandemic under control, there is an implicit expectation of death, and an acceptance of its presence in the ongoing 'battle' is absorbed into popular consciousness. Seen through this lens, people will die and of these some, especially those within the medical profession, will be considered as having laid down their lives in sacrifice for the wider community. This normalises the deaths through the notion of inevitability just as, during war, death is an unavoidable occurrence.

The rhetoric surrounding the battle against Covid-19, and the reframing of the actions of the British government and the British people as acts of defence against an invading aggressor, was applied holistically to the British people, referring to both their behaviour and their attitude. People who were staying at home, sacrificing their social lives, their economic livelihoods, their personal relationships and often their family life, were all enveloped in this sacrificial language as they were praised by the British government for undertaking personally detrimental action, or indeed, inaction, for the benefit

of wider society and the NHS. Through such sacrifice the enemy of Covid-19 could be managed, controlled and could ultimately save lives. Whilst the narrative of sacrifice was embraced by many, the notion of people giving the ultimate sacrifice is rather more ethically questionable and proved to be considerably more contentious. For whilst the language of sacrifice could easily, if not uncomplicatedly, be applied to front-line nursing staff, the more vulnerable in society such as the elderly and those in care, could far less easily be co-opted into this language of sacrifice, particularly when the very people who were dying were those who were apparently so venerated by society for their valour in the Second World War.

The marginalisation of the elderly, particularly those residing in nursing and care homes, has been brought into stark relief by the pandemic; it has also been reinforced by the measures taken during it. Whilst no government official overtly declared a policy of sacrificing the elderly, allegations soon emerged that Dominic Cummings, the Prime Minister's Chief Advisor, had advocated the policy of herd immunity in order to minimise the overall impact of the pandemic on the economy, and that he had suggested that 'if it means some pensioners die, too bad' (Shipman & Wheeler, 2020). Although these comments were argued to be defamatory by the government, the discussions that ensued surrounding the value of human life in economic terms contained echoes of the narratives propagated by the National Socialists in which they weighed up the value of life according to the economic contribution an individual could make to society. These arguments were not only put forward by those in government, with similar sentiments being expressed by some older members of society who suggested that that 'we, the old, should recognise that our first responsibility is to do everything in our power to avoid becoming literally a dead weight upon the health system' (Hastings, 2020). Such sentiments of willing self-sacrifice were the exception rather than the rule, however, and, in the main, the idea of sacrificing older members of society, particularly those in care homes, to the virus was met with abhorrence and resistance across the country.

For those with relatives in care, the early stages of the pandemic were difficult enough with visits being heavily restricted and eventually banned in their entirety. For many of these vulnerable people, the confusion and upset caused by the absence of these visits were palpable. Family members, too, spoke of the emotional strain of being unable to see their loved ones, or to be able to fully explain to those who were unable to understand exactly why they could not come to visit. This has led to particular difficulties for those with dementia. Yet, whilst this enforced absence from those in care was emotionally difficult, it was the pressure placed on care homes to accept those released from hospital who had tested positive for the coronavirus which led to public outcry. One care home manager described the decision to send patients into nursing homes as tantamount to "importing death" into them, angrily stating that 'asking us to take Covid-19 positive patients is asking us to basically make out a suicide note for people in care' (Holland, 2020). The idea that the virus was being imported into nursing homes in which resided some of the most vulnerable members of society appalled many. Although the government attempted to deny this the abandonment of the elderly and the vulnerable within care homes, it inevitably became practice in all but name due to the absence of suitable PPE for care-workers to prevent the spread of the virus in homes and the lack of adequate provisions such as testing being put in place for residents. To evoke the militaristic language employed during this pandemic, they were but collateral damage during a time of local, national, and global turmoil. The elderly fell victim to the competing demands of public health and the perceived need to ensure the economic stability of the country. In one nursing home alone, 25 residents died from the virus; the home itself was shut a few months later. As the *Mirror* declared 'The right to care and the dignity of life is being denied those who deserve our greatest respect in the physical, mental and emotional twilight of their lives' ('Elderly do not Deserve to be Scarified to Coronavirus', 2020).

