DEATH, BURIAL, AND BEREAVEMENT: EXPERIENCE OF THE 'SANTHWANAM TASK FORCE TEAM WITH SPECIAL REFERENCE TO SOCIO-CULTURAL CHANGES DURING COVID-19.

A Dissertation Submitted to the University of Kerala in the Partial Fulfilment of the Requirements for the Masters of Arts Degree Examination in Sociology

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DECLARATION

I, **Pradheep Babu,** do hereby declare that the dissertation titled "**DEATH, BURIAL, AND BEREAVEMENT: EXPERIENCE OF THE 'SANTHWANAM TASK FORCE TEAM WITH SPECIAL REFERENCE TO SOCIO-CULTURAL CHANGES DURING COVID-19"** is based on the original work carried out by me and submitted to the University of Kerala during the year 2021-2023 towards partial fulfilment of the requirements for the Master of Arts Degree Examination in Sociology. It has not been submitted for the award of any degree, diploma, fellowship, or other similar title of recognition before any University or anywhere else.

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CERTIFICATION OF APPROVAL

This is to certify that the dissertation entitled "**DEATH, BURIAL, AND BEREAVEMENT: EXPERIENCE OF THE 'SANTHWANAM TASK FORCE TEAM WITH SPECIAL REFERENCE TO SOCIO-CULTURAL CHANGES DURING COVID-19 "** is a record of genuine work done by **PRADHEEP BABU** a fourth semester, Master of Sociology student of this college under my supervision and guidance and that is hereby approved for submission.

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ABSTRACT

The perception of death, burial, and bereavement has undergone significant changes, reflecting the evolution of societies and their belief systems. The COVID-19 pandemic has disrupted traditional practices related to death, burial, and bereavement, leading to significant changes in societal norms and behaviours. Despite extensive research on this topic, there remains a significant gap in the literature concerning the experiential knowledge of COVID-19 death and related procedures, along with the changes and challenges faced by the task force teams directly involved in COVID-19 death burials. This research focuses to investigate the first-hand experiences of the task force team members who actively participated in the death, burial, and bereavement process during the COVID-19 pandemic and also tries to identify and analyse the changes and challenges encountered by the task force team throughout their engagement in the burial and bereavement process during the pandemic. The topic under study is subjective in its orientation and therefore, the research has adopted a qualitative approach as the study tries to explore the different and unique experiences of Santhwanam task force members through interview and Focus group discussion. The researcher applied purposive sampling to gather distinct and diverse experiences Santhwanam Task force members.

The pandemic has challenged individuals to adapt to new circumstances, impacting how death is perceived, burial rituals are conducted, and the grieving process is experienced. The pandemic has forced individuals to live in isolation, altering the concept of a 'good death' and introducing the idea of a 'bad death,' characterized by dying alone without customary end-of-life rituals. Traditional funeral practices have been restricted, questioning the necessity of extravagant ceremonies and highlighting the importance of alternative methods such as virtual funerals and online memorials. The pandemic has prompted an altruistic response from individuals, who have demonstrated a strong commitment to their fellow beings, often operating without economic incentives. The pandemic has also raised awareness of societal roles in the bereavement process, emphasizing the importance of support and understanding for those grieving the loss of loved ones. The pandemic's effects on death, burial, and bereavement are profound but may not be permanent, and society is likely to transition back to older practices over time. The experiences of task force teams offer valuable lessons for addressing similar challenges in the future, contributing to pandemic preparedness and response strategies.

CHAPTER 1

PERCEPTION OF DEATH, BURIAL, AND BEREAVEMENT

1.1. INTRODUCTION

The perception of death, burial, and bereavement has undergone significant changes, reflecting the evolution of societies and their belief systems. The understanding of death was often linked to the physical separation of the body and blood, leading to the development of specific rituals and practices to cope with this inevitable event in primitive societies. More comprehensive and systematic explanations of death were developed as societies progressed and institutionalized religions emerged. The people began to interpret death based on their religious beliefs, leading to attitudes of acceptance and understanding towards mortality as a natural part of life's cycle. With the advent of modernity, there has been a notable shift has taken place in the perception of death and burial. Death has been viewed as an adversary of life rather than an integral part of it when science and rationality began to dominate. This shift led to a more clinical approach to death and dying, with medical and scientific interventions aiming to prolong life and delay death. The perception and understanding of death and dying have been shaped by the evolving beliefs, values, and ideologies of different periods (Filippo, 2006). Similarly, burial is a ritualistic act of interring a deceased individual's body, typically in a grave or tomb. This practice is deeply rooted in one's culture and religion, leading to emotional significance. Burial also symbolizes a transition to the afterlife, connecting the living with their ancestors and cultural heritage. Hence, these ritual practices honour the dead and empathize with the bereaved. In essence, burial is a universal and profound way for societies to deal with death and preserve the memory of those who have passed away. In addition, it is universal that people often go through a range of emotions, including sadness, loneliness, and grief, when a family member/friend/partner dies. This period of deep sorrow and mourning experienced by individuals after the loss of a loved one is called bereavement. The process of coping with bereavement varies from person to person, and it can take time to come to terms with the loss[1]. Support from friends, family, or professional counselling can help individuals overcome this challenging and emotional period and eventually find ways to adjust to life without their loved ones.

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[1]https://www.mind.org.uk/information-support/guides-to-support-and-services/bereavement/about-bereavement/
Retrieved on 12/12/2022.

1.2. BACKGROUND OF THE STUDY

1.2.1. Perception of Death

While exploring the concept of death, we understand the value of life and the essence of our humanity in a deeper sense. It gives insights into what truly matters in one's life, fostering a greater appreciation and the importance of life. An individual's religious beliefs may affect how they perceive death, the dying process, and the afterlife. While some religious faith cremate their dead, others bury them (Uzell, 2018). For example, in Christianity, death is perceived as the separation of the immortal spirit from the physical body. It is seen as a transition to connect with God on a different level, emphasizing the belief in the afterlife and the resurrection of Jesus. Christians view death as a gateway to heaven or hell, and during the dying process, they often focus on the importance of forgiveness (Applebury, 2020). Therefore when a person is on his/her deathbed, the pastor/priest should be notified so appropriate rites and sacraments can be performed. In the same way, death is considered part of a divine plan, signifying the transition to the next existence in Islam. After physical death, Muslims believe the soul awaits judgment day in the care of the angel of death. The Quran teaches that the righteous will enter *Jannat* (Paradise), while sinners will go to *Janannam* (Hell). Islamic rituals include preparing the dying and deceased, such as performing the *Talqeen* prayer to spiritually prepare the dying for their journey into death. After death, the deceased person's body is washed in a ritual known as *ghusl*. (Applebury, 2020). Thus, cremation is not allowed in Islam. On the contrary, Hindus believe that death is the gateway to reincarnation, believing in their karma. Karma influences the form of rebirth, and suffering is perceived as a result of past negative actions. A peaceful and willing surrender is considered a 'good death,' sometimes facilitated by a Brahmin priest. Hindus prefer to die at home if possible and opt for cremation as the preferred method of disposition (Uzell, 2018).

1.2.2. Rituals at the Burial

Burial has been a practice since early human history, signifying respect for the deceased, preventing decay odors, and providing closure for family members, and facilitating entry into the afterlife or returning to the cycle of life, depending on cultural beliefs. This final disposition

method includes various approaches, such as natural burial, embalming, mummification[2], and cremation, with the use of containers like shrouds, coffins, grave liners, and burial vaults to delay decomposition. Funerals are ceremonies that accompany this process. Every religion has its variations on a funeral service. Depending on the beliefs, religious faith and God the way of disposal of a human dead body will be varied with great significance. For example, in the Christian tradition, the ritual of washing the body as part of funeral preparation represents a purification process aimed at preparing the dead for their journey into the heavenly realm. Funerals, usually held in homes or churches, allow attendees to view the body and come to terms with the loss, and funeral services include eulogies, prayers, hymns, Bible readings, and graveside rituals (Uzell, 2018). In the same way, an Islamic funeral is a deeply spiritual event that follows strict customs and rites. It involves washing the body by close family members, shrouding it in white sheets, and tying it with ropes. Funeral prayers are recited at the mosque before transferring the body to the burial land, where the deceased faces Mecca accompanied by certain prayers (Arora, 2020). Traditional Hindu funeral rites involve chants or mantras led by a Hindu priest or the eldest son of the bereaved. These rituals include washing the body with ghee, honey, milk, and yogurt, placing essential oils on the head, dressing the deceased in special clothes or a white sheet, and placing garlands and rice balls around them (Uzell, 2018).

1.2.3. Bereavement Strategies

Bereavement refers to the state of loss when someone's beloved passes away, and it can trigger a range of emotions such as loneliness, hopelessness, and anger. Considering the psychological aspect, grief is the anguish experienced after a significant loss, usually the death of a beloved person. Grief often includes physiological distress, separation anxiety, confusion, yearning, and apprehension about the future. It is essential to allow oneself to express these feelings because avoiding grief can lead to physical and emotional illness. Sometimes, intense grief can become life-threatening through disruption of the immune system, self-neglect, suicidal thoughts, and different types of psychological imbalances. Grieving is the outward expression of loss, involving physical, emotional, and psychological reactions (Clayton, 1990). There is also a social aspect of bereavement. Bereavement is not happening in a social vacuum because the understanding and response to these bereavement emotions are deeply influenced by the social and cultural context surrounding it. The way those emotions are conceptualized,

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[2] https://www.mylearning.org/stories/a-step-by-step-guide-to-egyptian-mummification/220?#:~:text=Rinse%20inside%20of%20body%20with,head%20to%20toe%20in%20bandages retrieved on 15/01/23.

experienced, and responded to will depend in large part on the social and cultural context within which the bereavement occurs. Therefore, the social response to bereavement can have a significant influence on the grieving process (Birrell & Bruns, 2016). And finally, religious aspects also have a significant influence on bereavement. Religious beliefs and rituals offer social support and provide meaning to help people cope with death. The use of religious beliefs and rituals during death can aid the bereaved in confronting the fear and uncertainty surrounding death. The certainty of God's existence is associated with perceptions of divine comfort and belief in an afterlife offers consolation by negating the finality of loss and promising rewards for life's hardships, providing meaning and easing anxiety about one's mortality (Bryant, 2003).

1.2.4. Burials during Wars, Disasters, and Pandemics

We fear things that seem to be terrifying, like wars, disasters, and Pandemics, though most of us won't experience unusual deaths or die in extraordinary circumstances. And these types of uncommon death sometimes may demand uncommon rituals and burial processes. War is a violent conflict between states or nations, fought for various reasons like resources, territory, ideology, religion, or power and death is a significant consequence of war, leading to catastrophic loss of life, and bodies of fallen soldiers were often left in the battlefields or mass graves without proper burial process. In the same way, Disasters, whether sudden or gradual, cause acute psychological and social issues for large numbers of people, profoundly impacting entire communities. Survivors experience multiple losses, including the loss of loved ones. The grieving process becomes challenging as public scrutiny, media intrusion, and interactions with legal systems add to the emotional upheaval (Andriessen, 2009). And in the case of an epidemic, where the occurrence of illnesses, or specific health behaviours in a community or region that surpasses normal expectations makes the process of bereavement difficult. During the H_1N_1 pandemic in 2009, the management of bodies of deceased individuals posed significant challenges and the archaeological evidence from a prehistoric site in China called *'Hamin Mangha'* revealed a past epidemic that quickly overwhelmed the population, leaving no time for proper burial. Similarly, recent pandemics such as Ebola, Swine Flu, Plague, and COVID-19 also presented difficulties in conducting proper burials and bereavement due to their rapid and widespread nature (Jarus, 2023).

1.3. STATEMENT OF THE PROBLEM

The COVID-19 pandemic has resulted in a significant loss of life worldwide, causing difficulties in managing deceased bodies and conducting appropriate funeral rites. Many individuals have passed away isolated, either in hospitals or at home, leaving their loved ones unprepared for such a loss. The onset of the pandemic has compelled individuals to adopt a passive role as they find themselves relegated to the position of mere observers, confronted with distressing scenes of accumulations of deceased bodies awaiting funeral ceremonies. This unprecedented circumstance has challenged societal norms and coping mechanisms, engendering a heightened sense of helplessness and vulnerability in the face of overwhelming death rates and disrupted funeral practices. As discussed, the rituals and customs associated with death, burial, and bereavement embrace great importance in helping the grieving process and providing solace to the bereaved families. But the strict guidelines and regulations to control the spread of the virus, implemented by the Government restricted people's movement from one place to another and the performance of different religious and cultural rituals related to funerals. The grieving families, already devastated by the sudden loss of their loved ones, are further burdened with the confusion of adhering to these guidelines and neglect of these rituals. Such circumstances result in distress and anxiety among the bereaved.

While it may not be possible to perform all the customary rituals due to the critical situation, it is crucial to treat these deceased individuals with respect and dignity. In this situation, the management of death cases developed as a serious matter, accompanied by the risk of potential COVID-19 transmission from deceased bodies. To address this crisis, governments and authorities worldwide appealed for volunteers to step forward and assist with death cases, ensuring proper burials following the government's COVID-19 burial protocols. Adhering to the protocols and carrying out the burials was not easy for everyone, requiring a trained and prepared team to handle the situation effectively. Task force teams were formed under various organizations such as NGOs, religious groups, and political parties to address this critical situation. These teams consisted mostly of volunteers without any kind of economic payment. Since the situation is crucial and unique the experiences of them, who handled the situation, undoubtedly will be unique. This research focuses to investigate the first-hand experiences of the task force team members who actively participated in the burial process during the COVID-19 pandemic. The primary objective is to elucidate their experience and understand the shifts that took place in the perception of death, the burial procedures, and the experience of

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bereavement in society as a result of COVID-19. The research also aims to identify and analyse the challenges encountered by the task force team throughout their engagement in the burial and bereavement process during the pandemic. By exploring these aspects, the study focuses to contribute valuable insights into the societal and psychological impacts of dealing with death in the context of a global health crisis.

1.3.1. Research Gap

The pandemic has significantly impacted social behaviour, rituals, traditions, and burial practices, necessitating the adoption of new protocols to replace customary practices. Despite extensive research on this topic, there remains a significant gap in the literature concerning the experiential knowledge of COVID-19 death and related procedures, along with the changes and challenges faced by the task force teams directly involved in COVID-19 death burials. What were the sociocultural experiences related to burials experienced by task force team members during the COVID-19 death cases and burials? This question will help to fill this crucial gap and gain valuable insights into the changes in cultural and social aspects as well as people's reactions. It is imperative to conduct a comprehensive study that captures the experiential aspects of task force team members exposed to COVID-19 death cases and actively involved in the burial and bereavement process. The researcher endeavours to investigate specific facts relevant to this domain, seeking to comprehend and elucidate various aspects related to the subject matter. Through systematic inquiry, data collection, and rigorous analysis, the researcher aims to contribute to the existing body of knowledge, shedding light on previously unexplored or inadequately understood aspects within this area of interest. The ultimate objective of the research is to enhance understanding, generate evidence-based insights, and potentially inform policy or practical interventions to address the challenges or complexities identified in the context under examination, ultimately informing future pandemic preparedness and response strategies.

1.4. SIGNIFICANCE OF THE STUDY

The research is focused on exploring the sociocultural experiences of Task force members, changes and challenges related to COVID-19 deaths, burials, and bereavement, specifically from the perspective of highly exposed task force teams who dealt with these aspects during the pandemic. This study holds significance because it sheds light on the experiences of those persons, directly involved in managing the burial process during a COVID-19 pandemic health

crisis. Understanding their insights can offer valuable and reliable information for future policymaking and measures when addressing burial practices during potential future pandemics. As the world remains susceptible to future outbreaks of pandemics, the findings from this research can contribute to informed decision-making, ensuring more effective and culturally sensitive approaches to managing burials and bereavement during such crises. By examining the societal impact and challenges faced by the task force teams, this study seeks to foster a deeper understanding of the cultural dimensions that arise during pandemics, facilitating better preparedness and response strategies for the future. The findings will add to the academic literature on death and bereavement during extraordinary circumstances and may offer valuable recommendations for future preparedness and response strategies. The researcher applies certain questions to fill the gap in the knowledge and collection of data.

