

The absence of funeral rites as a risk factor for the French bereaved population

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Abstract:

During the COVID-19 pandemic, stringent measures were imposed in numerous countries, including France. These measures significantly disrupted societal practices, particularly mourning and funeral rituals. This study, conducted between June and September 2021 as part of the COVIDEUIL-France research, involved 242 participants, predominantly female (84%) with an average age of 49.64 years. The research aimed to investigate the consequences of the absence of funeral rituals and the adoption of personalized, domestic, and digital alternatives. Using online surveys and psychological tools, including the Traumatic Grief Inventory Self Report Version (TGI-SR), General Health Questionnaire-28 (GHQ-28), and Post-traumatic Growth Inventory (PTGI), the study found a significant correlation between the lack of traditional practices and grief complications. Despite 21.81% of participants compensating with personal commemorations, digital commemorations were underutilized, raising questions about their effectiveness. The study provides crucial insights, emphasizing the need to address the psychological effects of disrupted mourning practices in France.

Keywords: Bereavement; Death; Funerals; Grief; Loss.

Introduction

As of early 2020, governments worldwide initiated a series of restrictions aimed at safeguarding their populations and mitigating the rampant spread of the COVID-19 pandemic. Among these nations, France emerged as the fourth country to confront the challenges brought forth by this global crisis (“Pandemia di COVID-19 nel mondo,” 2023). It is within this unique context that the following study was conducted, shedding light on the consequences of the pandemic on a deeply ingrained aspect of human culture: mourning and funeral rituals.

Historically significant, these rituals have played a pivotal role in facilitating the transition of the departed from the realm of the living to a state of permanent separation from the body (Thomas, 1985). Traditionally, these gatherings provided a communal space for individuals to bid their final farewells, express gratitude, and reinforce connections within the community (Cherblanc, 2011).

However, the emergence of the COVID-19 pandemic drastically disrupted these age-old customs. Initially, health recommendations emphasized practices such as social distancing and handwashing, but as the pandemic escalated, the French government enforced stricter measures. From March 2020, funerals in France were limited to thirty attendees, with further constraints allowing only ten individuals for burials and a mere five for cremation ceremonies (Décret N° 2020-663 Du 31 Mai 2020 Prescrivant Les Mesures Générales Nécessaires Pour Faire Face à l'épidémie de Covid-19 Dans Le Cadre de l'état d'urgence Sanitaire, 2020). Notably, these measures went beyond limiting the number of mourners; they also dictated that the deceased be laid to rest in hospital attire (Fernández & González-González, 2022), stripping away the familiar traditions of *toilet funéraire* (Goveas & Shear, 2020), or funeral preparation of the body. The latter, a common and revered custom in France, plays a pivotal role in providing a dignified opportunity for loved ones to bid their final farewells. Often referred to

as embalming and body preparation, this ritual encompasses the meticulous process of cleaning, dressing, and preparing the deceased's body for public viewing during the funeral.

The sheer scale of these restrictions becomes apparent when we consider that in 2020 alone, France bore witness to 668,900 deaths under these conditions (Gautier, 2023). With an average of two bereaved individuals for each life lost, the cumulative number of people affected by these restrictions surpassed one million.

These measures deeply impacted the traditional customs surrounding death and mourning, leading to significant challenges in grief acceptance and processing. Several studies conducted since 2020 have highlighted the difficulties faced by those mourning under these altered circumstances (Boholano & Bacus, 2022; Cardoso et al., 2020; Hernández-Fernández & Meneses-Falcón, 2022).

The absence or alteration of these time-honored rituals has been linked to significant difficulties in the process of grief acceptance and processing: symptoms such as anxiety and depression (Drucker et al., 2023; Eisma & Tamminga, 2020), Post-Traumatic Stress Disorder (PTSD) (Chamaa et al., 2021; Watson, 2022) and prolonged grief disorder (Cardoso et al., 2020; Eisma et al., 2021; Gesi et al., 2020; Khoury et al., 2022; Mondal, 2022). Complicated or prolonged grief disorder is a form of severe and enduring bereavement characterized by intense and prolonged emotional distress, preoccupation with the deceased, and significant difficulty adjusting to life without the lost loved one (Prigerson et al., 2009). It differs from the normal grieving process in its persistence and debilitating impact on daily functioning. Its symptoms may last for more than 6 months (ICD-11) (World Health Association, 2020), or more than 12 months after death (DSM-5) (American Psychiatric Association, 2013), depending on the reference classification.