What also frustrated many was that those being cared for in these institutions were the very people who were part of the war-time generation that was apparently so venerated by the government and by wider society. Those whose sacrifice during the Second World War had been used to inspire the British people to pull together in solidarity to overcome the war against the enemy virus. The son of one war veteran noted that 'Many put their lives on the line for this country and they deserve better. They have been treated as second-class citizens' (Siddle, 2020). Picking up on these concerns when writing in the *Telegraph* on the 75 anniversary of VE day, the leader of the opposition, Keir Starmer, observed that;

We owe so much to the generation of VE Day. We must do everything we can to care and support them through the current crisis [...] We have all heard the harrowing stories of the virus spreading through care homes, with families unable to say their last goodbyes. The crisis in our care homes has gone on for too long, and we must do everything we can to protect our most vulnerable, many of whom protected our country in its darkest hour (Yorke and Donnelly, 2020).

What is particularly interesting about this is the fact that whilst some of the elder residents in care homes were indeed from the war-time generation many of the those residing in these places were not, in fact, participants in this conflict. Indeed, many residents were born during, or even after, the cessation of hostilities in 1945. It is possible that the continued veneration of the war-time generation has shifted our conceptualisation of "old age" and what we associate with it or, perhaps, it was politically expedient to conceptualise care home residents in this way. For whilst the narrative of sacrifice had been drawn on during political discourse, it was clear that the seeming sacrifice of the war-time generation was something that did not sit comfortably with the British public. Yet as distasteful as many felt this was, it was increasingly clear that the narrative of sacrifice, the association of the virus with an enemy of war and the use of language that implied the inevitability of death were all being used to try and cultivate an acceptance of these deaths amongst wider society. This approach became apparent when the notion of 'harvesting' – a term relating to disease control traditionally utilised by epidemiologists – entered the public arena. This term, usually utilised during a short-term increase in deaths particularly during cold winters, heatwaves or conflict, brought with it the inherent inference that those elderly who died in care homes were part of an inevitable, rather than a policy led de-facto, mortality displacement (Revich & Shaposhnikov, 2008; Baccini, Kosatsky & Biggeri, 2013; Yu & Tong, 2015; Cheng et al, 2018).

The narrative of sacrifice so frequently employed during the pandemic was also discernible in the sentiments that enveloped the Home Front during the war in which civilian dead themselves were ascribed sacrificial meaning (Noakes, 2015). For although those killed in bombing raids were portrayed as innocent victims of fascism it was also clear that, through their deaths, they were transformed in the popular imagination into heroic agents sacrificed on the altar of the national struggle against the forces of Nazism. As Lucy Noakes argues:

While both military and civilian victims of modern warfare clearly had an emotional value for the bereaved, they also had a political value that could be put to work by the state for the wartime nation, acting as signifiers of a shared national cause, and as a unifying symbol of shared suffering support, and resolution (Noakes, 2020).

The co-opting of the civilian dead into a narrative in this way afforded them equal heroic status with those fighting on the front line. Jalland has suggested that by framing the deaths of civilians during the conflict through this lens, the bereaved 'could more easily accept their loss within a context of national defence and sacrifice' (2010). The inherent political value in these deaths, however, depended not only on the way in which the victims were treated by and spoken about by the state

but also through the way in which 'the bereaved expressed emotions around the corpse, and found the state's treatment of the dead and of their grief to be appropriate' (Noakes, 2020).

Preparations for how to handle large-scale civilian deaths had been underway even before the war began with officials foreseeing how aerial bombardment could, and would, be a significant feature of any war that broke out. Lucy Noakes has documented the role of the Burials Committee in planning extensively, if confidentially, during the 1930s for this eventuality, suggesting that the Committee focused on three main issues, 'how and where to dispose of the dead, how to proceed when no family members came forward to claim bodies for burial, and what to do about unidentified corpses' (Noakes, 2020). Yet whilst practical considerations were addressed, less attention was given to preparations for the psychological wellbeing of the Home Front. Although concerns about the emotional damage to the public were considered prior to the outbreak of war, once aerial bombardment commenced, and the predicted societal breakdown failed to ensue, these concerns were relegated to the side-lines. Practical, rather than emotional, considerations were at the forefront of national, and local, actions and concerns as the war progressed.