CHAPTER 2

REVIEW OF LITERATURE

2.1. INTRODUCTION

There have been several significant pandemics recorded in human history, including Smallpox, Cholera, Plague, Dengue, Acquired Immunodeficiency Syndrome (AIDS), Severe Acute Respiratory Syndrome (SARS), and tuberculosis. In the 20th century, 'The Spanish flu' in 1918–1919, 'The Asian flu' in 1957-1958, and 'The Hong Kong flu' in 1968–1969 were the three influenza pandemics that have impaired both human life and economic development. Recent years have seen at least six large-scale outbreaks - Hantavirus Pulmonary Syndrome, Avian Influenza (H_5N_1), Swine Flu (H_1N_1), Middle East Respiratory Syndrome, and Ebola virus disease epidemic (Qiu et al., 2017). Now the COVID-19 outbreak influences every segment of the population, including the poor as well as the rich, young and elderly, people with (out) disabilities, and native people in one way or the other (UN., 2020).

2.2. COVID-19 OUTBREAK

The COVID-19 pandemic has traversed the world in just months, infecting millions and killing hundreds of thousands (Tiitmamer & Abraham, 2020). The virus is called severe acute respiratory syndrome coronavirus 2 and it is abbreviated as SARS-CoV-2. SARS-CoV-2 is very contagious and is capable of spreading from human to human. Infection routes include droplet and contact, and aerosol transmission is currently under investigation. It is associated with a respiratory illness that may cause severe pneumonia and acute respiratory distress syndrome (ARDS) and SARS-CoV-2 became an emergency of international concern (Bchetnia et al., 2020). According to the report of the World Health Organization, Coronavirus disease is an infectious disease caused by the SARS-CoV-2 virus. Most people infected with the virus will experience mild to moderate respiratory illness and recover without requiring special treatment. However, some will become seriously ill and require medical attention. Older people and those with underlying medical conditions like cardiovascular disease, diabetes, chronic respiratory disease, or cancer are more likely to develop serious illnesses. Anyone can get sick with COVID-19 and become seriously ill or die at any age (WHO, 2020). The COVID-19 outbreak emerged in Wuhan, China, in December 2019. On 29 December 2019, Chinese authorities identified a cluster of similar cases of pneumonia in the city of Wuhan in China.

Wuhan is a city with 11 million inhabitants and is the capital of the Hubei Province. These cases were soon determined to be caused by a novel coronavirus that was later named SARS-CoV-2 (Niederberger, 2020). The first cases of COVID-19 outside of China were identified on January 13 in Thailand and on January 16 in Japan. On January 23 the city of Wuhan and other cities in the region were placed on lockdown by the Chinese Government. Since then, COVID-19 has spread to many more countries – cases have been reported in all world regions (Mustafa, 2020). The total number of cases remains unknown due to various reasons, many individuals with mild symptoms may not seek testing which leads to underreporting. Moreover, countries face challenges testing a large number of cases, impacting the accuracy of confirmed cases. However, the exact total number of cases remains uncertain (Mustafa, 2020). According to Harapan et al., in a public health emergency of international significance, the World Health Organization announced the outbreak on 30 January 2020 (Harapan et al., 2020).

2.2.1. Transmission of COVID-19

The study in Wuhan shows that the COVID-19 outbreak was associated with a seafood market that sold live animals, where most patients had worked or visited and which was subsequently closed for disinfection (WHO, 2020). However, as the outbreak progressed, person-to-person spread became the main mode of transmission. Although patients with symptomatic COVID-19 have been the main source of transmission, a recent study suggests that asymptomatic patients and patients in their incubation period are also carriers of SARS-CoV-2. This epidemiologic feature of COVID-19 has made its control extremely challenging, as it is difficult to identify and quarantine these patients in time, which can result in an accumulation of COVID-19 cases in communities (Chan et al., 2020). Niederberger opines that the transmission of COVID-19 happens through the person-to-person mainly through respiratory droplets, resembling the spread of influenza. With droplet transmission, a virus released in the respiratory secretions when a person with infection coughs, sneezes, or talks can infect another person if it makes direct contact with the mucous membranes. The infection can also occur if a person touches an infected surface and then touches his or her eyes, nose, or mouth (Niederberger, 2020).

2.2.2. Spread of COVID-19 Cases and the Initial Response

The COVID-19 pandemic was first reported in Wuhan, China in December 2019. Globally, more than 8 million people had been diagnosed with the virus and over 439,000 had died as of

the 18th of June 2020 (Hopkins, 2020). In the context of infectious disease outbreaks, closely monitoring the spread of COVID-19 is highly important. A crucial metric for understanding the rate of change is the time required for confirmed cases to double. This exponential growth phenomenon indicates a constant rate of doubling, leading to rapid increases in case numbers. Despite our natural inclination to perceive growth linearly, exponential growth can result in a swift surge of cases. To comprehensively assess the severity and potential trajectory of an outbreak, it is vital to focus on the doubling time (Mustafa, 2020). According to the first report of COVID-19 cases from Wuhan, at the end of 2019, more than 80,000 COVID-19 cases were reported in China, with the majority of those from Hubei and surrounding provinces. World Health Organization estimated that the epidemic in China peaked between late January and early February 2020and the rate of new cases decreased substantially by early March (WHO, 2020). COVID-19 has rapidly spread worldwide, affecting all continents except Antarctica. Many countries, including the US and Western European nations, have experienced surging cases, leading to sudden lockdowns (Jena, 2020).

In an epidemic, the implementation of early countermeasures plays a crucial role in mitigating its impact. These measures aim to reduce the rate of infection, effectively spreading out the epidemic over time. By doing so, the peak demand on the healthcare system can be significantly lowered. This approach allows healthcare facilities to better manage and cope with the influx of cases, ensuring that adequate medical attention and resources are available to those in need. To prevent coronavirus, guidelines from WHO and ECDC recommend the following: For Health Professionals: Implement precautions when caring for infected patients, including isolating them in a single room, using contact and droplet precautions, and considering airborne precautions in certain situations. And for the General Public: Avoid contact with sick individuals, especially those with cough, fever, and other systems. Refrain from visiting markets or places handling live or dead animals. Wash hands frequently with soap or use alcohol-based disinfectants, especially before eating and after using the toilet or contact with animals. Avoid contact with animals and their excretions (European Centre for Disease Prevention and Control, 2022). In every sector around the world, the influence of the COVID–19 pandemic is shown. It has a severe impact on the education ministry both in India and around the world. It has put a global lock, which has a very negative effect on the lives of the students. The education sector has struggled for a new solution due to the continuation of the crisis and has digitized it to eradicate the pandemic threat (Jena, 2020). There is no special vaccine for this yet and only supportive therapy is the treatment strategy followed by health professionals.

Supportive therapy includes the administration of antipyretic and analgesic, maintenance of hydration, mechanical ventilation as respiratory support, and use of antibiotics in bacterial infections. Some research studies claimed that ribavirin and interferon alpha have offered synergetic effects in the early stage. While other studies reported mycophenolic acid as immunotherapy. Still, health professionals were not fully satisfied with any therapy so further clinical research was needed (Dharmendra et al., 2020).

2.2.3. Burial Protocol for COVID-19 Death

Being a new disease, there is a knowledge gap on how to dispose of the dead body of a suspect or confirmed case of COVID-19. Government of India, guidelines regarding carrying out funerals, burials, and cremation amid the COVID-19 pandemic were issued by the concerned administrations and were strictly followed by the people. It is the Ministry of Health and Family Welfare Directorate General provided some significant guidelines for the management of dead bodies. According to these guidelines, only immediate family members are allowed to participate in these ceremonies provided social distancing rules are respected, and most importantly, the number of people participating in these ceremonies should not exceed 10 to 30. It was also mentioned in these guidelines that any mourner who has COVID-19 symptoms or is in quarantine should not attend the funeral. The ceremonies and rituals which involve singing, chanting, or raising voices should be specifically avoided. Contact with the deceased, like touching, kissing, hugging, or taking part in rituals like cleansing or packing the corpse, should be avoided. In rare cases, only a few of the bereaved can participate in these rituals, provided they are wearing Proper Protective Equipment (Government of India Ministry of Health & Family Welfare Directorate General of Health Services, 2020).

2.3. CULTURAL ASPECTS OF DEATH, BURIAL & BEREAVEMENT

The COVID-19 pandemic has magnified and complicated the already difficult experience of losing a loved one. Many deaths from COVID-19 have occurred suddenly in people whom we would have expected to live for many more years. They often take place far from family, in hospitals and nursing homes that have had to ban visitors to help stop the spread of the infection. And many of our usual burial practices and mourning traditions have been disrupted due to the continuing threat of the virus and COVID-19 guidelines (Kellner, 2020). Therefore, we can sum up that the COVID-19 pandemic has disrupted the usual experiences of bereavement and modifications of approaches to support bereaved are needed. Funeral rites are

expressions that reflect personal and cultural beliefs about the meaning of death and the afterlife. Ceremonies provide survivors with a sense of closure after a loss. These rites and ceremonies send the message that death is real and allow friends and loved ones to express their love and respect for those who die. Under circumstances in which a person has been lost and presumed dead or when family members were unable to attend a funeral, there can continue to be a lack of closure that makes it difficult to grieve and learn to live with loss. When the bereaved people attend funerals, the ceremony still provides a marker of the beginning of a new period of one's life as a survivor (Dresser & Wasserman, 2010).

Religious Aspects: Every group, community, or society has its customs and rituals for death and mourning. Although, there is much difference in such rituals and customs from one culture to another, however, they share a key ingredient-social connection. Rituals and practices surrounding death and dying help the bereaved to overcome grief (Jahangir and Hamid, 2022). Apart from these roles religious rituals and ceremonies play other roles like honoring the deceased, preparing him/her for acceptance in the world of ancestors, preserving the cultural heritage, and aiding the bereaved to express their feelings (Ademiluka, 2009). COVID-19 has dramatically impacted death rituals worldwide. Traditional customs to honour the deceased and console the bereaved have been shortened, restricted to close ones, or discarded altogether. Funeral services at places of worship have been suspended. People are making sacrifices for the collective good, leading to intense modifications in caring for the dying and those left behind. Families face restricted access to dying patients, limited visitations for other ailments, and restrictions on funerals and mourners, including no close contact with the deceased. Such restrictions are in direct conflict with the shared and symbolic reactions to an individual's death which are typically endorsed to exhibit the survival of society and its values (Sarah & Martin, 2020).

Social Aspects: The social aspects of burial and bereavement are deeply ingrained in human culture and have been observed in diverse societies throughout history. These rituals and grieving processes serve multiple vital functions. Firstly, they offer closure and a means for individuals to express their grief while finding solace and emotional support among family and friends. Sharing memories and stories of the departed can aid in the healing process. Secondly, the community's support during times of loss is essential, providing practical assistance and emotional aid, helping individuals cope with grief and steer through mourning. Moreover, burials offer a physical place for memorialization, such as gravestones or memorial gardens,

serving as lasting tributes to the deceased and providing spaces for remembrance (Kellner, 2020). Additionally, the act of coming together for funerals and memorial services fosters social cohesion and reinforces the interconnectedness of individuals, emphasizing the significance of mutual support during difficult times. Furthermore, these events can prompt contemplation of mortality, leading to a deeper appreciation of life and a revaluation of priorities. In summary, the social dimensions of burial and bereavement encompass emotional support, cultural expression, community cohesion, and psychological healing, playing an integral role in human societies' response to the profound experience of loss and mortality (Rachel, 2020). But the pandemic COVID-19 disrupted all these social Cohesions and a common impulse in the depths of grief is to seek comfort in the arms of close family members and friends, unfortunately, COVID-19 made this also impossible (Selman, 2020).

Psychological Aspects: The psychological aspects of burial and bereavement involve the emotional responses individuals go through when facing the loss of a loved one and the process of bidding farewell. These aspects are complex and vary depending on cultural, individual, and situational factors. Key aspects include experiencing grief and mourning, employing coping mechanisms, dealing with attachment and separation, exhibiting diverse grieving styles, and sometimes facing complicated grief. Bereavement often prompts existential contemplation, survivor's responsibility, and long-term effects on emotional well-being, relationships, and worldview. Rituals and social support play significant roles in helping individuals navigate the grieving process. Ultimately, adaptation and resilience enable individuals to gradually adjust to the loss while cherishing the memories of the departed. Understanding these psychological dimensions is crucial for providing support and fostering healing among those who have experienced loss (O'Mohony, 2020). In both situations, the dying person and the bereaved are parted away without being able to meet and provide comfort to each other. It has happened because, throughout the world, new guidelines and policies for the management of dead bodies, funerals, and burials are being implemented to control the spread of infection (Wallace et al., 2020). The unanticipated grief process in a state of strict lockdown, confinement, and lack of opportunities to standby those who are near death/dying, to console those who are bereaved, to carry out funeral rituals as per one's faith, beliefs and traditions turn the process of mourning more challenging to handle. The lack of rituals and grieving, frequently results in dis entrancement of grief and loss of social and cultural recognition that weakens support resources in assisting a positive grieving process. As a result of this unusual, prolonged, and grieving-alone phenomenon, more people are at higher risk of prolonged grief disorder (PGD) in this

pandemic. This indeed reinforces mental stress and a feeling of guilt for grieving silently among mourners (Ingravallo, 2020).

Ethical Aspects: The ethical aspects of death, burial, and bereavement involve treating the deceased with dignity and respect, honouring their autonomy and cultural beliefs, being transparent and honest in communication, considering environmental impact, providing support for the bereaved, and upholding privacy and confidentiality. Adhering to these principles fosters compassionate and respectful practices during times of loss and grief (Woods, 2014). During the COVID-19 pandemic and other disasters, there have been cases of mismanagement of the deceased, leading to challenges in body collection and identification. Survivors often take it upon themselves to recover bodies, but limited resources and overwhelming circumstances can cause significant delays in the retrieval process. This raises concerns about the respectful treatment of the deceased. Such issues require careful consideration and professional handling to ensure culturally sensitive and timely management of bodies during disasters and epidemics (Suwalowska, 2021) and the author also says that Studies on natural disasters report that, in many instances, this fear of infection and the logistical difficulties of managing a large number of fatalities authorities or even community members to bury their dead in mass graves or to cremate them. Mass burials are often perceived as being carried out 'unceremoniously', without preserving the individuality and dignity of the dead. Such actions have significant ethical and social consequences. Any form of mass burial goes against commonly held beliefs about respectful burial ceremonies for the dead (Woods, 2014).

2.4. TASK FORCE AS A DYNAMIC PROBLEM-SOLVING UNIT

In contemporary society, task forces are commonly used to deal with community-based social problems. They develop, change, and implement policies at all levels of government, and within all types of organizations, including the public, private, and non-profit sectors. When natural disaster strikes, or when the awareness of a social issue reaches a crisis stage, the appointment of a task force is one common method of dealing with the problem. Whether triggered by media, advocacy, or political viability, task forces are widely used across local, state, and federal levels of government, and within all types of organizations, including the public, private, and non-profit sectors. From policy development to policy change and administration, task forces are used to investigate problems, recommend solutions, and sometimes carry out immediate action (Thomson, 1994). Task forces may be intra- or inter-

organizational. Those in social administration, especially human service managers, agency directors, and social planners, can expect to do a significant amount of their work as task force members. Inter-organizational task forces, composed of members representing different organizations or agencies, are closely related to coalitions, which are convening mechanisms through which a set of organizations can interact and work together around a common theme or purpose (Degennaro, 1987). Macarov has conceptualized the task force as an alternative to a bureaucracy. However, strictly speaking, a task force is not an alternative organizational form since it rises within or between bureaucracies, and the task force members are not free agents, but representatives of their respective organizations (Macarov, 1995).