Conversely, there has been evidence of post-traumatic growth, where individuals experience personal growth and positive changes following traumatic experiences (Tedeschi, 2014). The

disruption caused by the pandemic and the absence of traditional rituals have provided fertile ground not only for psychopathological consequences but also post-traumatic growth to manifest (Collazo-Castiñeira et al., 2022; Maltais et al., 2023; Namdar Areshtanab et al., 2022; Qian et al., 2022).

Furthermore, in the absence of these communal rites, some individuals have adapted to the restrictions by turning to social media and digital platforms as a means to express their grief (Cherblanc, Simard, et al., 2022; Mónica, 2021; Testoni et al., 2021). Although their usage is becoming increasingly frequent (Gamba, 2007; Stuerzenhofecker et al., 2021), it still remains limited to confidently assert the potential psychopathological complications related to their use among grieving individuals. However, emerging evidence suggest that these alternative practices might influence the risk of prolonged grief (Chen, 2022) or anxiety levels (Cherblanc, Simard, et al., 2022).

Building upon existing literature, this study delved into the psychological aftermath experienced by individuals dealing with loss of a loved one during the pandemic. The primary objective was to examine the psychological consequences resulting from the absence of funeral rituals due to COVID-19 restrictions among the bereaved population in France. The study aimed to understand how the lack of traditional rituals and the inability to physically engage in ceremonies impacted the psychological well-being of mourners. Furthermore, it explored the adoption of personalized, domestic, and digital rituals as alternatives to manage grief and maintain a sense of community.

Within this context, two hypotheses were formulated:

H1) The restrictions or lack of funeral rites would have significant psychological consequences for French bereaved individuals;

H2) To bridge this gap, individuals in France would cultivate personalized ritual practices and harnessed digital technology.

Methodology

This study is an integral part of COVIDEUIL, a retrospective mixed longitudinal research project on the absence and restrictions of funeral rituals in times of pandemic. While this funded research project began in France, it has since been conducted internationally in Italy (De Vincenzo et al., 2024), Switzerland, Belgium (Boever et al., 2023), Greece (Koliouli et al., 2024), Canada (Cherblanc et al., 2022; Cherblanc et al., 2022, 2023; Maltais et al., 2023) and Mexico.

The data presented below were extracted from the COVIDEUIL-France dataset, specifically focusing on the analysis of preliminary quantitative results obtained at baseline. Participants completed the questionnaire at two additional time points (T1 and T2), each six months apart. The comparison and the results of the subsequent analyses will be the subject of future studies.

Sample characteristics

Participants

Table 1 presents the sociodemographic characteristics of the 242 participants who completed the survey. 84% of the bereaved were female, 15% male, and less than 0.4 % non-binary, with an average age of 49.64 years old (SD= 17.5).

From the beginning of March 2020, 70% of participants lost one significant person, 21% lost two people, 6% three, and 2.8% four. Of these, besides the first one, 49 participants (68%) decided to provide data relating to a second deceased person, 15 (71.4%) for a third one, and 4 (57%) for a fourth one. However, it should be noted that the data taken into consideration on the deceased refer to the first person, not to the subsequent ones, due to the difficulty of managing the dependence of the observations.

Following the loss, a greater number of participants began taking anxiolytics (25%) and antidepressants (18%), and requesting psychological support (41.6%, about double since before death).

Finally, 21 people (8.6%) say they have contacted a support toll-free number for suffering people, 24 participants (9.9%) use the Internet to discuss their loss, and 45 (18.5%) are part of a group (even virtual) of mourners.

Participants were also asked to indicate their degree of religiosity and spirituality on a scale from 0 to 100. The results showed that the median on the scale of religiosity is 20, while that one for spirituality is 60.