Amongst the practical concerns of the state was the need to ensure burials could take place with expediency. The risk inherent in spreading disease by delaying burial was clear. As the conflict progressed, and bombing raids on the country increased, the scale of civilian deaths led to the disruption of funerary tradition through the lack of individual burial and, often, through a communal funeral service. Mass funerals and burials were recorded in many major cities such as Coventry, Manchester and London. When reporting on the committal of 31 children and their teacher killed in a bombing raid on London in January 1943, the *Manchester Guardian* observed that they were "buried in a communal grave yesterday in the presence of thousands of neighbours from the small streets of the suburb...[...] men and women, old and young had walked to join the burial service' ('Bombed Children', 1943). For expediency, and in an attempt not to undermine public morale, funerals were often conducted communally rather than privately and on individual basis. This was certainly a fracturing of the individual ritual tradition, but officials deemed it necessary to avoid emphasising the numbers of those dying on the Home Front through continual funerary processions. Similarly, it was apparent to authorities that private burials also led to a strain on those responsible for digging the graves and the committal of the body, which was potentially problematic given the existing pressure on labour. Concerns about ensuring a suitable workforce was not unprecedented and local authorities were aware of the complications that would arise out of this, in part, due to the memory of the 1918-19 influenza epidemic during which time there was significant difficulty getting the dead buried due to the lack of grave diggers available to carry out the task; this resulted in bodies of the dead being left up to a fortnight before being buried (Niven, 1920).

Yet as Rugg has recently explored, in far more depth than is possible here, there was often a resistance towards this more communal mode of burial amongst the bereaved, as well as a desire to ensure that the deceased were given a dignified funeral and a respectable burial (Rugg, 2004). In order to make this notion of communal burial more palatable, the State not only attempted to place community obligations ahead of individual wishes about burial, but it also 'aimed to apply a 'heroic' military rhetoric to civilian war death to compensate for a loss of familial control over the final destination of the corpse (Rugg, 2004). Framing both the loss and burial of individuals through the lens of heroic sacrifice meant that they are essentially attributed the status of a fallen soldier, in which case State control over their remains could be considered the responsibility of the nation, even though the burden fell on local councils and communities. Whilst some appeared to subscribe to this narrative, others, resisted when the reality of what this burial entailed was realised. As Noakes observes, whilst the attempt to co-opt the civilian dead as part of the heroic narrative of war was clear, the bereaved

themselves, 'wanted their dead to remain just that: civilians, and individuals, not members of a national, mobilized collective' (Noakes, 2020).

The collective funerals that took place during the Second World War stand in stark contrast to the disruption to funerary tradition experienced during Covid-19. Yet whilst the fracturing of this tradition was different, the role of the state in shaping events is still apparent. The involvement of the state and the intrusion of national concerns and practices in the process of grief, a process which is at once private but also communal, is also identifiable in the increasingly central role of the state in the management of human remains, and the ways in which the grief and mourning of the bereaved is managed and staged during the current pandemic. In much the same way, tensions have also emerged between the directives of the state to reduce the transmission of the virus and individual desires to secure a respectful funeral for loved ones. In the Second World War, these tensions between the intimate and private, and the public and communal, became visible in the management of the civilian dead, and this is also evident in the responses to, and management of, these same issues during the Covid-19 pandemic over 75 years later. For, in a bid to reduce the transmission of the coronavirus, the British government imposed considerable restrictions on people, the impact of which was felt within all aspects of people's lives. Perhaps the most emotive aspect of these restrictions coalesced around the implications they had for the most vulnerable in society and their families, particularly those who were in the final stages of their lives, either as a result of the virus or due to pre-existing conditions.

The restrictive visiting policies applied to hospitals, care homes and other health care facilities meant that virtual visitations have been encouraged with many patients having to say their final goodbyes to their loved ones over the phone (NHS England, 2020). In Wales, after an emotional plea from two nurses, donations of tablets and smartphones were made to the NHS by members of the public to help facilitate this final contact. Whilst technology has been useful in this regard, as one care home manager observed when giving evidence to the Health and Social Care Committee and Science and Technology Committee about lessons learnt from the coronavirus in October 2020, 'for somebody with dementia looking at a WhatsApp tablet is like looking at a picture that is moving. It is not like seeing their loved ones, and it is not like getting a hug or giving them a kiss' (2020). The impact of this lack of physical contact, particularly in terms of the mourning process, will be considered in more depth later in the chapter. It was, however, reports of the solitary death, and burial, of 13-year-old Ismail Mohamed Abdulwahab, whose family were denied access to him before or after his death from Covid-19, that led to the public outcry at the restrictions.