2.4.1. Emergence of Santhwnam task force

A higher death rate due to the pandemic, the management of dead bodies, and the administering of the appropriate last rites to the deceased are a source of concern across countries. Many people are dying isolated in hospitals and at home and the death rate increased to a higher level. It is in this context, there emerged an urgency of managing death cases with proper dignity. The confusion was that it involves risk as there was fear of affecting COVID-19 from dead bodies and at the same time, a decent and timely funeral is a demand of the time. To handle this crisis, the government and other authorities across the world asked volunteers to come forward to attend death cases and to give decent burials following the protocol for COVID-19 burial suggested by the government. The government of India, in collaboration with the National Disaster Management Authority (NDMA) and the Ministry of Health & Family Welfare, invited individuals and organizations to volunteer or donate towards India's fight against Corona (Government of India, 2020). And it is in this situation the Santhwanam Task Force was established by the Syro-Malabar Archdiocese of Thrissur to take part in the country's fight against the COVID-19 pandemic. Santhwanam is a registered social service centre under Caritas India.

2.5. THEORETICAL FRAMEWORK

The study explores the socio-cultural changes and challenges experienced by the Santhwanam taskforce. Bauman's theory is often used to analyse the dynamics of social change, the instability of institutions, and the challenges individuals face in navigating this complex and ever-shifting set. Behavioural change in sociology refers to the process by which individuals, groups, or communities alter their actions, attitudes, beliefs, and habits in response to various

internal and external factors. This concept is central to understanding how societies evolve, adapt, and respond to new challenges and circumstances. Behavioural change can occur at both the individual and collective levels and is influenced by a wide range of social, psychological, economic, and environmental factors. Thus, the research views the changes in death, burial and bereavement during COVID-19 from the perspective of liquid modernity. Liquid modernity is proposed by Zygmunt Bauman wherein he describes the characteristics of our current era and its impact on society, culture, and individual experiences. This theory provides insights into the rapid and unpredictable changes that define our world today, emphasizing the transient, fragmented, and fluid nature of various aspects of modern life. Likewise, the experience of the Santhwanam task force team for death, burial, and bereavement offers valuable insights into the changes in society related to the Pandemic and the challenges faced by frontline responders in managing this unprecedented crisis. And these changes happened due to the Pandemic and its restrictions and these changes are not permanent and everlasting. Therefore, it can be viewed from the theoretical perspective of Liquid modernity and behavioural change.

2.6. CONCLUSION

This review of the literature examined the pandemic COVID-19, its outbreak, spread, prevention acts, management of dead bodies, and certain changes related to them. The literature review on the pandemic COVID-19 has shed light on a wide range of ethical and sociocultural changes that have taken place in the context of death, burial, and bereavement. The task force teams responsible for managing death, burial, and bereavement during the pandemic have faced unique challenges in balancing cultural and religious rituals surrounding death with necessary preventive measures. This balance has been crucial to uphold the values, customs, and traditions of various communities affected by the pandemic. As communities adapt to new norms, it is vital to understand and appreciate these changes, considering their potential long-term impact on the structures of society, including values, customs, and traditions. There is a gap in the experiential aspect of these changes which will reveal the practical difficulties of these changes and challenges which will be filled by studying the experience of the Taskforce team.

CHAPTER 3

RESEARCH METHODOLOGY

3.1. INTRODUCTION

The research aimed to explore the collective experiences of Task Force Members involved in COVID-19 death and burial. The researcher specifically chose the Santhwanam Task Force Team in Thrissur for the study. The Santhwanam Task Force is a dedicated team responsible for COVID-19 burial and bereavement in the Thrissur district, operating under the Syro-Malabar Archdiocese of Thrissur. The team was selected due to its extensive experience, having conducted approximately 935 burials following the COVID-19 Protocol, as well as its involvement in a specific bereavement process involving its 114 members. Santhwanam itself is a registered Social Service Centre under Caritas India. Research methodology simply refers to the practical "how" of a research study. More specifically, it's about how a researcher systematically designs a study to ensure valid and reliable results that address the research aims, objectives, and research questions. Specifically, how the researcher went about deciding: what type of data to collect, whom to collect it from, How to collect it, and How to analyse it (Jansen and Warren, 2020). Thus, in this chapter, we go through how the research was approached - the orientation of the research (epistemological and ontological), the topic under study, the design employed to study the topic, the general and specific research questions, the data collection, and analysis techniques.

3.2. TITLE OF STUDY

Death, Burial, and Bereavement: Experience of the 'Santhwanam Task Force Team with Special Reference to Socio-Cultural Changes during COVID-19.

3.3. RESEARCH QUESTIONS

- What were the sociocultural experiences related to burials experienced by task force team members during the COVID-19 death cases and burials?

Specific research questions

- What are the different and unique experiences of COVID-19 Task Force members?

- What is the new perspective on death?
- What are the changes brought in the burial due to COVID-19?
- How far the process of bereavement was fulfilled during COVID-19 period? To what extent they handled the process of bereavement?
- What are the challenges they faced while they doing the burial?
- What were the reactions of family members and society towards you as a   COVID-19 Task Force member?

3.4. RESEARCH DESIGN

The topic under study is subjective in its orientation and therefore, the research has adopted a qualitative approach as the study tries to explore the different and unique experiences of Santhwanam task force members. As discussed by Creswell in 2014, a qualitative approach is geared towards comprehensively understanding human behavior and the underlying factors driving it. Its main emphasis lies in uncovering the reasons behind individuals' actions, exploring their knowledge, attitudes, beliefs, fears, and more (Creswell, 2014). Given the context of the COVID-19 pandemic and the associated restrictions, there have been significant societal changes in how death, burial, and bereavement are approached. It is crucial to examine and gain insights into these changes. Thus, the research strategy selected is the case study method, which will be done to address the above-mentioned research inquiries. The topic demanded an in-depth analysis of the experiences of the members of the Santhwanam task force members as a whole. Therefore, the researcher had taken the Santhwanam Task Force team as a totality and considered it as the Universe of the stud and the study will adopt a case study research design.

3.5. RATIONALE FOR THE STUDY OF SANTHWANAM TASK-FORCE

The Santhwanam Task Force is a highly organized and dedicated team that operates under the Syro-Malabar Archdiocese of Thrissur in Kerala. The team's primary responsibility is to manage the burial and bereavement processes for individuals who have passed away due to COVID-19, especially in the Thrissur district. The Santhwanam Task Force is a unique team focused exclusively on COVID-19-related tasks, specifically dealing with deaths, burials, and supporting the bereaved. Operating under Caritas India, a renowned humanitarian organization, Santhwanam is registered as a Social Service Centre. While several COVID-19 task forces

exist, only a few are dedicated to managing the entire process of handling deaths, burials, and providing bereavement support.

3.6. SAMPLING

The Santhwanam task force comprises 114 members across various age ranges. These members are entirely volunteers who have offered their services at different times and locations. Collectively, they have participated in nearly 935 burials, with individual volunteers attending anywhere from 2 to a maximum of 350 burials. On average, each volunteer has been involved in 50 burials. The age of volunteers ranges from a minimum of 20 years to a maximum of 40 years. To conduct a study, volunteers who have attended more than 50 burials were selected, and case studies were focused on those who actively participated in burial processes. Of course, the researcher has applied purposive sampling of non-probability sampling style. Additionally, a focus group discussion was carried out with volunteers who primarily engaged in administrative work.

3.7. SOURCES OF DATA

This research is studying the experience of the Santhwanam task force team grounded on the strong foundations derived from extensive reading of existing studies in the area and relevant publications from Government bodies and other international organizations. Therefore, it includes both primary and secondary data.

Primary Data

The researcher gathered primary data for this study by conducting interviews using a prepared interview guide. The sample for the interviews was selected through a sampling process. The collected primary data forms the foundation for all interpretations and analyses in the study. These analyses aim to fulfil the study's objectives and address the research gap that exists.

Secondary Data

To enhance and support the study's findings, secondary data is gathered from a diverse array of existing literature and various sources. These sources encompass books, academic journals, magazines, and relevant websites. Secondary data plays a pivotal role in complementing the primary data collected through interviews.

3.8. TOOLS OF DATA COLLECTION

Unstructured interviews and focus group discussions were the methods used in the study. The study demanded face-to-face interactions to collect the different and peculiar experiences related to death, burial, and bereavement during the time of COVID-19. The researcher applied an interview guide to facilitate the interview. It included some basic themes based on the research questions formulated beforehand. The themes included questions related to the management of death, burial, and bereavement, different types of changes, and challenges, and also about the response of Society. A focus group is best defined as a small group of carefully selected participants who contribute to open discussions for research. The researcher selected the persons who were the leaders of the task force team for this group discussion.

Given the large number of members in the Santhwanam Task Force (114 members), it would be challenging to explore the experiences of every individual. To overcome this, the researcher opted for purposive sampling, a non-probability sampling method, to select a smaller group of participants for the study. The selection was based on specific criteria, such as the range of number of burials each member had been involved in. It was essential to select task force members who had attended a significant number of cases (more than 50) to enable them to provide a diverse range of experiences and perspectives. The researcher organized a focus group discussion, specifically selecting leaders or individuals who played administration roles in attending cases, facilitating communication, participating in the burial process, and being involved in bereavement support. The purpose was to gather insights and perspectives from these key members who held leadership positions within the task force. Other members of the task force primarily focused on the burial process itself, whereas the selected participants for the focused group contributed to a broader understanding of the overall experience, including communication and support during the burial and bereavement period.

3.9. ANALYSIS OF DATA

The researcher uses thematic analysis for data interpretation and analysis because the researcher attempts to interpret different opinions, views, and experiences of the Taskforce team for COVID-19 Deaths. Burials and bereavement. Certainly, thematic analysis is a widely used qualitative research approach that involves systematically analysing qualitative data to identify and interpret patterns of meaning, known as themes, within the data. It's particularly

effective when the researcher explores people's views, opinions, knowledge, experiences, or values.

3.10. LIMITATIONS OF THE STUDY

The researcher has chosen a qualitative methodology to explore the profound personal experiences of task force members. As previously indicated, these participants encompass a diverse range of ages and locations. Despite their active involvement in the task force, certain individuals remain uninformed about or indifferent to changes in the social landscape. This could potentially influence their responses to the researcher's inquiries. Secondly, Due to the diverse age groups within the task force, variations in social interaction levels exist. There are students, working professionals, priests, etc. As a result, participants' perspectives on the same concept are likely to change based on their age and extent of social engagement. Hence, the outcomes and understandings obtained through this study cannot be universally applied, but they will furnish significant perspectives into the distinct context and encounters of task force members engaged in COVID-19 related burial activities.

CHAPTER 4

DATA INTERPRETATION AND ANALYSIS

4.1. INTRODUCTION

In this chapter, the author explores the rich and diverse dataset obtained through case studies and focus group discussions, aiming to provide a comprehensive understanding of the socio-cultural experiences of the Santhwanam Taskforce Team, surrounding death, burial, and bereavement during the COVID-19 pandemic. The data is meticulously organized sequentially, starting with the information gathered from each case and culminating with the collective insights derived from the focus group discussions. The researcher adopts a rigorous analytical approach to unravel the underlying themes embedded within the dataset. As they immerse themselves in the narratives of individuals who have experienced the loss of loved ones during the pandemic, they bring to light the complexities of each unique experience. Through an empathetic lens, the researcher captures the emotional journey of the bereaved, their struggles, coping mechanisms, and the impact of cultural beliefs and traditions on their grief process. The exploration of these concepts sheds light on the complexities of cultural and religious beliefs surrounding death, influencing not only funeral practices but also the broader societal understanding of mortality. In short, this chapter serves as a profound exploration of the human experience amidst the COVID-19 pandemic's challenges. By analysing and interpreting the data with sensitivity and rigor, the researcher provides a nuanced understanding of the individual's unique experiences, the concepts of death, the adaptations in burial practices, and the complexities of bereavement. This contribution not only enriches academic discourse but also holds the potential to foster greater empathy, cultural sensitivity, and resilience within societies facing adversity.

4.2. CHANGES IN THE COVID-19 BURIAL PROTOCOL

In this section, the researcher examines the data collected from interviews and focus group discussions, explicitly focusing on the experiences shared by the task force members. While the review of literature has already covered the COVID-19 burial protocol, this section examines the data collected during the different stages or waves of the pandemic. It is crucial to understand the context of changing regulations and protocols throughout COVID-19, as these changes significantly impact the experiences shared by the task force members. This

knowledge provides a better understanding of the evolving nature of the pandemic and its influence on their experiences.

DIFFERENT WAVES COVID-19	ABOUT THE DEPTH OF GRAVE	ABOUT OPENING OF BAG	USE OF PPE KIT	MOVEMENT OF BODY
First Wave March 2020 to July 2020	12 feet/ Cremation (First Wave)	No permission to Open the bag (First Wave)	One time use	Mortuary to burial land
Second Wave July 2020 to December 2021	10 feet/ Cremation (Second Wave)	No permission to Open the bag (Second Wave)	One time use	Mortuary to burial land
Third Wave After December 2021	6 feet/ Cremation (Third Wave)	Permission to open the bag to show the body (Third Wave)	One time use	Mortuary - House – Burial land

4.3. NARRATION OF CASES

Case – 1

Nithin is a 21-year-old youth living in Attupuram village. He is currently pursuing post-graduate studies. He joined in Santhwanam Taskforce and served as a task force member for 5 months and it was during the second wave of COVID-19. He has attended 65 COVID-19 burials as a COVID-19 task force member. He shares that, "The experience as a member of the COVID-19 task force was a combination of fear and anxiety. We witnessed the immense sorrow, hardships, and unbearable circumstances faced by individuals who had to bid farewell to their loved ones without being able to see them for the last time. Some of the moments and encounters during this role have left an indelible mark. One particularly unforgettable sight was witnessing bodies stacked upon one another at the crematorium, even late into the night. Our volunteers continuously received distressing phone calls from various locations, urgently requesting assistance with transporting the deceased from hospitals or homes. However, due to

the overwhelming number of bodies awaiting cremation, we were unable to respond to all the requests. This picture was deeply unsettling, as it starkly revealed the gravity of the situation unfolding before us."

For the question about the change in the perspective of death, he shared that "The onset of the pandemic led people to contemplate the reality of death and instilled a deep sense of fear within them. This was primarily due to the lack of available medical treatments or vaccines for COVID-19 during the initial stages of the outbreak." About the changes in burial during the Pandemic he said, "During the COVID-19 pandemic, there was a notable absence of ceremonial and social participation in funeral and burial processes. The number of individuals allowed to attend such gatherings and the procedures involved were strictly regulated by government health authorities. Travel restrictions and limitations on gatherings rendered traditional funeral services impractical and unfeasible." The question about the bereavement process he answered that "While personally I have not directly engaged in the bereavement process, within our group, there are individuals who offer solace and counselling to those who have experienced loss through phone calls."

He talked about challenges during the time of burial. He says that "In the initial stages of COVID-19 funerals, the quality of the products used, such as hand gloves, masks, shields, and PPE kits, was satisfactory. However, as the number of cases escalated, the quality of these materials gradually declined. Moreover, there was a noticeable decrease in their availability. Consequently, concerns were raised regarding the safety provisions for the task force members and all those who voluntarily participated in the burial process." And he also shared that "The general public may not fully understand the challenges of wearing PPE for extended periods, particularly during the hot summer months. This protective gear includes a full gown, pants, gloves for the hands and legs, three face masks, a face shield, and glasses. Wearing all these components for long hours was not a simple task. Moreover, using the restroom while wearing the PPE kit presented difficulties, as the protocol required the gear to be disposed of after a single use. Therefore, once the PPE kit was removed, it had to be discarded, emphasizing the necessity of wearing it to ensure our safety."

According to him "The family's response to my role as a frontline worker in COVID-19 burials was positive and supportive. However, during the initial phase, possibly in the first wave of the pandemic, I encountered fear and hesitation from society. Many people were reluctant to

approach me, fearing that I might be a potential carrier of the virus due to my regular involvement in COVID-19 burials. This reaction saddened me deeply."