Table 1. Socio-demographic characteristics of the sample

	(n (%))
Sample (n)	242 (100)
Gender	
Men	37 (15.29)
Woman	204 (84.30)
Non-binary	1 (0.41)
Age (mean (SD))	
	49.64 (17.5)
Marital Status	
Divorced/Separated	18 (7.44)
Single	46 (19)
Widowed	45 (18.6)
With partner	126 (52.07)
Other	7 (2.89)

Living alone	
Yes	99 (40.91)
No	142 (58.68)
NA*	1 (0.41)
Living area	
Rural area	82 (33.88)
Urban area	160 (66.12)
Taking anxiolytics	
Before loss	33 (13.69)
After loss	60 (25)
Taking antidepressants	
Before loss	30 (12.45)
After loss	44 (18.26)
Psychological support	
Before loss	62 (25.83)
After loss	100 (41.67)
Participants who called a toll-free French number for bereavement support	
Yes	21 (8.68)
No	221 (91.32)
Participants who went to forums dedicated to mourning	
Yes	24 (9.92)
No	218 (90.08)

**Participants who participated in a grief support group
(face-to-face or virtual)**

Yes	45 (18.59)
No	197 (81.41)

Number of loss

1	170 (70.25)
2	51 (21.07)
3	14 (5.79)
4	7 (2.89)

Degree of religiosity

1 st Quartile	1.00
Median	20.00
3 rd Quartile	50.00

Degree of Spirituality

1 st Quartile	15.00
Median	60.00
3 rd Quartile	80.00

*NA= Non-Available

Deceased

Approximately 60% of the deceased were men and 40% were women, with a general average age of 73.78 years old (SD=18.86) (see Table 2).

Concerning the causes, 33% died from COVID-19, while in 67% of cases, the loss occurred for causes not attributable to the virus, such as cancer, accident, and cardiovascular disease.

About half of them died in hospitals (51%), 23.5% at home, and the rest in different facilities (nursing homes, health care centers, etc.).

Regarding the relationship between the participants and the deceased, most people lost one parent (34.7%), partner (16%), and grandparent (18.5%).

According to the religion of the deceased, 22.7% of them had a religious practice (i.e., Catholic, followed by Muslim, Protestant, Buddhist, Evangelical, and Jewish), while 73.5% did not practice any religion and 3.7% of the participants did not answer this question.

The death occurred more frequently (28.9%) after the third French lockdown (after the 4th of May 2021), during the first lockdown (26%, 17th of March – 11th of May 2020), and between the first and second lockdown (26%, 12th of May – 29 October 2020).

Table 2. Socio-demographic characteristics of the deceased

	(n (%))
Gender	
Men	145 (59.9)
Woman	97 (40.1)
Age (mean (SD))	
	73.78 (18.9)
Cause of death	
Cancer	64 (26.4)
COVID-19	80 (33)
Suicide	9 (3.7)
Unknown	14 (5.8)
Other (cerebrovascular disease, heart disease, Parkinson, natural death)	75 (31.1)

Who was the deceased

Partner	39 (16.1)
Father	47 (19.4)
Mother	37 (15.3)
Child	13 (5.4)
Grand-parent	45 (18.6)
Other relatives (uncle, aunt, brother/sister/mother/father in law, cousin)	38 (15.7)
Friend	10 (4.1)
Sibling	10 (4.1)
NA	3 (1.2)

Location of death

Accommodation center (EHPAD, nursing home, etc.)	38 (15.7)
Palliative care center	12 (4.9)
Hospital	124 (51.2)
Home	57 (23.5)
Other	11 (4.55)

The deceased practiced a religion

Yes	55 (22.7)
No	178 (73.5)
NA	9 (3.7)

Period of loss

First lockdown (17 th of March – 11 th of May 2020)	63 (26)
Between the first and second lockdowns (12 th of May – 29 October 2020)	64 (26.4)
Second lockdown (30 th of October – 15 th of December 2020)	28 (11.6)
Between the second and third lockdowns (16 th of December 2020 - 2 nd of April 2021)	0 (0)
Third lockdown (3 rd of April – 3 rd of May 2021)	0 (0)
After the third lockdown (after the 4 th of May 2021)	70 (28.9)
NA*	9 (3.7)

Wishes of the deceased regarding the funeral

The deceased specified what they wanted for their funeral	152 (55.98)
Granted wishes	153 (56.48)
Ungranted wishes	119 (43.52)
Unfulfilled wishes due to restrictions	102 (85.72)

*NA= Not Available

Measures

The Traumatic Grief Inventory Self Report

Developed by Boelen and Smid in 2017 (Boelen & Smid, 2017), the Traumatic Grief Inventory-Self Report Version (TGI-SR) is a five-point Likert scale (1 = never to 5 = always) composed of 18 items (Boelen & Smid, 2017). It is used to assess symptoms of Prolonged Grief Disorder (PGD), according the International Classification of Diseases (ICD-11) (World Health Association, 2020), and Persistent Complex Bereavement Disorder (PCBD), included within the DSM-5 (American Psychiatric Association, 2013). Total scores range from 16 to 80 with a cut-off of ≥ 59 (i.e., the mean score of 3.0), indicative of PCBD's risk (Boelen & Smid,

2017). The French version used in the study was translated and validated by J. Cherblanc et al. in 2023 (Cherblanc, Gagnon, et al., 2023).