Unlike state intervention during the Second World War, the incursion of government policy into private lives during the current pandemic has not been born out of concern over the anticipated cost of funerals on the state, but has instead been about reducing the transmission of the virus. Yet whilst there appeared to be an acceptance and understanding of the motivations behind these restrictions (much as there appeared to be an acceptance of communal burials during the war) there have been growing tensions between the desire of people to be with their loved ones in their final moments, and to honour the deceased through funerary ritual, and the attempt by the state to restrict people's access to the deceased and prevent large gatherings. Divisions also arose between local authorities and funeral directors over how funerals might be staged safely. Research carried out during the early stages of the pandemic clearly indicated a strong desire amongst UK Citizens to ensure that the 'dignity of death' was preserved during the epidemic (Bear et al, 2020). A report published by researchers during the early stages of the pandemic categorically stated that, 'Banning funerals entirely should be avoided. Communities and individuals are likely to experience long-term emotional trauma if this is implemented (Bear et al, 2020). Whilst the banning of funerals did not take place, in part due to this feared long-term trauma but mainly due to the strain this would place on already struggling

mortuaries and mortuary space, the state did intervene significantly in both the funerary, and mourning, process.

It was the disruption of the accompanying rituals of death that most profoundly seemed to affect individual mourners, particularly during the initial stages of national lockdown. Funerals, Thomas Laquer observes, have emerged as 'the ritual occasions for definitively marking social place, and the imaginative vehicle for contemplating one's ultimate fate in the public eye' (Laquer, 1983). They are, for many, the public recognition of death and the public recognition of the life that has come to an end. Constraints to funerary practice due to concerns about the spread of the virus have had significant detrimental impact on individual mourning which, in turn, is likely to have significant implications for long term societal trauma. And whilst there was a general acceptance of the need to reduce the risk of transmission through reducing the number of mourners in attendance, there was also a growing frustration at the lack of clarity in government guidance and increasing anger at the different interpretations of that guidance by local authorities and funeral homes across the country. Such apparent inconsistency in terms of how many people were allowed to attend the funeral service and differing restrictions on those permitted to view, or wash the body of the deceased, was extremely distressing for the bereaved, particularly when they became aware that other local authorities were implementing different practices. This frustration was noted by the National Association of Funeral Directors, who were quoted in the media as observing that a ban on mourners or the imposing of minimal numbers 'isn't in the interests of bereaved families' (Wood, 2020).

The Local Government Association, which represents local authorities, said that 'councils are making specific arrangements on a local basis' defended the differing stance taken by differing authorities during these strained times (Swerling, 2020). Yet whilst the pressures on Local Governments and funeral directors should not be underestimated, what is apparent that, as a celebrant commenting on the process observed, 'one thing I've seen time and time again is the need for those left behind to gather in a communal farewell and celebration of the life of the deceased so they feel they have said goodbye properly, with a fitting act of remembrance' (Edwards, 2020).

A perceived lack of dignity and respect during funerary traditions has profound implications for the disruption of funerary tradition and, in turn, the mourning practices and processes associated with it can be seen to de-stabilise the grief process (Romanoff, 1998; Burrell & Selman, 2020). Certainly this de-stabilisation has been alluded to by some of those who have experienced loss during the pandemic and who have also been deprived of the chance to participate in, or perform, social funerary rituals. Compounding the fact that people have been denied the chance to see loved ones prior to their death, particularly when they have died in hospital or nursing homes is the fact that, due to the contagious nature of the virus those who die, or who are suspected of having died because of it, must be placed in closed caskets. Bereaved family members were subsequently denied the opportunity to see their loved ones prior to, and after, death. Whilst it can be argued that there has been a growing reluctance to view the body of the deceased in more recent times, viewing the body of a deceased family member or loved one can help being the process of grieving as well as establishing a foundation upon which to reconcile the loss, perhaps through a sense of seeing the individual ostensibly at peace (Paul, 2018). For many, being denied the chance to view the body of their loved ones after death was extremely distressing and compounded the mourner's grief. One woman reflecting on the loss of her mother in Northern Ireland acknowledged that 'it was heart-breaking not to be able to see her in her coffin and kiss her goodbye' ('I Didn't Get to Kiss My Mum Goodbye', 2020). The daughter of another victim of the virus spoke even more candidly about the experience observing that her father's coffin 'had to be sealed at the hospital' with the family being 'unable to bury him in his own clothes, or with any of his

belongings' (Vesty, 2020). These were also the circumstances in which Evelyn, who we encountered at the opening of this chapter, was also interred.