Case – 2

Swen from Thiroor, who is 22 years old is a postgraduate student and has attended 128 cases of COVID-19 burial. He has served as a task force member for 4 months in the Santhwanam Task Force team. He speaks about his unforgettable incident during the service as a task force member with an incident of a 29-year-old woman. He says "One incident that remains etched in my memory is the cremation of a young woman, aged around 28 to 29 years, during the initial wave of the COVID-19 pandemic when strict protocols were in place. Due to these protocols, no one was permitted to open the bag containing the deceased's body or view it. As a result, the grandmother of the children had to indicate to them, while showing the wrapped bag, that their mother lay lifeless before them. The children, overcome with grief, pleaded to see their mother, but the strict protocol prevented us from fulfilling their request. Despite our efforts to seek permission from the medical officer, it was denied due to the established guidelines, and we had no choice but to bury the body without allowing the children to see their mother one last time. This heart-breaking situation left us feeling utterly helpless in the face of the children's tears. The memory of their cries is something I fear I may never forget throughout my life."

When the researcher asked about the change in death concept he said that "The fear of death has heightened, leading many individuals to contemplate and prepare for the inevitability of their mortality." About the changes related to the burial of dead bodies he said that "During the days of the COVID-19 pandemic, I observed a significant shift in the solemnity of burials. Traditionally, burials would vary depending on factors such as wealth, age, and social status. However, these distinctions were disregarded during the pandemic, and all burials were conducted by strict protocols. In this context, the importance of financial resources did not convert into luxurious or extravagant burial arrangements. The focus was primarily on adhering to the prescribed guidelines and ensuring the safety of everyone involved." He had no comment about the bereavement process during the COVID-19 period.

The question of researcher about the challenges that he faced during the COVID-19 burial he said, "The main challenge we faced in providing this service was the scarcity or inadequate quality of equipment, particularly during the peak days of the pandemic. On several occasions,

we encountered instances where the personal protective equipment (PPE) we wore would tear off while preparing for burials. This presented a significant challenge to our time and even tested our courage." He also shared that "the unavailability of the PPE kit also was a pressure-making element in this service." He also comments about a challenge related to burial land. He says, "There were certain instances during burials that posed difficulties, particularly regarding the depth of the burial pit and the process of digging it. On one occasion, the health officer determined that the pit's depth did not meet the required protocol, prompting the need for further digging. However, there was a lack of available personnel to carry out this task, and there was also a shortage of individuals to perform the burial itself. Undertaking such responsibilities while wearing PPE kits proved to be extremely challenging and demanding."

He was speaking about the response of family and society by saying, "Initially, I chose not to disclose my involvement in the task force to anyone outside of my immediate family. This decision was influenced by the fact that my family owned a vegetable grocery store, which remained open during the COVID-19 pandemic as an essential business. We were concerned that if the news of my service as part of the task force spread, people might refrain from visiting our store, potentially jeopardizing our livelihood. Hence, we kept it a secret within our store. This aspect presented an additional challenge. However, when people eventually became aware of my service, many offered congratulations and words of encouragement. It is worth noting that some individuals also preferred to maintain distance from me once they learned of my involvement."

Case – 3

Geo, a 27-year-old Catholic priest hailing from Varakara, has actively served as a task force member and has been involved in handling a significant number of COVID-19 cases. Throughout his commitment to this role, he joined in Taskforce member in Santhwanam task force and served for 5 months during the second wave of COVID-19 he has attended a total of 168 COVID-19 cases, demonstrating his dedication and willingness to support his community during the challenging times of the pandemic. He says that "During my service as a task force member, I encountered a wide range of experiences. On one occasion, I received information about the death of a 77-year-old man due to COVID-19 at his home. When I arrived at the scene, I discovered that the man, who was of a stout build, was lying naked under the bed. This posed a significant challenge for my team, as the man weighed approximately 125 kilograms, and we were only four members of the task force for the particular case. Despite requesting

assistance from the man's children and relatives, nobody was willing to come forward due to their fear of COVID-19. It turned out that the man had been a COVID-19 patient in isolation but had ultimately passed away due to heart failure the previous night. In this unsettling situation, the man had somehow found his way beneath the bed. Given the circumstances and the lack of assistance, it was only when additional task force members arrived that we were able to successfully retrieve the man's body from under the bed." He also says that "During the third wave of COVID-19, there was a relaxation of protocols regarding COVID-19 burials. This relaxation included permission to open the body bag and even allow the body to be brought inside the deceased's home. While some individuals and families were content with the idea of bringing the body home, in other cases, fear and apprehension prevented them from doing so. In certain instances, conflicts and confusion arose within families regarding whether or not to bring the body home. One son may have argued in favour of bringing the body inside, while another son may have opposed the idea. These conflicting opinions led to disagreements and tensions during the burial process. Ultimately, this added layer of emotional distress and uncertainty further complicated the already challenging situation of dealing with COVID-19 related deaths."

To the question about the changing perspective on death, he replied that *"During the COVID-19 pandemic, a pervasive sense of fear and anxiety gripped communities as the virus spread and the death toll rose. The lack of understanding and knowledge about the condition, coupled with the belief that it was untreatable, intensified these feelings. With a significant number of people losing their lives, even those without severe underlying health conditions, the fear of death became widespread. The uncertainty surrounding COVID-19 and its unpredictable nature contributed to heightened anxiety about mortality. People were constantly exposed to news and stories about individuals succumbing to the virus, regardless of their previous health status. This created a sense of vulnerability and amplified the fear of death among the general population. The fear of death became a prominent concern, as individuals began contemplating their mortality and the potential risks associated with the virus."

He says about the changes in burial "During the COVID-19 pandemic, all burials were conducted under strict adherence to the COVID-19 burial protocol. As a result, traditional ceremonies and rituals that are typically performed during burials were not possible during this time. To prevent the further spread of the virus and ensure the safety of the burial team and the public, these rituals were substituted entirely with the COVID-19 burial protocol. He also

observed that "During the pandemic, the responsibility of organizing the time and space for cremation or burial of COVID-19 victims was typically entrusted to the task force team rather than the immediate relatives. Upon receiving information about a COVID-19 related death, the task force team takes charge of coordinating and handling all aspects related to the burial process. The task force team works closely with relevant authorities, such as healthcare professionals, local government bodies, and funeral service providers, to ensure that the burial or cremation is carried out by established protocols and guidelines. They consider factors such as availability of resources, logistics, and public health considerations when determining the time and location for the cremation or burial."

When the researcher asked the question about bereavement, he told that, "During the COVID-19 pandemic, the aspect of bereavement was indeed significantly impacted and, in many cases, neglected. Traditional rituals and ceremonies associated with mourning and bereavement play a crucial role in providing comfort, support, and closure for grieving families. However, due to the restrictions and safety protocols imposed during the pandemic, it was often not possible to perform these rituals and ceremonies as they traditionally would have been. The gathering of family members, friends, and other dignitaries during funerals and memorial services serves as a source of solace and support for the bereaved. However, social distancing measures and limitations on public gatherings meant that such gatherings were restricted or even prohibited during the COVID-19 period. This resulted in a lack of physical presence and support from loved ones and community members during the mourning process, impairing the challenges of bereavement." He continues about challenges, "During the COVID-19 pandemic, the task of cremating deceased individuals according to the established protocol posed various mental and physical difficulties. While the usual practice involved four volunteers attending each cremation, there were instances where more personnel were required due to the circumstances. However, there were limitations in terms of available resources and manpower. Following the given protocol, it was necessary to ensure that each body was wrapped properly, often requiring multiple layers of wrapping. This process required additional hands to accomplish, resulting in a demand for more personnel than initially anticipated. However, due to the limited capacity and available workforce, meeting these requirements became a significant challenge. The lack of sufficient manpower impacted the efficiency and timely execution of cremations, adding to the overall burden faced by the task force." He continues "There was also the scarcity of PPE kit and the quality of PPE is was very low."

"As a COVID-19 task force member, I experienced a unique situation where maintaining social relations became challenging. Due to the fear and apprehension surrounding COVID-19, many people were hesitant to welcome me or maintain close contact with me, fearing potential transmission of the virus. However, being a priest and living alone, I did not face significant issues in this regard. Living alone provided me with a certain level of convenience and flexibility during this time. Following my service as a COVID-19 task force member, I received congratulatory messages and acknowledgments from individuals who recognized the significance of my role and appreciated my dedication and efforts. This positive response indicates the recognition and gratitude expressed by the community for the important work that I undertook during such challenging circumstances."

Case – 4

Daniel, a 28-year-old from Mundur, is a dedicated and hardworking individual who works as an electrician. He has also taken on the responsibility of being a member of the task force, assisting in COVID-19 burials for 3 months during the Second wave of pandemic. Over time, Daniel has attended a remarkable total of 89 cases of COVID-19 burials, showcasing his commitment to serving his community during these challenging times. He shared an experience of a man who lost his wife and son on the same day. He says that "It is an extremely tragic and heart-breaking incident involving a mother and her 17-year-old son who both succumbed to COVID-19. The son, already burdened with various other illnesses, faced a rapid deterioration of health due to the COVID-19 infection. Consequently, the mother had to be present as a bystander in the hospital, providing care and support to her ailing son. Unfortunately, due to the continuous contact with her son, she also contracted the virus. The most heart-wrenching aspect of this situation was that the mother and son passed away on the same day. As we transported their bodies together in the same ambulance for the funeral ceremonies, the sight of a helpless man grieving the loss of his wife and son simultaneously left an indelible mark on our memories. Despite the deep emotional pain experienced by this grieving family, the protocol in place prevented us from granting them a final glimpse of their beloved wife and son before laying them to rest. Such a sorrowful and challenging circumstance is truly difficult to forget."

About the change in the perspective of death, he said that "The circumstances surrounding the COVID-19 pandemic created an environment where fear was heightened to an extraordinary degree. This fear was not only due to the contagious nature of the virus but also the uncertainty

and potential severity of its impact on individuals and communities." When he was asked about the changes in burial he said that "During the first and second waves of the COVID-19 pandemic, the burial process was significantly different compared to normal times. Due to the risk of transmission and the need to adhere to safety protocols, traditional ceremonial events were not performed. The option to open the dead body bag and bring the body into the house or church was not available during that time. These measures were implemented to minimize the spread of the virus and protect public health. As a result, the usual traditional ceremonies associated with burials were suspended, and families had to find alternative ways to grieve and honour their loved ones in a more restricted and socially distanced manner." He did not comment on the process of bereavement because he was not bothered about that.

The researchers question the challenges during the burial he responded that "The scarcity of PPE kits presented significant challenges during the burial process, leading to instances where we had to conduct multiple burials without changing the same PPE kit. This was a difficult and uncomfortable situation to navigate. Additionally, the delays in hospital procedures to release the bodies resulted in a substantial waste of time, further complicating the burial process." He continued, "Furthermore when I had to retrieve bodies from different hospitals, I encountered contrasting practices. Some hospitals had already packed the bodies before our arrival, while in others, we had to adhere to the protocol of packing the body into the bag ourselves. However, in certain cases, due to the body stiffening, the hospital staff needed to crack the bones to properly pack the body. Personally, it was emotionally challenging for me to witness such actions, and accepting these practices was not easy." Daniel says that "The most significant challenge I faced while working in this force was sharing the news with my family and friends. Initially, they were filled with fear and anxiety, especially because my parents had pre-existing conditions such as asthma and other illnesses. However, despite their initial concerns, when I decided to offer COVID-19 burial services, they extended their unwavering support and encouragement."

Case -5

Frajo, a Catholic Priest hailing from Marotichal, has actively participated in over 230 burials as a member of the task force. Despite his youthful age of 34, he has dedicated himself to this challenging role and worked as a task force member for two years across all the waves of COVID-19. When questioned about his distinctive experiences while serving on the task force, he recounted one or two notable incidents that he had encountered. He says that "Among the

various unforgettable experiences and memories related to my family and ministry, one day stands out vividly in my mind—the first day of May 2020. On this particular day, I found myself involved in a remarkable and challenging task: assisting in the burial of 15 individuals who had succumbed to COVID-19. It was during the peak of the second wave of the pandemic. Due to the scarcity of task force members, limited availability of personal protective equipment (PPE) kits, and a sharp increase in the number of deaths, I felt compelled to participate in these 15 COVID-19 burials within a single day. The urgency of the situation pushed me to my limits. The final body was cremated at 9:30 pm, as all the cremation centres were overwhelmed with the cremation of COVID-19 victims. Throughout the day, I sustained myself with minimal water and only had one banana to keep me going amidst the demanding circumstances. This day remains etched in my memory as a testament to the immense challenges faced during the pandemic and the dedication required to serve those affected by it." Then he shared experiences related to the attitude of people. He says, "During the peak of the second wave, there was a significant surge in the number of deaths due to COVID-19. As per the protocol, all the bodies needed to be cremated. However, the situation became challenging as the existing crematoriums were overwhelmed and filled, occupied with the constant cremation process. In response to the crisis, some organizations took the initiative to set up temporary crematoriums along the banks of the *Barathapuzha*. These makeshift facilities were meant to alleviate the burden on the existing cremation centres. Despite these efforts, there were still delays in the cremation process, and families had to wait for an extended period, typically 2 to 3 hours, to cremate their deceased loved ones. Unfortunately, not all relatives were willing to endure such waiting times. While they needed to collect the ashes of their departed family members, some were hesitant to stay at the temporary crematoriums."

For the question about Change in the perspective on death he responded that, "Initially, individuals found solace in extolling the progress of new technologies and medical advancements that contributed to the betterment of life on Earth. They wholeheartedly celebrated their lives without any significant concerns, placing their trust in and utilizing advanced medicines and technologies. However, the emergence of the COVID-19 pandemic abruptly altered the entire landscape. One critical aspect was the absence of boundaries or distinctions such as religion, region, age, economic status, or health, in terms of COVID-19 fatalities. Even numerous individuals in excellent health, devoid of serious ailments, succumbed to COVID-19, instilling a sense of tension and fear among the populace. Once

again, COVID-19 highlighted the vulnerability of humanity, underscoring its powerlessness in the face of such a crisis."

The researcher asked about the changes that have taken place in the burial. For that question, he replied that "There were no distinctions based on religion, caste, wealth, age, and other factors during the COVID-19 pandemic. Religious or regional customs and celebrations for burials were absent. I vividly recall visiting the banks of our *Bharathapuzha*, where numerous temporary cremation facilities were set up. We were confronted with an enormous queue for cremations. Despite our efforts to adhere to COVID-19 protocols while performing certain rituals, the extensive line posed a significant challenge. In this context, no religious or regional rituals were observed. In other words, everyone was treated equally not only in death but also in burial and its associated rituals."

The next question to Fr. Frajo was, How far the process of bereavement was fulfilled during COVID-19 period? To what extent they handled the process of bereavement? He said that "The task of providing bereavement support during the pandemic was carried out by another group within the same task force team. They utilized telephones and social media platforms to fulfill this role. However, offering consolation and support solely through phone calls proved to be challenging. I experienced this when a member of my parish passed away due to COVID-19. The father succumbed to the virus, leaving behind his wife and a young daughter. Both of them had also contracted COVID-19, making it impossible for me to visit them in person. As I attempted to reach out to them via phone, I realized that this method of communication was insufficient in providing the support they needed."