The General Health Questionnaire -28

The General Health Questionnaire-28 (GHQ-28) (Goldberg, 1978; Sterling, 2011) is a self-assessment questionnaire of 28 items with the aim of detecting the risk of developing psychiatric disorders. Participants are requested to indicate how their health, in general, was over the past few weeks, with a 4-point scale: “not at all”, “no more than usual”, “rather more than usual” and “much more than usual”. The reference cut-off is 24, the clinical threshold used to indicate distress (de Mont-Marin et al., 1993), with relatively high internal consistency ($\alpha=0.82$) (Cherblanc, Gagnon, et al., 2023). The French version was used in the current study (Pariente et al., 1992).

Post-traumatic Growth Inventory

The Post-traumatic Growth Inventory (PTGI) (Tedeschi & Calhoun, 1996) assesses a person's post-trauma growth and self-improvement after a traumatic event. It consists of 21 items measured on a 6-point Likert scale, ranging from 0 (“I did not experience this change as a result of my crisis”) to 5 (“I experienced this change to a very great degree as a result of my crisis”). This tool includes five distinct sub-scales:

Relating to Others: this sub-scale explores enhanced interpersonal relationships and increased appreciation for social support following a traumatic event (e.g., “I have a greater sense of closeness with others”).

New Possibilities: that gauges the perception of positive self-changes leading to the discovery of new life opportunities (e.g., “I am able to do better things with my life”).

Personal Strength: a sub-scale that assesses positive changes in self-perception, instilling a greater sense of capability to overcome challenges (e.g., “I discovered that I’m stronger than I thought I was”).

Spiritual Change: that measures strengthened spiritual or religious beliefs post-trauma (e.g., “I have a better understanding of spiritual matters”).

Appreciation of Life: this sub-scale evaluates a heightened appreciation for one’s existence and significant life changes (e.g., “I changed my priorities about what is important in life”).

Higher scores on this scale indicate more substantial levels of post-traumatic growth, reflecting a positive transformation following a challenging experience. Each sub-scale score offers insights into specific aspects of significant change after the traumatic event. The scale demonstrates good internal consistency ($\alpha = 0.90$) and acceptable test-retest reliability ($r = 0.71$) as reported by Tedeschi and Calhoun in 1996 (43). For this study, the authors utilized the French version of the scale, validated in 2015 by Cadell et al. (Cadell et al., 2015).

Procedure

From June to September 2021, 242 participants were recruited, with 85% of them joining through announcements on prominent French Facebook groups (CoeurVide19; Covid-19 dommage collatéraux) and associations (*Vivre son deuil*, *CoeurVide19*, *Une rose blanche*, *Victimes du COVID-19*)¹ related to mourning and COVID-19. The remaining 15% were recruited via support platforms for family caregivers (i.e. “*Les Madeleines*”)², and through the professional networks of certain team members, who also work as clinical psychologists.

¹ French association names translated into English: Mourning, Empty Heart 19, A White Rose, Victims of COVID-19.

² French association of Strasbourg dedicated to supporting families and patients with Alzheimer's or related syndromes, Parkinson's disease, or multiple sclerosis. The name of the association recalls the famous French cake mentioned by Marcel Proust in the work *In Search of Lost Time* (1927) (Proust, 2003), where the author uses madeleines to feel the contrast between involuntary and with voluntary memory.

To recruit participants, we utilized two approaches: voluntary recruitment involved contacting team members using the email addresses provided in the advertisements, while direct invitations were extended by our clinical psychologists—integral members of the research team—to individuals at their clinical centers and associations.

To qualify for the study, participants had to meet specific criteria:

- a) be at least 18 years old;
- b) have experienced a loss since the start of the pandemic in France (16th of March 2020);
- c) be fluent in French;
- d) have no diagnosed cognitive disorders;
- e) the death occurred in France.