During both the recent pandemic and the Second World War it is apparent that, due to the rules and restrictions implemented at a national level, the 'rituals of inclusion' usually experienced by bereaved families have been fundamentally, and irrevocably, fractured (Laquer, 1983). Some have interpreted this fracturing as having led to an 'intensified sense of disenfranchised grief' ('Grief in the Time of Covid, 2020) something that people experience when they are actively prevented from attending a funeral or a when their grief feels either denied or unacknowledged by society. This, in turn, is compounded by the feelings of guilt and emotional trauma many feel for having "abandoned" their loved ones or having failed to honour them sufficiently or in the manner in which they feel the deceased deserved. The inherent risk is such disenfranchised grief is the fact that this can lead to a longer lasting form of grief referred to as 'complicated grief' in which mourning becomes chronic rather than remaining a transitory emotion (Shear, 2012; Klein, 2014; Goveas & Shear, 2020). Such chronic, complicated, and ongoing grief can have considerable legacies not only for individuals but also for societies as a whole (Larsson, 2009; Smith et al, 2015).

Whilst practices of grief and memoriam have been profoundly interrupted by strategic state intervention, some funerary venues have harnessed digital technology to enable people, otherwise unable to physically attend the memorial service, to participate remotely by webcasting funerals live over the internet. The demand for such services has increased over recent years, even without the impact of the pandemic, yet it has fast become apparent that many funerary sites are not necessarily equipped with the infrastructure or technology to facilitate virtual participation. Certainly, the virtual offers a practical, and ostensibly safer, alternative to active involvement in the current socially distanced climate. Yet whilst inherently personal and individual death is often processed communally and whilst technology has allowed particular venues to offer a degree of participation in the grieving process, it is not able to reduce the physical distance and physical disconnect to the event itself, or to those with whom individuals are joined in grief. For those participating in funerals remotely, the infrastructure of the funeral, the coffin, the floral offerings of family and friends, may be visible but the emotional and sensory infrastructure to support grief and assist in the mourning process is not available. This disconnect from the funeral is brought into sharp relief by the sudden end of the service, the cessation of music and the fact that the end of the live stream is not followed by mutual support but by silence. There is no sense of human connection, no human touch for comfort for those who live alone. Even for those who are permitted to attend the funeral in person it is clear that mourning in the time of the coronavirus is a process in which physicality has been eroded (Carter & King, 2020).

The loss of this sensory environment, the loss of the social interaction and the lack of ability to touch, comfort and embrace was not only felt by those who were denied the opportunity to attend funerals. Even those immediate family members who have been permitted to attend funerals over the last few months have struggled with the lack of ability to seek, or give, comfort at a time of intense emotion. These natural responses to grief have been prevented by the British government in a collective bid to prevent the transmission of the coronavirus. Those who have attended funerals since the first restrictions on social interactions were put in place have spoken of the difficulty of navigating these rules due to the impulse to seek and give comfort whilst attempts to police people's movements at these times of intense emotional distress have led to equally emotive, and increasingly angry, responses. For as one commentator writing for the *Guardian* asked, 'How are you supposed to grieve when you can't touch?' (Lord, 2020). What impact does this have on the longer term mental health of the individual, and of society overall? Certainly, these are issues that we as a society will need to consider as time moves forward. For whilst the impact of this absence was acknowledged in governmental guidance, and amongst those within the UK funeral industry, there was little sense of how the disruption of the funerary process and mourning rituals could be rectified, improved upon or