He talk about challenges that he faced during the process of burial during COVID-19. "The ministry faced significant challenges, primarily due to a severe shortage of personal protective equipment (PPE) kits. This scarcity further exacerbated our difficulties in carrying out our responsibilities. Secondly, despite the team's best efforts to treat each deceased individual with utmost respect and dignity, there were instances where we were unable to do so. As the number of COVID-19 related deaths increased, they had to transport two or three bodies in the same ambulance simultaneously. This unfortunate situation arose from the high death toll, coupled with a limited number of available crematoriums. The overwhelming demand and busyness at the crematoriums only added to the harrowing circumstances." He continued, "Another significant challenge we faced was the prolonged wearing of PPE kits. The extended duration of wearing these protective gears became quite demanding. Furthermore, delays in hospital

processes and the presence of extensive queues at crematoriums resulted in longer hours for burials. Initially, this posed a tremendous challenge for me to manage and adapt to the circumstances." He also talked about another challenge, "In normal circumstances, a COVID-19 funeral group consists of five individuals. Four members are responsible for handling the body, while the fifth person acts as a mediator between the task force team, family members, and the ambulance driver. However, if the body is overweight, it becomes extremely challenging for the four individuals to manage transportation. The task of carrying the body from the mortuary to the ambulance and then to the burial site can feel like an arduous and Herculean task. Due to the protocol of wearing PPE kits and the fear that many people have, it is not possible to seek assistance from others. Sometimes, the fifth person in the group, who is not wearing a PPE kit, must step in to provide additional support in carrying the body during such instances." He also shared another challenge "During the third wave of COVID-19, there was a relaxation of protocols regarding the burial process. This included permission to open the body bag and even allowing the body to be brought inside the home in some cases. While some individuals were content with the idea of bringing the body home, there were instances where fear prevented people from accepting this option. In certain cases, conflicts and confusion arose when one son insisted on bringing the body home while another family member opposed the idea. These conflicting views led to disagreements and tensions during the burial process."

"The response from my family, especially my mother and father, was supportive. Although they initially had fears, they provided me with tremendous encouragement and support throughout. However, my experiences with other individuals varied greatly. Some individuals offered words of encouragement, while others attempted to dissuade me by instilling fear. Many people also maintained a distance from me due to the fear of transmission. In the early stages, everyone was gripped by intense fear surrounding COVID-19 and pandemic related deaths. I vividly recall instances when people would panic and run upon seeing someone wearing a PPE kit while we were on our way to the mortuary at the government medical college. Ignorance contributed to their significant fear even of PPE kits. However, as time went on, this perception gradually changed."

Case – 6

Paul, a Catholic priest from Anchery, has 35 years old. He has been actively involved in responding to the COVID-19 crisis and has personally attended 258 burial services. He served

as a task force member in the Santhwanam task force team for 2 years. His perspective as a priest and his involvement in the funeral services provide a unique and important contribution to understanding the impact of the pandemic on communities and the individuals affected by the loss. Paul recollects his unforgettable experience from his time as a task force member, specifically related to the burial of a woman who had passed away due to COVID-19. "During the initial wave of the COVID-19 pandemic, there was a funeral for a young woman who had contracted the virus. This woman, who was also pregnant, left behind three young children. Tragically, both her husband and children had also been affected by COVID-19. The funeral was an incredibly emotional occasion, and despite being aware of the risks of infection, I took the responsibility of bringing the children to the burial site. Despite not wearing personal protective equipment (PPE), I was prepared to take this action as there was nobody else available to assist due to the fear surrounding COVID-19." He also shares an experience related to the death of a businessman due to COVID-19 and his burial process. He says "this businessman, residing in Thrissur, was facing a challenging situation during his passing. His relatives, who resided in a different location far from Thrissur, were unable to be present due to quarantine requirements. Furthermore, two of the family members were admitted to the hospital due to serious health issues. Consequently, during the businessman's death, his loved ones, friends, and family members were unable to reach the hospital for various reasons. There was a lack of someone to provide him with the appropriate attire for his burial. In the end, I took it upon myself to purchase a new shirt for him, dressing him with care and bidding him a final farewell. This experience deeply impacted my perspective on life, wealth, relationships, and more."

When asked about the change in perspective toward death, the respondent shared the following. "Many regard death from COVID-19 as a 'bad death' because the moments leading up to it are considered highly significant for both the dying individuals and their families. It is a common desire for people to have their loved ones by their side, providing comfort and support during their final moments." Paul also shared that "when a person is close to death, certain rituals and prayers are performed to prepare them for the afterlife. For instance, a few drops of plain water or honey may be placed in the dying person's mouth. These practices are believed to bring peace and serenity to the dying person and offer a sense of fulfilment to the bereaved, as they feel they have fulfilled their duties towards the departing individual. Such customs play a vital role in easing the transition from life to death and providing solace to both the dying and their loved ones."

For the question about changes in the burial process he responded that "During the COVID-19 pandemic, all funeral rituals and ceremonies had to be modified to adhere to the strict protocols put in place. These protocols are applied universally, without discrimination based on religion, caste, wealth, age, or any other factors. As a result, burials were conducted following the prescribed guidelines and without the inclusion of traditional religious or regional rituals. The priority was to ensure the safety of all individuals involved and to minimize the risk of further spread of the virus. This meant that the customs and practices associated with different religions and cultures had to be temporarily set aside to prioritize public health and adhere to the COVID-19 protocols." He continues "During the summit of the COVID-19 pandemic, there was a notable absence of separation between different religious and cultural practices in burial. This meant that individuals from various religious backgrounds were laid to rest without discrimination or segregation. It was an unprecedented time when people had to come together and support one another, disregarding religious boundaries. As a testament to this unity, I participated in the creation of a Pentecost man and a Hindu lady, which would have been difficult to imagine under normal circumstances. The pandemic created a sense of shared humanity and solidarity as communities worked together to navigate these challenging times."

Then the researcher asked about bereavement during the time of COVID-19. The question was How far the process of bereavement was fulfilled during COVID-19 period? To what extent they handled the process of bereavement? For this, he answered that "During this period, the aspect of bereavement was severely impacted and often overlooked due to the strict COVID-19 protocols in place. The loss of loved ones during the pandemic brought deep sorrow to many individuals and families. However, the usual support systems and networks that would typically be available, such as relatives, neighbors, and friends, were unable to provide the same level of comfort and assistance due to the limitations imposed by the protocols."

He expressed the challenges they encountered during burials, primarily the severe shortage of personal protective equipment (PPE) kits, which made it challenging for them to fulfill their responsibilities. Furthermore, they observed that in certain instances, the available PPE kits were not suitable or effective for their intended purpose. Paul says "The majority of the PPE kits we had were depleted within a span of four days, leaving us in a state of waiting for replenishment. Undoubtedly, this period was exceptionally challenging for us as we carried out COVID-19 burials. Additionally, the limited supply of PPE kits we did have proved to be inadequate for their intended use, further exacerbating the difficulties we faced." He also says

that "Handling the body of a person who passed away at home, as opposed to a hospital, presented significant challenges, as indicated by various experiences. One particular case involved attending to the death of a grandmother who had succumbed to COVID-19. This proved to be an exceptionally difficult and demanding experience. The entire family was under quarantine due to the virus, and by the time they discovered her, rigor mortis had set in, rendering her body stiff and cold. It was evident that she had passed away more than eight hours prior, making it extremely challenging to properly prepare the body for transportation. In this particular instance, the family members were also instructed to handle and bring along all the clothing and bed sheets themselves due to concerns about potential contamination."

The question about the reactions of family members and society towards you as a COVID-19 Task Force member to him he answered that "Initially, my mother had a profound fear and apprehension about my involvement in handling COVID-19 cases. However, as I continued to serve and encountered around 5 to 10 cases, she gradually came to accept and support me. Her prayers and encouraging words became a source of strength for me. Since I reside alone in the parish, I did not face any major issues from society. However, there was a sense of fear and hesitancy among people initially, causing them to be reluctant in approaching me."

Case – 7

Shimmy, a 38-year-old teacher from Nellankara, has been actively involved as a task force member in handling COVID-19 burial cases. He joined in Santhwanam task force and served as a frontline worker for 5 months during the second wave of COVID-19. Throughout his involvement, he has participated in a total of 112 such cases. He shares an experience, "During the first wave of COVID-19, a woman from Alappuzha tragically passed away due to the virus. She had been residing in a flat along with a servant. When she tested positive for COVID-19, she remained in isolation at home. However, her condition deteriorated, and she eventually succumbed to the virus. Given the strict protocols in place during the first wave, a team of four individuals was dispatched to retrieve the body. The flat where the deceased woman resided was located on the fifth floor. Upon arrival, the team began the process of packing the body. However, due to various reasons and fears, the residents of the building did not allow the team to use the elevator. Consequently, the team was compelled to navigate the staircase from the top floor to the ground level while carrying the packed body. Unfortunately, during the process of packing the body into the bag, one of the team members (presumably the speaker) accidentally fell over the deceased. Despite wearing personal protective equipment (PPE), this

incident instilled fear and unease in the individual, highlighting the challenges and emotional toll associated with handling COVID-19 fatalities."

Shimmy responded to the question about the change in perspective on death during the pandemic time. "Many people consider death due to COVID-19 as a particularly difficult and "bad" death. This perception arises from the fact that COVID-19 patients often pass away in isolation, without the presence of their loved ones. In the first and second waves, strict protocols were in place, which prevented relatives from being able to view or be present with the deceased's body. This lack of closure and the inability to say goodbye or participate in traditional mourning practices can contribute to the perception of COVID-19 related deaths as particularly challenging and unfortunate."

He was speaking about different changes that occurred during the time of COVID-19in burial. He says, "During the COVID-19 pandemic, particularly in the first and second waves, there was a stark shift in how people perceived and treated the deceased. In these initial stages of the pandemic, there was no opportunity for the relatives to view the deceased's body, even for a last glimpse. The protocol only allowed for the body to be transported directly from the mortuary to the burial land. This strict protocol and the fear surrounding COVID-19 led to a significant change in people's attitudes toward dead bodies. Despite being the bodies of their loved ones, friends, or neighbours, the perception shifted to seeing them merely as lifeless entities. The fear of the virus was so prevalent that even the presence of a deceased person's body evoked feelings of danger and potential harm among onlookers. The usual dignified and ceremonial aspects of burial and honouring the deceased were overshadowed by a strong sense of fear and detachment, creating a sombre and uneasy atmosphere during the burial process." He continues that "In COVID-19 burials, there was a notable absence of social and ceremonial participation. Due to the strict protocols and the contagious nature of the virus, traditional rituals and practices could not be performed as they would typically be during burials. The focus was primarily on adhering to safety measures and minimizing the risk of transmission. As a result, many of the usual religious, cultural, and social rituals that are performed during burials were not able to take place. This lack of customary rites and ceremonies further added to the sense of loss and detachment experienced by the bereaved families and communities during COVID-19 burials." He did not respond to the question about bereavement.

About the challenges of COVID-19 burial, he says that "During the COVID-19 pandemic, there were instances where the quality of personal protective equipment (PPE) kits was

inadequate, and at times, they were not suitable for the tasks at hand. The shortage of PPE kits exacerbated the situation, making it challenging for frontline workers, including those involved in handling COVID-19 burials, to have sufficient access to proper protective equipment." He also said about a challenge was something related to a burial ditch in burial land. "In the initial days of the pandemic, the burial protocol specified a depth of 12 feet for the burial ditch. However, as time progressed and more information about the virus became available, the depth requirement was reduced to 10 feet and then further decreased to 6 feet. These changes were likely implemented based on evolving scientific understanding and risk assessments. When the depth requirement was 12 feet, some individuals and burial teams faced challenges in digging the ditch. Heavy machinery like JCB (a type of excavator) may have been employed to facilitate the digging process. However, the presence of the excavated soil on all four sides of the ditch could have made the burial process more difficult and potentially posed logistical challenges."

In the question about the response of family and society, he said "I did not face objections from my family, particularly receiving strong encouragement and support from my mother, to be a part of the COVID-19 task force. I maintained confidentiality about my involvement in the COVID-19 task force team to prevent panic among the public, while also maintaining distance from friends, family, and the general public to minimize the risk of spreading the virus. As a result of keeping my involvement confidential, I did not have direct experience of facing people's comments or reactions during that time. However, when the parish vicar publicly announced the names of COVID-19 task force members during a Holy Mass, people recognized me as a task force member involved in handling COVID-19 funerals from your parish."

4.4. DATA OF FOCUS GROUP DISCUSSION

The researcher selected the leaders of the Santhwanam Task Force team or the one who have attended the cases primarily and through whom leadership the process were held. They also have gone for burial and bereavement process. The participants of the focus group discussion were:

No.	Name	Age	Profession	Place
1	Leo	32	Auto Driver	Ollur
2	Sinto	38	Priest	Thrissur
3	Juvin	30	Salesman	Anthikad
4	Joy	39	Teacher	Aranattukara
5	Sijo	37	Priest	Kallur
6	Jinson	29	Priest	Vellanikode

During the focus group discussion, the participants engaged in a 45-minute conversation with the researcher, addressing and discussing the research questions. The purpose of the discussion was to gather insights and perspectives from the participants based on their unique experiences. The researcher facilitated the conversation by posing the research questions and encouraging participants to share their thoughts, opinions, and personal experiences related to the topic at hand. The focus group provided an opportunity for a dynamic and interactive exchange of ideas, allowing for a deeper understanding of the research area.

As the discussion progressed, participants shared their diverse experiences, offering various viewpoints and insights that enriched the research findings. The researcher actively listened and encouraged open dialogue among the participants, creating an environment conducive to rich discussion and exploration of the research questions. The 45-minute duration allowed sufficient time for participants to express their thoughts and engage in meaningful exchanges. The researcher likely guided the conversation, ensuring that all research questions were addressed and exploring any related subtopics that emerged during the discussion. Overall, the focus group discussion served as a valuable platform for gathering qualitative data, capturing the participants' perspectives, and providing a nuanced understanding of the research area through the lens of their experiences.

The researcher put forward the discussion point about the change in perspective or attitude towards death all of them shared that a kind of added fear was there during the time of COVID-19. Jinson, a task force member of the Santhwanam task force team opined, "The fear of a bad death and the experience of isolation during quarantine certainly had a significant impact on individuals affected by COVID-19. The strict protocols and safety measures necessary to control the spread of the virus often resulted in limited social interaction and participation for COVID-19 patients. The absence of social interaction and the inability to see the faces of

healthcare providers and fellow patients due to the protective personal protective equipment (PPE) can lead to feelings of isolation and loneliness. Being unable to have direct contact or see the struggles of others in similar situations may have contributed to overthinking and anxiety for some individuals. These mental health challenges, coupled with the physical strain of battling the virus, may have contributed to a higher death rate among COVID-19 patients." Joy says that "The prevailing atmosphere was one of fear and anxiety, where individuals felt uncertain and lacked knowledge about the COVID-19 condition. The general perception was that the virus was untreatable, and the increasing number of deaths only heightened people's concerns. The heightened anxiety prompted many individuals to contemplate their mortality with a significant degree of unease." Sinto, who was an active task force member was observing that, "Numerous individuals would reach out to me via phone with a multitude of questions about the coronavirus, and I often found myself unable to provide satisfactory answers to some of their inquiries. The fear and anxiety in their voices were palpable, and I could empathize with the overwhelming emotions they were experiencing." Sijo says that "many were considered isolation or restriction to come out home considered as cruel detention. The situation of not being able to provide them with answers is a challenge of its kind." He was also saying that "Some residents who normally have visitors found it difficult to cope without their friends and relatives coming to visit them at the residential home. I could see that they were anxious."

About the change in the burial process, Joy answered that "The task force took responsibility for coordinating all aspects of the burial process, including providing the necessary PPE kits, ensuring the availability of crematorium facilities, and determining the time and location for cremation. They were actively involved in organizing and managing every detail related to the burials." Sinto said that "there was no kind of religious or regional ritual during the COVID-19 period especially the period of first and second wave. Every process in burial is strictly done according to the protocol." Juvin commented about a change. He says that "Even though virtual and live-streamed funerals were already gaining popularity before the COVID-19 pandemic, the pandemic regulations significantly accelerated this trend, making it one of the most significant changes to the funeral industry in many years. It is anticipated that live streaming funerals will continue to be the norm for many decades to come."