The findings presented below represent preliminary quantitative data gathered between June and October 2021 through a comprehensive online survey featured on Limesurvey. This survey encompassed 61 questions and was designed to provide a holistic understanding of the participants' experiences.

In order to be included in the analysis, participants were required to complete the entire online survey, which included a personal information form, an informed consent statement, and Likert questions categorized into four distinct sections:

1. The socio-demographic data of the participant;
2. Information about the deceased;
3. The funeral rites carried out and desired;
4. Three grief and health questionnaires.

Specifically, the questionnaires used included the Traumatic Grief Inventory Self Report Version (TGI-SR); The General Health Questionnaire-28 (GHQ-28), and the Post-traumatic Growth Inventory (PTGI), which are described in detail below.

The average completion time for the questionnaire was approximately 45 minutes.

Participation in the study was entirely voluntary, and participants were explicitly informed of their right to withdraw at any point during the research process.

While the responses to the scales were mandatory, answers to the other questions were not.

Each participant provided informed consent, choosing to answer independently or with the assistance of a team member (especially relevant for elderly individuals). Additionally, after every ten questions, a message from the research team appeared on screen offering the possibility of getting in touch with an external clinical psychologist for psychological support if needed.

The research protocol adhered to Helsinki guidelines and received approval from the ethics committee of the University of Strasbourg (Unistra / CER / 2021-16).

Statistical analysis

Data were processed and analyzed with R (R Core Team, 2020) by one of the authors (N.P.), a statistician from the University of Strasbourg. Even if we had a consequent sample size, some occurrences of the variables of interest were not high enough to reach a reasonable statistical power for some of the analyses. In addition, we considered that the statistical error consisting in not detecting a significant difference when it exists (type II error) was more severe than the one consisting of detecting a significant difference that does not exist (type I error). Hence, in order to gain statistical power (hence to lower the type II error risk) we decided to set the type I error (alpha) to 10% (Lehmann & Romano, 2010).

Differences were investigated using two-sample Student t-tests when the conditions of applications were fulfilled. Normality was investigated with the Shapiro-Wilk test and QQ-plots. When normality was not achieved, Wilcoxon-Mann-Whitney tests were performed. When the condition of equal variances among the 2 groups was not fulfilled, a two-sample Welch t-test was used. For the scales for which there is a clinical threshold, such as GHQ-28

and TGI-SR, independence Likelihood-Ratio Chi-squared tests were used to investigate if the risk of reaching such a clinical threshold is affected by different qualitative variables.

The score of the three scales (TGI-SR, PTGI-the total score and the five subscales, and GHQ-28) were compared between participants according to *Cause of loss* (COVID-19 vs. no COVID-19) and the realization (or not) of specific funeral rituals divided into four categories. These categories correspond to the rituals or traditional situations that characterize the moments before and after a death. The specific rituals/situations explored for each of the four categories were:

- *Funeral rites*:
 - Usual or prescribed religious rites;
 - Personal commemorations;
- *End-of-life moments* (the last moments of the deceased's life):
 - Being present myself by his/her side during the time of death;
 - Reunite the loved ones with the deceased at the time of death;
- *Post-mortem customs* (the traditional French customs that take place following a death):
 - Funeral preparation of the body;
 - Expose the body;
 - Physical presence at the funeral home;
 - Reuniting loved ones after death;
- *Physical farewell to the body*:
 - See the face of the deceased;
 - See the body of the deceased;
 - Caring or kissing the deceased.

Results

Grief reactions outcomes

Table 3 shows the distribution of participants for all sub-categories used for the later comparisons of the TGI-SR, PTGI, and GHQ-28 scores. The number of participants who were able to perform the 11 rites and customs specified in the Statistical analysis section are reported.

Table 3. Thematic categories of the quantitative results and the percentage of rites carried out.