altered to offset the impact on long term societal health, cohesion and mental stability. Perceived British stoicism, the promotion of which was integral to official attitudes to the bombing of civilian targets, was also present in the advice being offered not only by government officials but also by funeral directors themselves during the pandemic who while acknowledging that it may be 'challenging' for people to grieve reiterated that the public "must remain strong and steadfast during these trying times (Sensi, 2020). The promotion of such stoicism has echoes of the 'silencing of grief' (Noakes, 2015) that occurred during, and after, the Second World War where the expediency of funerals and a need to accept large scale death were deemed to be paramount in a bid to maintain civilian morale so as not to risk undermining the war effort on the Home Front. Some even saw an opportunity for the pandemic to usher in the beginning of a 'heroic comeback for British stoicism' specifically referring to a need to deploy a 'stiff upper lip' and to channel the 'dry eyed restraint' displayed at the funeral of Winston Churchill (Grant, 2020).

With many being denied the opportunity to participate in traditional funerary rites or committal ceremonies it is apparent that, for some, the response has been the emergence of a complex web of physical and virtual memorialisation to cope with, and respond to, the individual traumas unfolding (Williams, 2020a). Digitally networked commemoration has emerged as a key part of this web of memorialisation as social distancing measures meant that the physical ability of those to attend funerals or mourn with loved ones has been drastically reduced. Individual expressions of grief and memoriam were expressed in newspapers, websites and on social media sites such as Facebook or Twitter, many of which contained undertones of guilt and trauma that they had been prevented from seeing their relative or friend before their deaths ('Covid-19 Loss Support for Family and Friends', 2020).

Alongside these individual, and deeply personal, expressions of grief, there has emerged a move towards a more co-ordinated digital memorial as a means by which to allow people to share their grief with others who are also experiencing the same loss. As early as 22 May the Prince of Wales, in conjunction with St Pauls Cathedral, announced the establishment of an online book of remembrance to those who had lost their lives to Covid-19. The website, [www.rememberme2020.uk](http://www.rememberme2020.uk), is designed to act as an immediate venue for people to express their sorrow whilst acknowledging that a physical memorial would be built in the North Transept of the Cathedral itself. This is not the only example of the turn towards the digital as people look for outlets for their grief in many instances to mitigate for the fracturing of traditional funerary ritual. The Covid Memorial website, for example, also provides a space in which those who have lost someone during the pandemic can leave a memorial to the individual. People can submit a name, photograph and a personalised message about the person who has died. Not only can people memorialise their friends and relations here, but the site also offers guidance and advice on how to project a Memorial slide show on public buildings, something, the website suggests, that offers a 'powerful physically distant way to help remember the lives lost to coronavirus' (<https://covidmemorial.online>, 2020). Alongside this, the site also provides a means by which people can connect with others directly through a private Facebook group for the bereaved to share their grief with others. Yet the website seeks not only to create a supportive space in which to grieve with others rather than in isolation stating that 'together, we are mourning these losses' but it also gestures towards an even more proactive aim to stop more deaths from the coronavirus in the future, although how precisely it hopes to do this is uncertain.

Whilst certainly the digital offered people the opportunity to articulate their grief in ways that allowed them to interact with people in similar positions, for some, more immediate material memorialisation was desired. Plans to establish physical memorials to Covid-19 victims have been articulated by local councils, community groups and national organisations ('Lib Dem Leader wants Memorial to Frontline Workers', 2020; 'Online Book of Remembrance', 2020; Berril, 2020; Forte; 2020; Sabey, 2020). Yet the procedure for designing, funding, building, and erecting a memorial can be painfully slow and, for

many isolated with their grief, a desire to in some way mark the demise of a loved one was more immediate than this process would allow. Some of these physical manifestations of memorialisation can be described as votive offerings, with people harnessing the natural environment and communal spaces to provide the backdrop for both expressions of grief during the pandemic. Impromptu spaces of remembrance, such as that which developed on Hope Mountain in Wales, appeared organically, often utilising existing places in the landscape which had already acted as a focal point for memorialisation in the past. As Howard Williams has noted a distinctive tree on the mountain has acquired memorial dimensions in recent years with votive offerings of colourful ribbons being tied around the branches as well as more personal memorials such as small cards and plaques being placed around it to memorialise lost loved ones. More recently, over the course of the pandemic, Williams has documented the use of face masks being brought into the memorial space as a mnemonic device to represent the loss of those directly from the coronavirus (Williams, 2020a; Williams, 2020b). Unlike digital memorial spaces, these physical manifestations of grief were often situated alongside bold and colourful expressions of gratitude to the NHS, reinforcing the narrative of keyworkers as heroes, worthy of commemoration in light of their roles and responsibilities during the pandemic. In Cumbria, for example, stones decorated by children were gathered together and preserved to act as a memorial to those who died and to show the supposed solidarity of the community.