Then the researcher asked about bereavement during the time of COVID-19. The question was how far the process of bereavement was fulfilled during pandemic period. To what extent they

handled the process of bereavement? Sinto said that "During the COVID-19 period, the aspect of bereavement was largely overlooked and neglected. The grieving individuals were compelled to suppress their sorrows and perceive their loss as a result of unfortunate circumstances, rather than being able to go through the customary process of mourning and finding solace." Leo shared an experience where a mother and her son were dead due to COVID-19. "A heart-wrenching incident occurred when a 17-year-old boy, who already had underlying health conditions, succumbed to COVID-19. His mother, who had been by his side as a caregiver in the hospital, also contracted the virus through close contact with her son. Tragically, both the mother and son passed away on the same day, and we transported their bodies together in the same ambulance for funeral arrangements. Witnessing the father's helpless state, grieving the loss of his wife and son on the same day, left a lasting impact on me. Unfortunately, due to the COVID-19 protocol, we were unable to allow the father a final glimpse of his loved ones' bodies. However, I maintained contact with him through phone calls after the funeral, offering support and lending a listening ear. Our conversations continued for several days, providing him solace during his struggle with grief. Even after 14-15 days had passed since the loss of his wife and son, he reached out to express his gratitude, stating that my phone calls had helped him navigate through those challenging times. I have maintained a connection with him, and on the anniversary of their passing, my friends who were present at their funeral participated in the death anniversary rituals to pay our respects." Joy added the point that "Following the burial, we made an effort to maintain contact with the bereaved individuals through phone calls. Many of them were appreciative of our outreach and expressed a strong desire for our calls, as they sought consolation and support during their grieving process. However, it is important to note that not everyone showed the same level of interest or openness to our phone calls." Jinson says, "The strict regulations during the COVID-19 period did not permit any form of ritual or ceremonial activities, which only intensified the sorrows of the bereaved. Remembrance services typically held to commemorate the deceased days, weeks, or months after their passing, serve as an important part of the bereavement process. However, due to the COVID-19 regulations, the relatives were unable to organize such events and engage in the customary practices of remembrance and honouring their loved ones."

About the challenges, they have listed many challenges. Joy says that "The supply of PPE kits was severely limited, which added significant pressure to our responsibilities." Leo, a task force member from Ollur says that "As members of the task force, we must ensure the safety and well-being of the individuals under our care, protecting them from any potential exposure to

COVID-19. To fulfil this responsibility, I decided to reside at the Parish Hall for a duration of five weeks, intentionally avoiding contact with my loved ones and family members to minimize the risk of transmitting the coronavirus to them." he was remembering that "it was a time of high pressure and tension, thinking about the loving family members." Sinto says, "One of the primary difficulties faced by the task force team was the communication of death news to the close friends and family members of the deceased. Given that many of these individuals were affected by COVID-19 themselves and were either in isolation or quarantine, it became increasingly challenging to find someone willing to personally deliver the sad news. Therefore, approaching and informing them about the unfortunate demise posed a significant challenge." Jinson says, "When I visited the relatives of a deceased individual who was also affected by COVID-19 to communicate the news, I encountered a terrible situation. As I communicated the sad demise of their beloved, their overwhelming grief and emotional turmoil led them to approach me, attempting to tear through my PPE kit as they sought solace and comfort. It was an intimidating and threatening experience for me." He continues that, "the chance for this emotional imbalance and difficult to accept the death increases if it is at a younger age."

Joy said a challenge related to communicating and convincing about protocol and its procedures. "During the initial stage of the first wave, the protocol regarding COVID-19 burials was exceptionally stringent. It explicitly outlined that the body should be transported solely from the mortuary to the burial site, along with specific procedures to be followed during the burial process. Despite this, individuals still held strong desires to perform traditional or religious rituals for the deceased. As a result, many were unwilling to accept the restrictions and limitations imposed by the situation." Sinto added one more challenge "At the cremation site, the workers carry out their duties with a sense of detachment and professionalism, as it is their chosen profession. They are accustomed to handling such situations without being influenced by sentiments and emotions. However, emotions run high for grieving relatives who have experienced the sudden and unexpected loss of a loved one. As task force members, we served as intermediaries between the workers and the bereaved families, bridging the gap between their heightened emotions and the professional conduct of the workers. This was undoubtedly a challenging process." Jinson said, "Due to being a private organization, the Santhwanam task force did not receive the same benefits and recognition as the Rapid Response Team (RRT) actors and other frontline workers. Despite actively working on the front, the authorities did not categorize us in the same manner. Consequently, many of us had to wait until the second wave of COVID-19 to receive our first vaccination."

The response of family and society, they shared both positive and negative experiences. Jinson said many people tried to maintain distance from me in fear of transmitting the virus" Juvin also shared the same with Jinson. All the participants said about their positive family support. Leo added that "though there was fear for parents they were supportive to me," The researcher asked about their motivation to serve as task force member joy said that "the only thing that moved me in this service is love and care for fellow beings." Jinson said, "it is our duty, the duty of those who are living, to bury the dead as possible as in a decent manner." Sijo said that "I have no fear of death, so I just come forward in need of society.

4.5. INTERPRETATION AND ANALYSIS

Frontline workers worldwide faced unprecedented difficulty and dilemma during the COVID-19 pandemic as they grappled with the rapid spread of the novel virus. The task force and frontline workers played a crucial role in response efforts, placing themselves at high risk of exposure. They not only contracted the virus themselves but also witnessed the devastating impact of COVID-19 on individuals' lives, which had profound effects on their mental well-being. In this study, the researcher aims to investigate the experiences of the Santhwanam Task Force members in Thrissur, analysing data and focusing on key themes such as their unique experiences, perspectives on death, burial practices, and the grieving process.

4.5.1. Changes in Perspective of Death

The pandemic COVID-19 has brought notable shifts in attitudes of people towards death. A new perspective has emerged within society, characterizing COVID-19-related deaths as a particularly bad death. This new perception has given rise to a prevalent anxiety and fear surrounding the idea of dying from the virus, interlinking the concept of death with social anxieties. Consequently, a substantial portion of the population has been influenced by a heightened fear of death due to COVID-19, exemplifying how the pandemic has shaped collective notions of death and worsened anxieties related to it.

COVID-19 Death as Bad Death

Based on the respondents' experiences and insights, the researcher gained an understanding that many people perceive death due to COVID-19 as a 'bad' form of death. Case-1 shared during the interview that "Many regard death from COVID-19 as a difficult or 'bad death'

because the moments leading up to it are considered highly significant for both the dying individuals and their families. It is a common wish for people to have their loved ones by their side, providing comfort and support during their final moments. When a person is close to death, certain rituals and prayers are performed to prepare them for the afterlife. For instance, a few drops of plain water or honey may be placed in the dying person's mouth. These practices are believed to bring peace and serenity to the dying person and offer a sense of fulfilment to the bereaved, as they feel they have fulfilled their duties towards the departing individual. Such customs play a vital role in easing the transition from life to death and providing solace to both the dying and their loved ones." From the words of case 1, we can understand that this perception stems from various factors that contribute to the characterization of COVID-19 death as unfavourable. Specifically, it is considered a bad death because it often occurs without the presence of loved ones, lacking the comfort and support typically provided during the dying process. Additionally, the isolation and high levels of fear associated with COVID-19 contribute to the sense of tragedy and negativity surrounding these deaths. Overall, the combination of the absence of loved ones, the isolation, and the prevailing fear generates a perception of COVID-19 death as a profoundly undesirable and tragic form of passing away. Another factor contributing badness to these deaths are often unexpected and premature, occurring suddenly and without preparation. Limited access to medical care, caused by overwhelming case numbers and resource shortages, can also contribute to the perception of these deaths as tragic and unfair. Furthermore, the stigma and fear associated with COVID-19 can lead to social isolation and add to the emotional burden for both the affected individuals and their families. Lastly, the pandemic has disrupted traditional mourning rituals and funeral practices, preventing families and communities from gathering and finding solace in collective mourning. These elements combine to shape the understanding of COVID-19 deaths as particularly challenging and sorrowful experiences. It is important to note that interpreting COVID-19 deaths as 'bad deaths' is a subjective perspective that varies depending on cultural, individual, and personal beliefs about death and dying. Each death is a unique and complex experience, and the impact of COVID-19 on individuals and communities can differ significantly.

Social Phobia Contributing to Illness and Death

Jinson, a task force member of the Santhwanam task force team opined during a focus group discussion, "The fear of a bad death and the experience of isolation during quarantine certainly

had a significant impact on individuals affected by COVID-19. The strict protocols and safety measures necessary to control the spread of the virus often resulted in limited social interaction and participation for COVID-19 patients. The absence of social interaction and the inability to see the faces of healthcare providers and fellow patients due to the protective personal protective equipment (PPE) can lead to feelings of isolation and loneliness. Being unable to have direct contact or see the struggles of others in similar situations may have contributed to overthinking and anxiety for some individuals. These mental health challenges, coupled with the physical strain of battling the virus, may have contributed to a higher death rate among COVID-19 patients." Social phobia, a mental health condition characterized by intense fear and anxiety in social situations, became widespread among people of all regions, countries, and age groups during the COVID-19 pandemic. This phobia had a significant impact on an individual's mental health, surpassing concerns about physical well-being. It played a role in the increased number of COVID-19 deaths. At the onset of the pandemic, during the first wave, many individuals lacked sufficient information about the virus, which further heightened anxiety in social interactions. Joy a task force member said that "The prevailing atmosphere was one of fear and anxiety, where individuals felt uncertain and lacked knowledge about the COVID-19 condition. The general perception was that the virus was untreatable, and the increasing number of deaths only heightened people's concerns. The heightened anxiety prompted many individuals to contemplate their mortality with a significant degree of unease." Sinto, who was an active task force member observed during the focused group discussion that, "Numerous individuals would reach out to me via phone with a multitude of questions about the coronavirus, and I often found myself unable to provide satisfactory answers to some of their inquiries. The fear and anxiety in their voices were intense, and I could empathize with the overwhelming emotions they were experiencing. Sijo also shared in the focus group discussion that "many were considered isolation or restriction to come out home considered as cruel detention. The situation of not being able to provide them with answers is a challenge of its kind. Some residents who normally have visitors found it difficult to cope without their friends and relatives coming to visit them at the residential home. I could see that they were anxious." Most of the respondents were spoken about this added fear of death- a kind of social phobia. Epicurus believed that our fear of death is the worst fear we face in life because it pervades our thoughts while we are alive. According to Epicurus our fear of death stops us from living. To live properly and happily we must rid ourselves of the fear of death (Scott, 2021). The fear of COVID-19, coupled with the anxiety surrounding social interactions and the potential for contracting the virus, can aggravate social phobia symptoms. The constant

media coverage, discussions about infection rates, and the need for preventive measures can contribute to a heightened sense of fear and vulnerability. This can lead to avoidance of social situations, withdrawal from activities, and increased isolation, which may impact mental and physical well-being. It is important to note that while social phobia related to COVID-19 can cause distress, it does not directly cause physical illness or death.

Fear of Death Leading to Passion for Life

During the interview, Case-5 shared the idea that death received a broader range than on other days during the days of COVID-19. "Initially, individuals found solace in extolling the progress of new technologies and medical advancements that contributed to the betterment of life on Earth. They wholeheartedly celebrated their lives without any significant concerns, placing their trust in and utilizing advanced medicines and technologies. However, the emergence of the COVID-19 pandemic abruptly altered the entire landscape. One critical aspect was the absence of boundaries or distinctions such as religion, region, age, economic status, or health, in terms of COVID-19 fatalities. Even numerous individuals in excellent health, devoid of serious ailments, succumbed to COVID-19, instilling a sense of tension and fear among the populace. Once again, COVID-19 highlighted the vulnerability of humanity, underscoring its powerlessness in the face of such a crisis." Case-1 also has commented about a wide range of death because of a lack of proper medicine. He said that" "The onset of the pandemic led people to contemplate the reality of death and instilled a deep sense of fear within them. This was primarily due to the lack of available medical treatments or vaccines for COVID-19 during the initial stages of the outbreak." The pandemic has resulted in increased mortality rates worldwide, putting immense pressure on healthcare systems and leading to difficult decisions regarding treatment. And this situation brought the concept of death to the forefront, with several significant aspects especially the value of life and passion for it.

4.5.2. Challenges in Handling COVID-19 Death

The COVID-19 task force has also encountered challenges in effectively managing the complexities of death, particularly concerning the delicate task of communicating the sorrowful passing of loved ones to their relatives. The inherent complexities of the pandemic, including restrictions on physical contact and the necessity for protective measures, have significantly impeded the traditional ways in which such news is conveyed and received.

Communicating the Unfortunate Passing of a Loved One to Relatives Affected by COVID-19

Conveying news of a death to close relatives proved to be a substantial hurdle for task force members, primarily due to the emotional gravity attached to this responsibility. Moreover, the presence of COVID-19's consequences on the affected individuals' families introduced an added dimension of complexity to an already demanding scenario. Sinto shared in a focus group discussion, "One of the primary difficulties faced by the task force team was the communication of death news to the close friends and family members of the deceased. Given that many of these individuals were affected by COVID-19 themselves and were either in isolation or quarantine, it became increasingly challenging to find someone willing to personally deliver the sad news. Therefore, approaching and informing them about the unfortunate demise posed a significant challenge." The Task force members experienced fear when it came to communicating news of death, as explained by Jinson. This fear stemmed from the diverse and individualized mental, physical, and emotional responses of people, which varied in each case. Jinson the participant in the focus group discussion explained, "When I visited the relatives of a deceased individual who was also affected by COVID-19 to deliver the news, I encountered a distressing situation. As I communicated the sad demise of their beloved, their overwhelming grief and emotional turmoil led them to approach me, attempting to tear through my protective PPE kit as they sought solace and comfort. It was an intimidating and threatening experience for me. The gravity or chance for these emotional imbalances and difficulty to accept the death increases if it is at a younger age." The complicated nature of the pandemic, including limitations on physical interaction and the need for protective measures, has significantly hindered the conventional methods of conveying and receiving such news. The inability to provide a physical presence, offer physical consolation, or engage in customary mourning rituals has intensified emotional distress for both task force members tasked with communication and grieving families on the receiving side. This innovative communication environment highlights the critical role of empathy, sensitivity, and creative strategies in bridging the gap stemming from the pandemic's restrictions and in providing comfort amidst profound bereavement.

4.5.3. Changes Related to Burial

The COVID-19 pandemic has led to substantial changes in burial practices, particularly during its peak. These alterations encompass various aspects, including adjustments in handling deceased bodies to curb virus spread, modifications in traditional burial rituals due to distancing measures and virtual alternatives, and variations in the solemnity of burials driven by urgency and safety concerns. The pandemic's impact on burial practices also emphasized regional and religious differences in adaptation. These changes emphasize societies' adaptability during crises while underscoring the delicate balance between upholding traditions and ensuring public health.