Categories	Sub-categories	People who have lost a loved one to COVID-19 (n (%))	People who have lost a loved one due to other causes (n (%))
1. Cause of loss	COVID-19 VS NO COVID-19	80 (33.06)	162 (66.94)
Categories	Sub-categories	People who realized it (n (%))	People who didn't realize it (n (%))
2. Funeral rites	Usual or prescribed religious rites	26 (49.06)	27 (50.94)
	Personal commemorations	41 (21.81)	147 (78.19)
3. End-of-life moments-	Being present myself by his/her side during the time of death	55 (23.01)	184 (76.99)
	Reunite the loved ones with the deceased at the time of death	60 (25.10)	179 (74.90)
4. Post-mortem customs	Funeral preparation of the body	34 (64.15)	19 (35.85)
	Expose the body	73 (30.54)	166 (69.46)
	Physical presence at the funeral home	27 (50.94)	26 (49.06)
	Reuniting loved ones after death	10 (18.87)	43 (81.13)
5. Physical farewell to the body	See the face of the deceased	31 (58.49)	22 (41.51)
	See the body of the deceased	32 (60.38)	21 (39.62)
	Caring or kissing the deceased	27 (50.94)	26 (49.06)

Table 4 shows all the results obtained from the statistical analysis, while Table 5 shows the means and standard deviations.

* Insert Table 4 *

* Insert Table 5 *

1. Cause of death

People who had lost someone from COVID-19 had a higher TGI-SR mean ($t = -2.8074$, $p < 0.01$) than people who had lost someone for another cause. According to the results of the PTGI subscales, those who have lost someone to COVID-19 exhibit a higher Spiritual Change ($W = 4925.5$, $p = 0.06$) and Appreciation of Life ($W = 4810.5$, $p < 0.05$) as well.

2. Funeral rites

As shown in Table 2, 55.98% of the deceased specified what they wanted for their funeral, wishes that were granted in 56.48% of cases. Among those who failed to fulfill these requests, 85.72% attributed blame to the health measures put in place to contain the virus.

Usual rites or prescribed religious rites and collective ceremony

The results show that those who were unable to perform *the usual or prescribed religious rites* (50.94%, see Table 3) obtained a higher mean score at the TGI-SR ($t = 1.7687$, $p < 0.05$).

The same results were observed for those who did not organize a collective ceremony (with more than ten people), who showed higher scores regarding grief complications (TGI-SR, $t = 1.4912$, $p = 0.06$).

Personal commemorations

In addition, 41 participants, constituting 21.81% (Table 3) of the total sample, created personal commemorations to honor their recently deceased loved ones. Specifically, 38 of these individuals established a dedicated space within their homes to preserve the memory of the deceased. Additionally, 41 participants engaged in home rituals, such as lighting candles, as a way of paying tribute. Among these participants, 15 chose digital rituals, such as creating online memorial sites or attending and broadcasting online funeral services.

On a broad scale, the mean scores for people who created personal commemorations (21.81%) were higher regarding grief complications (TGI-SR $t = -2.6948$, $p < 0.01$), mental complications (GHQ $t = -3.1051$, $p < 0.01$) and post-traumatic growth in relationships with others (PTGI - Relating to Others, $t = -1.5835$, $p < 0.05$).

However, conducting a quantitative analysis related to the specific personal commemorations performed was not feasible due to the limited sample size, particularly in the case of digital rituals, which constituted only 5% of the total, making it insufficient for a valid quantitative analysis.

3. End-of-life moments

Being present myself by his/her side during the time of death

23.01% of the participants who did not have the possibility of being close to the sick person in the moments that preceded the death presented an higher score regarding the general mental state (GHQ-28, $t = -1.3798$, $p = 0.08$). Furthermore, there were also superior value with respect to the total PTGI ($t = 1.5433$, $p = 0.06$) and the subscales concerning Relating to Others ($t = 2.2533$, $p < 0.01$), Personal Strength ($W = 3836.5$, $p < 0.01$), and Spiritual Change ($W = 3569.5$, $p = 0.07$).

Reunite the loved ones with the deceased at the time of death

Inability to reunite loved ones with the deceased and accompany his or her last moments of life (74.90%) showed no significant difference in the questionnaire scores.

4. Post-mortem customs

Funeral preparation of the body

This category features traditional French customs and traditions that occur after a loss, such as funeral preparation (or *toilette funéraire* in French).

According to the results, 35.85% of the population who are unable to do the funeral preparation on the body show a more elevated score relating to the TGI-SR ($t = 2.4676$, $p < 0.01$).

Furthermore, concerning the PTGI, the failure to implement the body's preparation has determined a higher value in the attitude and meaning given to the New Possibilities and Appreciation of life ($W = 463.5$, $p < 0.01$), as well as the total PTGI value ($t = -1.4575$, $p = 0.07$).