Such impromptu memorials, documented in communities across the country, appeared to mark the intersection of grief and of hope for the future. Many of these images of memorialisation were documented by researchers who established *The Viral Archive Project* to ensure the material culture of the pandemic, and our responses to it, were not lost. The project, established by archaeologists from the University of Warwick, University College Cork and University College London, sought to document the individual memorialisation of the pandemic by encouraging people to share their visual encounters with such sites and symbols on social media. As one researcher noted, 'We see this project as an act of bearing witness to, and capturing the changes that can occur in our local landscapes due to a global crisis, and the personal and broader social responses that can emerge as a form of resilience' ('Press Release: Researchers Call to Record the Landscape of the Pandemic', 2020). It will be interesting to see how these places of memory evolve as the pandemic continues and what role they continue to play as time moves forward. At this point, they provide an insight into the way in which people are choosing to commemorate and celebrate the lives of those who have been lost and a clear desire for physical, as opposed simply to digital, modes of remembrance.

So, what, then, is the relationship between the Second World War, British identity, and Covid-19? The answer is complex but it is apparent that they have become indelibly tied through the power and manipulation of language. A sense of British exceptionalism rooted in imperial nostalgia and sculpted through nationalistic narratives of the Second World War led to a catastrophically slow response to a virus which does not recognise national boundaries. The war narrative was employed to galvanise public responses to, and support for the National Health Service, with the 'People's Army' being portrayed as volunteers signing up for battle on the front line. The military metaphor is not only inappropriate due to fact that the coronavirus is not a military enemy and cannot be overcome by allusions to a romanticised military past, but also because of the notion of sacrifice that it inevitably inspires, whether that be the self-sacrifice of medical professionals or the more targeted sacrifice of the most vulnerable members of society.

In much the same way as the Blitz brought home the reality of the war to the Home Front, so too did the seeming abandonment of those elderly and more vulnerable in society residing in care homes bring home the reality of coronavirus home to the British public in 2020. Certainly, it did for my family. Two days before the VE days celebrations took place Evelyn, my grandmother, was laid to rest with very few of her family or friends present. During the war she had worked extensively on the land to ensure agriculture was sustained and local populations were able to be fed. She watched the planes

flying overhead towards Southampton and Portsmouth, saw the red of the sky as the cities burned and mourned the loss of childhood friends and neighbours who never returned from service. She collected for the poppy appeal for 55 years. She disliked conflict and was a strong, if gentle, advocate for peace, but she was part of the generation whose fortitude has been so celebrated and channelled through a nationalistic lens. She did not subscribe to these accolades, yet she formed a part of them. Yet this 'hero' of the Second World War was, due to the coronavirus pandemic, one of those whose death was viewed as being inevitable by the British government whose position seemed to be a general acceptance that, as Boris Johnson stated on 12 March, 'many more families are going to lose loved ones before their time (2020).

The real connection between war and the coronavirus, however, can be seen when we consider the extent of the measures that we see introduced into British life in 2020 which would not usually be considered acceptable in peacetime. A war time government is given greater latitude for intervention in, and policing of, the private lives its citizens, and it appears as if a global pandemic has the same implications. The intervention of the state in funerary practice, the impact this had on the rituals of death, and the corresponding impact this had on individual grief is reminiscent of the way in which it intervened and shaped burial practice not only during the Second World War but also during previous pandemics. This intervention can be seen to have led to a disenfranchised grief amongst thousands of people across the British Isles who have either lost loved ones from Covid-19 or who have had their ability to mourn curtailed due to the absence of the usual rituals of death and the lack of physical proximity of others during the grieving process.

As society adjusts to the so called 'new normal' individuals, local communities and government officials need to be cautious of the long-term legacy of, and damage to, individual and collective psyche that this fracturing of grief will have inevitably caused and to consider the question of how this collective trauma can be managed in the future.

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