Diminished the significance placed in the perception and treatment of deceased bodies within society

During the COVID-19 pandemic, there has been a notable decrease in the significance attributed to the handling and treatment of deceased bodies. Case-7 said that "During the COVID-19 pandemic, particularly in the first and second waves, there was a plain shift in how people perceived and treated the deceased. In these initial stages of the pandemic, there was no opportunity for the relatives to view the deceased's body, even for a last glimpse. The protocol only allowed for the body to be transported directly from the mortuary to the burial land. This strict protocol and the fear surrounding COVID-19 led to a significant change in people's attitudes toward dead bodies. Despite being the bodies of their loved ones, friends, or neighbours, the perception shifted to seeing them merely as lifeless entities. The fear of the virus was so prevalent that even the presence of a deceased person's body evoked feelings of danger and potential harm among onlookers. The usual dignified and ceremonial aspects of burial and honouring the deceased were overshadowed by a strong sense of fear and detachment, creating a sombre and uneasy atmosphere during the burial process." Certain social and cultural practices in regions like Kerala recognized the deceased as ongoing persons even after death, influencing funeral rituals and treatment. However, the emergence of the COVID-19 pandemic disrupted these norms, leading to a prevailing perception of dead bodies as potential sources of infection, and distancing from traditional cultural practices. In short, the COVID-19 pandemic has significantly altered the perception of dead bodies in India, with an intensified fear of contagion

Burial rituals were substituted with burial protocol

The ritualistic elements of burial have been replaced by protocols mandated by the government's health ministry. Rituals hold immense significance in human existence as they serve to unite us and offer substantial psychological and emotional support, contributing to overall well-being. Particularly in the context of bereavement, rituals play a crucial role in the grieving process. According to Case-6, "During the COVID-19 pandemic, all funeral rituals and ceremonies had to be modified to adhere to the strict protocols put in place. These protocols are applied universally, without discrimination based on religion, caste, wealth, age, or any other factors. As a result, burials were conducted following the prescribed guidelines and without the inclusion of traditional religious or regional rituals. The priority was to ensure the safety of all individuals involved and to minimize the risk of further spread of the virus. This meant that the customs and practices associated with different religions and cultures had to be temporarily set aside to prioritize public health and adhere to the COVID-19 protocols." Case-5 has also shared that, "There were no distinctions based on religion, caste, wealth, age, and other factors during the COVID-19 pandemic. Religious or regional customs and celebrations for burials were absent. I recall visiting the banks of our *Bharathapuzha*, where numerous temporary cremation facilities were set up. We were confronted with an enormous queue for cremations. Despite our efforts to adhere to COVID-19 protocols while performing certain rituals, the extensive line posed a significant challenge. In this context, no religious or regional rituals were observed. In other words, everyone was treated equally not only in death but also in burial and its associated rituals." Case-4 and the focus group discussion also have given the almost same idea as that of COVID-19 burial changes. Rituals hold great significance in our lives as they allow us, along with our loved ones, to express our deepest thoughts and emotions regarding significant life events. These rituals are typically public gatherings, where families, friends, communities, or even entire nations come together, forming a support system based on shared beliefs and values. Funeral rituals help us confront the reality of death, pay tribute to the unique life of the deceased, facilitate the expression of grief, offer support to mourners, explore our faith and philosophical questions about life and death, and ultimately find hope as we steer the journey of continued living. However, during the pandemic, all religious, regional, and cultural customs were replaced by burial protocols mandated by the health ministry. From a sociological perspective, the substitution of burial rituals with burial protocols can be seen as a reflection of the influence and authority of the health ministry and the broader institutional control exerted over societal practices. Societies are comprised of various institutions that

shape and regulate behaviour, and in this case, the health ministry's protocols have superseded the traditional burial rituals that were once deeply ingrained in cultural and religious customs. This shift highlights the dynamics of bureaucratic power and authority within society.

Surpasses the religious and regional differences

According to case-6 the substitution of burial rituals with burial protocols has effectively erased religious and regional distinctions. He said, "During the summit of the COVID-19 pandemic, there was a notable absence of separation between different religious and cultural practices in burial. This meant that individuals from various religious backgrounds were laid to rest without discrimination or segregation. It was an unprecedented time when people had to come together and support one another, disregarding religious boundaries. As a testament to this unity, I took part in the cremation of both a Pentecost man and a Hindu lady, which would have been difficult to imagine under normal circumstances. The pandemic created a sense of shared humanity and solidarity as communities worked together to navigate these challenging times." From this, we can realise that the impact of the virus transcends religious and regional differences when it comes to burial practices. The contagious nature of the virus and the need to prevent its spread have necessitated uniform protocols and guidelines for handling and burying the deceased, cutting across cultural, religious, and regional variations. In many cases, traditional burial customs and rituals have been adjusted or temporarily suspended to align with public health measures. Burial protocol measures have affected individuals and communities from diverse religious and regional backgrounds, highlighting the commonality of the challenge faced during this pandemic.

Suspended of all forms of solemnity associated with burials

The burial process has undergone a change where all forms of solemnity have been suspended by the COVID-19 Protocol. Case-1 has commented in an interview that, "during the days of the COVID-19 pandemic, I observed a significant shift in the solemnity of burials. Traditionally, burials would vary depending on factors such as wealth, age, and social status. However, these distinctions were disregarded during the pandemic, and all burials were conducted by strict protocols. In this context, the importance of financial resources did not convert into luxurious or extravagant burial arrangements. The focus was primarily on adhering to the prescribed guidelines and ensuring the safety of everyone involved." Since the protocol decided the procedures of burial there was not much difference in burial. Luxuries did not

contribute any kind of benefits to COVID-19 burial. The COVID-19 pandemic has disrupted and suspended various aspects of solemnity based on economic differences in burial practices.

The burial process no longer allowed for ceremonial and social participation

Another aspect of change in burial is social and ceremonial participation in burial. It is case-1 who commented about this change. According to him, "During the COVID-19 pandemic, there was a notable absence of ceremonial and social participation in funeral and burial processes. The number of individuals allowed to attend such gatherings and the procedures involved were strictly regulated by government health authorities. Travel restrictions and limitations on gatherings rendered traditional funeral services impractical and unfeasible." Case-4 also commented on the same thought "During the first and second waves of the COVID-19 pandemic, the burial process was significantly different compared to normal times. Due to the risk of transmission and the need to adhere to safety protocols, traditional ceremonial events were not performed." A majority of the participants have observed that the COVID-19 pandemic has necessitated the suspension of ceremonial and social participation in various aspects of life, including burials and funeral services. Public health protocols and guidelines aimed at reducing the spread of the virus have led to restrictions on gatherings, physical distancing requirements, and limitations on the number of attendees, which have directly impacted the ceremonial and social aspects of burials. However, in the context of the pandemic, these social and ceremonial elements have been significantly curtailed or altogether suspended to prioritize public health and safety.

Live-streaming funerals have become a status-driven norm in the burial process

Juvin during the focus group discussion commented on the shift caused by online media about burial. He said that "even though virtual and live-streamed funerals were already gaining popularity before the COVID-19 pandemic, the pandemic regulations significantly accelerated this trend, making it one of the most significant changes to the funeral industry in many years. It is anticipated that live streaming funerals will continue to be the norm for many decades to come." Indeed, the COVID-19 pandemic has accelerated the trend of virtual and live-stream funerals, which were already gaining popularity before the crisis. Amidst social distancing measures, funeral homes are embracing live-streaming technology as a means to help individuals grieve from a distance. Online funerals have proven to be unexpectedly intimate, but it allowed mourners to honour their loved ones remotely. While funeral live-streaming has

existed for some time, it had not gained widespread popularity until now due to assumptions that it lacks personal connection. However, the regulations and restrictions imposed by the pandemic have heightened the significance of this trend and transformed it into one of the most notable changes to the funeral industry in recent decades. However, various factors such as distance, work constraints, health issues, immigration restrictions, and logistical challenges have made live-streamed funerals a practical choice even outside of a pandemic. From a sociological perspective, the trend in virtual and live-stream funerals during the COVID-19 pandemic demonstrates the adaptation of social practices to crisis conditions. Funeral homes have embraced technology to meet the need for alternative forms of grieving and honoring the deceased. This shift challenges traditional assumptions about impersonality in live-streaming and highlights the significance of collective grieving even in isolation. Overall, this trend showcases society's adaptability, the impact of technology, and the dynamic interplay between social norms and crisis-induced constraints.

The task force team, rather than the deceased's relatives, decided the timing and location of the cremation

The COVID-19 pandemic brought a significant change to the burial process as the task force team, instead of the deceased's relatives, assumed the responsibility of determining the timing and location of the cremation. Case-3 has observed that "During the COVID-19 pandemic, the responsibility of organizing the time and space for cremation or burial of COVID-19 victims was typically entrusted to the COVID-19 task force team rather than the immediate relatives. Upon receiving information about a COVID-19-related death, the task force team takes charge of coordinating and handling all aspects related to the burial process. The task force team works closely with relevant authorities, such as healthcare professionals, local government bodies, and funeral service providers, to ensure that the burial or cremation is carried out by established protocols and guidelines. They consider factors such as availability of resources, logistics, and public health considerations when determining the time and location for the cremation or burial." Joy, during the focus group discussion, shared that, "the task force took responsibility for coordinating all aspects of the burial process, including providing the necessary PPE kits, ensuring the availability of crematorium facilities, and determining the time and location for cremation. They were actively involved in organizing and managing every detail related to the burials." The task force was compelled to take certain actions due to the complicated burial processes, delays in hospital procedures, protocol requirements, the limited number of task

force members, and long queues at crematoriums. By entrusting the task force team with this responsibility, it acknowledges the need for a coordinated response that considers not only the desires of the immediate relatives but also broader public health considerations and established protocols. Collaboration with healthcare professionals, local government bodies, and funeral service providers highlights the interconnectedness of different societal actors in managing the consequences of the pandemic. It is important to recognize the efforts and dedication of the COVID-19 task force teams in carrying out these responsibilities.

4.5.4. Challenges in Handling COVID-19 Burial

Various obstacles were encountered when managing Covid-19 burials, including extended PPE kit usage, concerns about PPE kit availability and quality, preserving the respect of the deceased, issues regarding burial depth, and adherence to COVID-19 protocols.

Prolonged use of PPE kits

One of the difficulties faced by task force members when it comes to burying COVID-19 victims is the prolonged use of personal protective equipment (PPE) kits. Case-1 has told that "the general public may not fully understand the challenges of wearing PPE for extended periods, particularly during the hot summer months. This protective equipment includes a full gown, pants, gloves for the hands and legs, three face masks, a face shield, and glasses. Wearing all these components for long hours was not a simple task. Moreover, using the restroom while wearing the PPE kit presented difficulties, as the protocol required the gear to be disposed of after a single use. Therefore, once the PPE kit was removed, it had to be discarded, emphasizing the necessity of wearing it to ensure our safety." Limited availability of PPE kits has resulted in task force members having to perform two or three consecutive burials while wearing the same kit. Additionally, delays in hospital procedures for receiving the deceased and long queues at crematoriums have led to extended periods of waiting while wearing the PPE kit. Case-4 and case-5 have pointed out this aspect. Case-5 shared. "It was during the peak of the second wave of the pandemic. Due to the scarcity of task force members, limited availability of personal protective equipment (PPE) kits, and a sharp increase in the number of deaths, I felt compelled to participate in these 15 COVID-19 burials within a single day. The urgency of the situation pushed me to my limits. The final body was cremated at 9:30 pm, as all the cremation centres were overwhelmed with the cremation of COVID-19 victims. Throughout

the day, I sustained myself with minimal water and only had one banana to keep me going amidst the demanding circumstances."

Shortage and Low Quality of PPE Kits

All the participants in the research unanimously highlighted a significant scarcity of PPE kits and expressed concerns about the low quality of the available kits, which posed challenges in fulfilling their responsibilities. They also conveyed instances where the PPE kits were deemed unsuitable or inadequate for the intended purpose. Case-6 said "The majority of the PPE kits we had were depleted within a span of four days, leaving us in a state of waiting for replenishment. Additionally, the limited supply of PPE kits we did have proved to be inadequate for their intended use, further exacerbating the difficulties we faced." Case-2 also has commented on almost the same issue. According to him "the main challenge or problem related to this service was the deficiency of equipment or low quality of equipment in peak days. There are certain instances that when we prepare for burial by wearing the PPE kit by time itself it tear off and it was something challenging our time and even our courage also." He also shared that "the unavailability of the PPE kit also was a pressure-making element in this service." Case-1 had an opinion that initially, the quality of the products was satisfactory; however, over time, there was a noticeable decline in their quality, leading to a deterioration in the overall quality of the PPE kits. He continued, "In the initial stages of COVID-19 funerals, the quality of the products used, such as hand gloves, masks, shields, and PPE kits, was satisfactory. However, as the number of cases escalated, the quality of these materials gradually declined. Moreover, there was a noticeable decrease in their availability." It is highly unjust that the government has failed in its responsibility to provide an adequate supply of safety measures and tools, particularly personal protective equipment (PPE), to voluntary frontline workers. Emphasizing the significance of PPE for those directly involved in the COVID-19 response, especially task force workers who face the greatest risk of infection, cannot be overstated. Without the proper combination of PPE, they are exposed to the danger of contracting COVID-19 and potentially transmitting it to their families and communities. Consequently, this places immense pressure on them and leads to a reduction in the availability of their vital services to society.

During the interview, case-7 discussed a specific challenge encountered by himself and his group. He shared that "in the initial days of the pandemic, the burial protocol specified a depth of 12 feet for the burial ditch. However, as time progressed and more information about the virus became available, the depth requirement was reduced to 10 feet and then further decreased to 6 feet. These changes were likely implemented based on evolving scientific understanding and risk assessments. When the depth requirement was 12 feet, some individuals and burial teams faced challenges in digging the ditch. Heavy machinery like Jcb (a type of excavator) may have been employed to facilitate the digging process. However, the presence of the excavated soil on all four sides of the ditch could have made the burial process more difficult and potentially posed logistical challenges." Cae-2 said that "there were certain instances during burials that posed difficulties, particularly regarding the depth of the burial pit and the process of digging it. On one occasion, the health officer determined that the pit's depth did not meet the required protocol, prompting the need for further digging. However, there was a lack of available persons to carry out this task, and there was also a shortage of individuals to perform the burial itself. Undertaking such responsibilities while wearing PPE kits proved to be extremely challenging and demanding." Among the various challenges associated with burial procedures, case-5 highlighted a specific type of challenge concerning the weight of the deceased and the capacity of task force members to handle such cases. He said, "In normal circumstances, a COVID-19 funeral group consists of five individuals. Four members are responsible for handling the body, while the fifth person acts as a mediator between the task force team, family members, and the ambulance driver. However, if the body is overweight, it becomes extremely challenging for the four individuals to manage transportation. The task of carrying the body from the mortuary to the ambulance and then to the burial site can feel like an arduous and Herculean task. Due to the protocol of wearing PPE kits and the fear that many people have, it is not possible to seek assistance from others. Sometimes, the fifth person in the group, who is not wearing a PPE kit, must step in to provide additional support in carrying the body during such instances." Case-3 also shared the same. He said that, "during the COVID-19 pandemic, the task of cremating deceased individuals according to the established protocol posed various mental and physical difficulties. While the usual practice involved four volunteers attending each cremation, there were instances where more personnel were required due to the circumstances. Following the given protocol, it was necessary to ensure that each body was wrapped properly, often requiring multiple layers of wrapping. This process required

additional hands to accomplish, resulting in a demand for more persons than initially anticipated. However, due to the limited capacity and available workforce, meeting these requirements became a significant challenge. The lack of sufficient manpower impacted the efficiency and timely execution of cremations, adding to the overall burden faced by the task force."

Handling the dead body in the home

Case-6 expressed the opinion that handling the body of a person who passed away at home was significantly more challenging compared to cases where the death occurred in a hospital setting. He said that "one particular case involved attending to the death of a grandmother who had succumbed to COVID-19. Due to the virus, the whole family was in quarantine, and when we found her, her body had turned stiff and cold. It was evident that she had passed away more than eight hours prior, making it extremely challenging to properly prepare the body for transportation. In this particular instance, the family members were also asked to handle and bring along all the clothing and bed sheets themselves due to concerns about potential contamination." Lack of understanding and awareness about COVID-19 contributes to increased complexity in people's minds and gives rise to various difficulties associated with this population. The given account demonstrates the sociological impact of ignorance about COVID-19, leading to complexities in managing deceased individuals. The family's lack of knowledge regarding virus transmission and safety measures resulted in numerous challenges. The family being responsible for handling contaminated materials further reveals their unawareness of proper precautions. This emphasizes the need for education, awareness, and accurate information dissemination to address challenges related to COVID-19 deaths.

Social Shielding

The researchers recognized a specific challenge during their service, which involved the social shielding of their family, friends, and others. Despite their family's willingness to support their work, there was a significant fear of potentially bringing COVID-19 home. In response to this responsibility of social shielding, some of the respondents had to reside within their workplace or the Santhwanam office building for extended periods, avoiding external contact to minimize the risk of transmitting the virus to the individuals under their care. Leo, during the focus group discussion, shared that "as members of the task force, we must ensure the safety and well-being of the individuals under our care, protecting them from any potential exposure to COVID-19.

To fulfil this responsibility, I decided to reside at the Parish Hall for a duration of five weeks, intentionally avoiding contact with my loved ones and family members to minimize the risk of transmitting the coronavirus to them."