Expose the body

Even in the case of the possibility of exposing the body following death, 69.46% of people who did not have this possibility obtained a more elevated mean score in the New Possibilities ($W = 1801$, $p = 0.07$) and Appreciation of Life subscales of the PTGI ($W = 1767$, $p < 0.05$).

Reuniting loved ones after death

The results also highlighted that even those who did not have the opportunity to reunite with their loved ones following the death (81% of the participants) had a higher value with respect to Personal strength ($W = 4637$, $p < 0.05$) and Appreciation of life ($W = 4662$, $p < 0.05$), measured through the PTGI.

Physical presence at the funeral home

In addition, 46.06% of the population who could not go to the funeral home presented a higher mean score compared with TGI-SR ($t = 2.7227$, $p < 0.05$) and GHQ-28 ($W = 354.5$, $p = 0.07$).

5. Physical farewell to the body

See the face of the deceased

The results show that not having seen the deceased's face (41.5% of cases) resulted in a general positive transformation manifested through the total value of the PTGI ($t = -2.4151$, $p < 0.01$) and its Relating to others ($t = -1.9264$, $p < 0.05$), New possibilities ($W = 207.5$, $p = 0.07$), Spiritual Change ($W = 182.5$, $p < 0.05$) and Appreciation of Life ($W = 140$, $p < 0.05$) subscales.

See the body of the deceased

A positive change from the subscales Relating to others ($t = -2.01$, $p < 0.03$), Personal Strength ($W = 212.5$, $p = 0.09$), Spiritual change ($W = 158.5$, $p = 0.09$), and Appreciation of Life ($W = 133.5$, $p < 0.01$), and the total score of the PTGI ($t = -2.6839$, $p < 0.01$) also emerged in those who could not see the body (39.6% of participants, see Table 3).

Caring or kissing the deceased

Furthermore, those who could not have more physical contact with the body (51.8% of cases) also have a greater mean score at the TGI-SR ($t = 1.41$, $p = 0.08$).

Discussion

In addressing the research objectives, this study delved into the profound impact of the absence of traditional funeral rituals and physical engagement in ceremonies on the psychological well-being of mourners in France. Our investigation also focused on the innovative adoption of

personalized and domestic rituals, and digital commemorations as coping mechanisms and attempts to maintain a sense of community amidst these challenges.

In general, the preliminary results obtained clearly highlight that the impossibility of performing these traditional practices and rituals has had a substantial impact on the grieving process and the psychological well-being of the participants. This is particularly significant in light of the observed correlations between the lack of these customs and the increase in post-traumatic growth and the risk of developing prolonged grief disorder, as advocated by recent studies (Maltais et al., 2023). Specifically, this risk emerged in relation to various factors, such as the loss of a loved one due to COVID-19, the inability to participate in traditional religious rituals, or the impossibility of performing conventional pre and post-mortem rites.

It is important to emphasize that the accent placed on prolonged grief stems from the relevance of this variable in our data. Possible implications on the general mental health of grieving individuals, assessed through the total score of GHQ-28, emerged exclusively in two situations: the creation of personal commemorations and the inability to visit the funeral home.

The data from the French sample confirm international results and strengthen the idea that restrictions on traditional farewell rituals, conducted in recognized places and with community participation, have had profound psychological consequences (Bansal et al., 2020; Cardoso et al., 2020; Cherblanc et al., 2023; Hernández-Fernández & Meneses-Falcón, 2022; Mitima-Verloop et al., 2022). It is not surprising that, considering these data, we observed a 16% increase in the demand for psychological support among participants and a 12% increase in the use of antidepressants. These values reflect the trend of the general French population during the pandemic (Sol & Jasmin, 2023) and underscore the importance of providing adequate psychological support to those who have lost their loved ones in similar circumstances.

Furthermore, the 41 people (21.81% of the participants) who tried to compensate for the absence of collective ritual practices with personal commemorations (such as setting up spaces

dedicated to the memory of the deceased at home, lighting candles and other symbolic displays of affection and remembrance) showed a higher mean score of prolonged grief (TGI-SR) and general psychiatric complications (GHQ-28). It is therefore possible to say that personal commemorations have not been able to completely replace traditional collective mourning rituals.

Moreover, only 5% opted for digital commemorations. According to Cherblanc et al.'s (2022) study, 23.5% of the Quebec sample, on the other hand, employed the Internet to devise alternative commemorative methods (Cherblanc et al., 2022). It is interesting to note that both countries have a similar percentage of daily internet users (82%) (Petrosyan, 2023) and a similar average age of participants (49.6 years). This discrepancy between France and Quebec might therefore stem from cultural differences, awareness campaigns of the Internet use during the pandemic, and different technological resources, aspects that would be interesting to explore in future research.

However, it is important to emphasize that the efforts of the French population to create substitute rituals may still have contributed to a significant sense of closeness and support, as indicated by the result of the PTGI's subscale related to relationships with others.

Post-traumatic growth was also observed in response to the loss of a loved one due to COVID-19 (measured through PTGI subscale of Appreciation of Life). This experience might have triggered deep reflections on life and mortality, leading to increased awareness of one's vulnerability. Furthermore, in relation to the inability to be close to the deceased at the time of death, to prepare the body for the funeral, to see it, or to display it, and to gather with others after the passing, we observed higher values in post-traumatic growth related to the spiritual dimension, interpersonal relationships, appreciation for life, and perception of personal strength. These results suggest that the lack of traditional practices may have prompted some

people to seek new ways to cope with grief and find meaning in their loss experience, as noted by Maltais et al. (Maltais et al., 2023).

Furthermore, it is noteworthy how not *seeing the body* (with a global and distant perspective) results in a higher score on the post-traumatic growth scale, while refraining from physically touching the body (*caring or kissing the deceased*) leads to an elevated value on the scale used to assess the risk of developing prolonged grief (TGI-SR). Direct, tactile physical involvement and a partial vision of the body might intensify the experience and cause a range of physical sensations that are more challenging to manage, besides making the reality of the death even more evident, increasing the sense of loss and pain.

Notably, no individuals who lost someone during the third wave participated in the study. This finding prompts further research questions, including investigating the impact of the timing of loss during different phases of the pandemic and the motivations behind participation in the study.

Limitations of the study

Despite the valuable insights gained from our research, it is important to acknowledge several limitations inherent in this study. One of them is the recruitment bias, as the majority of participants were recruited from dedicated Facebook groups related to COVID-19 or grief. This may introduce a bias in the sample, potentially affecting the generalizability of the findings.

Another limitation is the absence of a more specific analysis considering the time elapsed from the moment of the loss to the administration of the questionnaires to study the evolution of grief trajectories. This could be valuable information, especially when considering that no participants experienced the loss of a loved one during the third wave of the pandemic. This might suggest that those who experienced a loss when restrictions were stricter not only felt a

stronger need to participate in this study but may also have more pronounced psychological repercussions.

Furthermore, the study was unable to assess and investigate the participants' religious beliefs due to ethical constraints imposed by the University of Strasbourg's ethics committee. Consequently, it was not possible to compare participant satisfaction and the feasibility of performing mourning rituals according to various religious practices or to generalize the findings based on the religious demographics in France.

Finally, another limitation is the high percentage of female participants, which may affect the generalizability of the study's findings.

Conclusions

In conclusion, the preliminary results of the following study seem to confirm the importance of funeral rites and farewell practices in managing mourning. The absence of such practices has been shown to have significant effects on the mental well-being of French bereaved people, particularly regarding prolonged grief and post-traumatic growth. The process of detachment from the loved object, which occurred in these circumstances, was not gradual but close to a traumatic separation, a painful breakup that could have led to such significant consequences.

The personal and complementary commemorative practices implemented seem to translate the need to maintain symbolic ties. In particular, although digital commemorations have been little used in France, the research and development of internal resources by the bereaved seem to show all the psychic work necessary to make sense of what could not be realized. The use of digital may have started to absorb and fill the gaps related to funeral rites. However, it is not clear whether the role of digital is to provide an alternative to the absence of rituals or of the group (as a social community).

On a psychological and social level, will digital rituals succeed, in the near future, in taking the place and replacing the group? In addition to highlighting the role, importance, and psychic resources activated to deal with the modification of the pre-and post-mortem rites in times of pandemic, the results of this study could therefore be useful food for thought. Further studies and insights on these issues will be fundamental to investigate, such as the substitutive dimension of digitalization, also with respect to ancestral experiences of grief and its expressive modalities at a collective level.

Finally, since these preliminary data serve as a starting point, it will be crucial to further evaluate the results in phases T1 and T2, as well as to compare them with the research conducted by our international colleagues who have implemented COVIDEUIL in their respective countries.

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