Maintaining the Dignity of the Deceased

The next challenge that they have faced with burial is about the dignity of the body. From the words of case-4, we get it. He shared that, "Furthermore when I had to retrieve bodies from different hospitals, I encountered contrasting practices. Some hospitals had already packed the bodies before our arrival, while in others, we had to adhere to the protocol of packing the body into the bag ourselves. However, in certain cases, due to the body stiffening, the hospital staff needed to crack the bones to properly pack the body. Personally, it was emotionally challenging for me to witness such actions, and accepting these practices was not easy." Case-5 also shared something concerning the dignity of the body. "Despite the team's best efforts to treat each deceased individual with utmost respect and dignity, there were instances where we were unable to do so. As the number of COVID-19 related deaths increased, they had to transport two or three bodies in the same ambulance simultaneously. This unfortunate situation arose from the high death toll, coupled with a limited number of available crematoriums. The overwhelming demand and busyness at the crematoriums only added to the harrowing circumstances." It is the responsibility of the government to ensure that deceased individuals receive a respectful and culturally appropriate cremation. The right to life includes the right to a dignified existence even after death. Every person is entitled to dignity throughout their lifetime and even in death, they should be accorded due respect.

Convincing Relatives about the COVID-19 Burial Protocol

Another challenge emerged concerning communicating the limitations on ritualistic burial practices during the COVID-19 pandemic. While individuals desire to offer a respectful and culturally significant farewell to their loved ones based on their religious beliefs, the COVID-19 burial protocols restrict the inclusion of rituals. Furthermore, there were no permissions granted to bring the deceased person's body home, further limiting traditional practices. Joy during a focus group discussion shared that "during the initial stage of the first wave, the protocol regarding COVID-19 burials was exceptionally stringent. It explicitly outlined that the body should be transported solely from the mortuary to the burial site, along with specific procedures to be followed during the burial process. Despite this, individuals still held strong

desires to perform traditional or religious rituals for the deceased. As a result, many were unwilling to accept the restrictions and limitations imposed by the situation."

Lack of Support from the Government Authorities

Another challenge that they faced we get from the words of Jinson who participated in the focus group discussion. "Due to being a private organization, the Santhwanam task force did not receive the same benefits and recognition as the Rapid Response Team (RRT) actors and other frontline workers. Despite actively working on the front, the authorities did not categorize us in the same manner. Consequently, many of us had to wait until the second wave of COVID-19 to receive our first vaccination."

Maintaining a delicate balance between the emotions of grieving relatives and the workers at crematoriums

During a focus group discussion, Sinto shared one more challenge "At the cremation site, the workers carry out their duties with a sense of detachment and professionalism, as it is their chosen profession. They are accustomed to handling such situations without being influenced by sentiments and emotions. However, emotions run high for grieving relatives who have experienced the sudden and unexpected loss of a loved one. As task force members, we served as intermediaries between the workers and the bereaved families, bridging the gap between their heightened emotions and the professional conduct of the workers. This was undoubtedly a challenging process."

4.5.5. Changes in Bereavement

The emergence of the COVID-19 pandemic has also significantly transformed the way we experience and steer the process of bereavement. The rigorous measures and restrictions implemented to control the spread of the virus have brought about notable modifications to the traditional ways in which we grieve and mourn the loss of a loved one, giving rise to a novel approach to this sensitive process.

Bereavement through phone and social media

The task force attempted to provide some form of bereavement support through phone calls and social media, as travel restrictions prevented physical interaction. However, it was found

to be inefficient in certain cases, failing to effectively console grieving individuals. Leo for the duration of the focus group discussion shared an experience. "A heart-wrenching incident occurred when a 17-year-old boy, who already had underlying health conditions, succumbed to COVID-19. His mother, who had been by his side as a caregiver in the hospital, also contracted the virus through close contact with her son. Tragically, both the mother and son passed away on the same day, and we transported their bodies together in the same ambulance for funeral arrangements. Witnessing the father's helpless state, grieving the loss of his wife and son on the same day, left a lasting impact on me. Unfortunately, due to the COVID-19 protocol, we were unable to allow the father a final glimpse of his loved ones' bodies. However, I maintained contact with him through phone calls after the funeral, offering support and lending a listening ear. Our conversations continued for several days, providing him solace during his struggle with grief. Even after 14-15 days had passed since the loss of his wife and son, he reached out to express his gratitude, stating that my phone calls had helped him navigate through those challenging times. I have maintained a connection with him, and on the anniversary of their passing, my friends who were present at their funeral participated in the death anniversary rituals to pay our respects."

4.5.6. Challenges in Bereavement

The changes brought about by the pandemic in how we experience and manage grief have brought forth specific challenges. The absence of in-person interactions has proven to be a significant hurdle, as it diminishes the core element of physical presence integral to traditional mourning practices. Although technology and new media have introduced alternatives like virtual connections and remote interactions, there are concerns about their effectiveness.

Bereavement through phone and social media was inefficient

Joy shared in the focus group discussion, "Following the burial, we made an effort to maintain contact with the bereaved individuals through phone calls. Many of them were appreciative of our outreach and expressed a strong desire for our calls, as they sought consolation and support during their grieving process. However, it is important to note that not everyone showed the same level of interest or openness to our phone calls." During the COVID-19 pandemic, the restrictions and safety measures implemented to prevent the spread of the virus have often led to a situation where bereavement and offering condolences to grieving individuals have been limited to phone calls or virtual communication. This shift from in-person interactions to

remote methods of communication has had a significant impact on the experience of bereavement for both the bereaved and those offering support. Phone calls have become a crucial lifeline for individuals who have lost loved ones during this challenging time. This change has resulted in a sense of emotional distance and detachment, as the physical presence and nonverbal cues that often play a significant role in providing comfort are absent. From a sociological perspective, the inefficiency of bereavement support through phone and social media, in the absence of physical presence, can be understood through the importance of face-to-face interaction and physical touch in the grieving process. Human connection, especially during times of loss, is crucial for providing comfort, empathy, and a sense of shared mourning.

Lack of physical presence

The physical presence of individuals plays a crucial role in offering comfort and solace during times of bereavement. However, the stringent COVID-19 protocols have hindered the ability of people to be physically present to support those who are grieving. The act of being physically present offers a level of human connection that transcends words or gestures transmitted through screens. The power of a simple touch, a shared hug, or the proximity of a loved one can provide immeasurable comfort during times of loss. Unfortunately, the pandemic's safety measures have compelled us to maintain physical distance, preventing us from experiencing these vital forms of support. In essence, the pandemic has illuminated the significant role that physical presence plays in the grieving process.

The Concept of Bereavement Was Denied

According to the respondents, the experience of grieving and the process of bereavement were completely disregarded or invalidated during this period. The Sinto in the focus group discussion said, "During the COVID-19 period, the aspect of bereavement was largely overlooked and neglected. The grieving individuals were compelled to suppress their sorrows and perceive their loss as a result of unfortunate circumstances, rather than being able to go through the customary process of mourning and finding solace." Through a critical analysis of the data, we can identify the underlying reasons why the task force team expressed that the aspect of bereavement was completely denied or disregarded. Case-6 also commented that "During this period, the aspect of bereavement was severely impacted and often overlooked due to the strict COVID-19 protocols in place. The loss of loved ones during the pandemic brought deep sorrow to many individuals and families. However, the usual support systems

and networks that would typically be available, such as relatives, neighbors, and friends, were unable to provide the same level of comfort and assistance due to the limitations imposed by the protocols." Case-5 also shared the same perspective by saying, "Traditional rituals and ceremonies associated with mourning and bereavement play a crucial role in providing comfort, support, and closure for grieving families. However, due to the restrictions and safety protocols imposed during the pandemic, it was often not possible to perform these rituals and ceremonies as they traditionally would have been. The gathering of family members, friends, and other dignitaries during funerals and memorial services serves as a source of solace and support for the bereaved. However, social distancing measures and limitations on public gatherings meant that such gatherings were restricted or even prohibited during the COVID-19 period. This resulted in a lack of physical presence and support from loved ones and community members during the mourning process, impairing the challenges of bereavement." The restrictions on gatherings, physical distancing measures, and the fear of spreading the virus made it challenging for people to come together and offer solace during the grieving process. This lack of physical presence and emotional support further intensified the sorrow experienced by those mourning the loss of their beloved ones. The absence of traditional funeral rituals and customs, as well as the inability to gather and mourn collectively, added to the sense of isolation and denial of the bereavement process. The COVID-19 protocols prioritized public health and safety, but they inadvertently disrupted the crucial support and empathy that people typically receive during times of loss.

4.5.7. Unique Experiences of Task Force Members

The researcher asked about their experience of serving as COVID-19 task force members for death, burial, and bereavement. The researcher received a wide range of responses with different sorts of experiences. The people were very panicky after hearing the news and reports from different mass media and other informative resources but the task force team was facing these situations or confronting the situation in and with their life.

Existential Powerlessness

Existential powerlessness refers to the recognition and experience of being unable to exert control or influence over circumstances or events that deeply impact one's life or well-being. It acknowledges the limitations of human agency and highlights the vulnerability and lack of control individuals may feel in the face of overwhelming or uncontrollable situations. Case-1

said, "One particularly unforgettable sight was witnessing bodies stacked upon one another at the crematorium, even late into the night. Our volunteers continuously received distressing phone calls from various locations, urgently requesting assistance with transporting the deceased from hospitals or homes. However, due to the overwhelming number of bodies awaiting cremation, we were unable to respond to all the requests. This picture was deeply unsettling, as it starkly revealed the gravity of the situation unfolding before us. We witnessed the immense sorrow, hardships, and unbearable circumstances faced by individuals who had to bid farewell to their loved ones without being able to see them for the last time." From a sociological perspective, the described experience as a member of the COVID-19 task force reflects the profound impact of the pandemic on society. The overwhelming number of bodies and the inability to respond to all the distress calls reveal the structural and systemic challenges faced by the healthcare system and society as a whole in times of crisis. The sight of bodies stacked upon one another and the distressing phone calls depict the vulnerabilities that emerged during the pandemic. From a philosophical perspective, the described experiences evoke a sense of existential crisis and helplessness. Witnessing the sorrow, hardships, and unbearable circumstances faced by individuals who had to say goodbye to their loved ones without proper farewells raises questions about the fragility of life, the limitations of human control, and the inherent vulnerability of existence. It is through contemplating these profound and challenging experiences that we may deepen our understanding of the human condition, gain insights into the fragility of life, and perhaps find the motivation to work towards creating a world where such suffering is minimized or prevented.

The Powerlessness of the Powerful

The concept of the 'powerlessness of the powerful' highlights the paradoxical situation where individuals who typically hold significant power and influence may find themselves unable to effectively address or control certain circumstances or challenges. This notion suggests that even those in positions of authority or with substantial resources can encounter limitations and obstacles that diminish their ability to bring about desired outcomes. Case-2 shared one of his experiences, "One incident that remains etched in my memory is the cremation of a young woman, aged around 28 to 29 years, during the initial wave of the COVID-19 pandemic when strict protocols were in place. Due to these protocols, no one was permitted to open the bag containing the deceased's body or view it. As a result, the grandmother of the children had to indicate to them, while showing the wrapped bag, that their mother lay lifeless before them.

The children, overcome with grief, pleaded to see their mother, but the strict protocol prevented us from fulfilling their request. Despite our efforts to seek permission from the medical officer, it was denied due to the established guidelines, and we had no choice but to bury the body without allowing the children to see their mother one last time. This heart-breaking situation left us feeling utterly helpless in the face of the children's tears. The memory of their cries is something I fear I may never forget throughout my life." Witnessing the tears of others and feeling powerless in response is undoubtedly challenging. The experience of powerlessness is a complex emotion that can significantly hinder one's ability to confront and overcome life's obstacles. Therefore, it is clear that engaging with a service or situation that elicits difficult emotions is not a straightforward task. On one hand, the COVID-19 Task Force members were in a position of authority and responsibility, entrusted with the task of managing the pandemic and its consequences. However, despite this authority, they were bound by strict protocols and regulations that limited their ability to provide comfort and solace to those in need. This highlights the powerlessness of the Task Force members in the face of rigid regulations that supersede their empathy.

Altruist thinking versus egoist thinking

Case-6 shared one of his experiences of the burial of a woman who died of COVID-19. During the initial wave of the COVID-19 pandemic, there was a funeral for a young woman who had contracted the virus. This woman, who was also pregnant, left behind three young children. Tragically, both her husband and children had also been affected by COVID-19. The funeral was an incredibly emotional occasion, and despite being aware of the risks of infection, I took the responsibility of bringing the children to the burial site. Despite not wearing personal protective equipment (PPE), I was prepared to take this action as there was nobody else available to assist due to the fear surrounding COVID-19." The behaviour exhibited by the task force members, demonstrating selfless love towards strangers despite the high pressure and discomfort, aligns with the concept of principles of altruism in sociology. Altruism refers to actions or behaviours that are performed for the benefit or well-being of others, without expecting anything in return. The selfless love displayed by the task force members reflects a genuine concern for the welfare of others, transcending personal interests or desires. It highlights the capacity of individuals to go beyond their interests and actively contribute to the welfare of others, even in demanding and difficult situations.

In the experiences of the task force members, alongside the selfless or unconditional love they demonstrate, there is also a distinct presence of selfish love within society. This aspect becomes apparent through numerous instances observed by the members during their work. Case-3 said that "During my service as a task force member, I encountered a wide range of experiences. On one occasion, I received information about the death of a 77-year-old man due to COVID-19 at his home. When I arrived at the scene, I discovered that the man, who was of a stout build, was lying naked under the bed. This posed a significant challenge for my team, as the man weighed approximately 125 kilograms, and we were only four members of the task force for the particular case. Despite requesting assistance from the man's children and relatives, nobody was willing to come forward due to their fear of COVID-19. It turned out that the man had been a COVID-19 patient in isolation but had ultimately passed away due to heart failure the previous night. In this unsettling situation, the man had somehow found his way beneath the bed. Given the circumstances and the lack of assistance, it was only when additional task force members arrived that we were able to successfully retrieve the man's body from under the bed." From a sociological perspective, the experience described reveals a sense of selfishness within society. The reluctance of the man's children and relatives to come forward and assist in the challenging task of retrieving his body can be seen as a manifestation of self-preservation and fear of contracting COVID-19. This self-centred behaviour prioritizes personal safety over the needs of others, reflecting a certain level of selfishness. It emphasizes the need for fostering empathy and a sense of shared responsibility to overcome such instances of selfishness and promote a more compassionate and supportive society. Cae-5 has shared that "During the third wave of COVID-19, there was a relaxation of protocols regarding COVID-19 burials. This relaxation included permission to open the body bag and even allow the body to be brought inside the deceased's home. While some individuals and families were content with the idea of bringing the body home, in other cases, fear and apprehension prevented them from doing so. In certain instances, conflicts and confusion arose within families regarding whether or not to bring the body home. One son may have argued in favour of bringing the body inside, while another son may have opposed the idea. These conflicting opinions led to disagreements and tensions during the burial process." Despite the various justifications people may have regarding their health security, it is important to acknowledge that the task force members are providing their services out of a profound love and care for strangers, without expecting any form of reciprocation. Their dedication to this cause requires significant personal adjustments in their own lives. Altruism and egoism represent contrasting perspectives in sociology when examining human behaviour and motivations. From a sociological perspective, altruism is seen

as a positive force that fosters social cohesion, cooperation, and the well-being of communities. On the other hand, egoism relates to actions motivated by self-interest and personal gain, seen in Sociology as a potentially divisive force that may contribute to social inequality, competition, and a lack of concern for collective well-being.

4.5.8. Response of Family and Society

All the task force team positively replied about the response of their family for this service. Though there was high fear and tension they tried to encourage them. Case-6 shared that "Initially, my mother had a profound fear and apprehension about my involvement in handling COVID-19 cases. However, as I continued to serve and encountered around 5 to 10 cases, she gradually came to accept and support me. Her prayers and encouraging words became a source of strength for me. Since I reside alone in the parish, I did not face any major issues from society. However, there was a sense of fear and hesitancy among people initially, causing them to be reluctant in approaching me." Case-4 also shared "Initially, they were filled with fear and anxiety, especially because my parents had pre-existing conditions such as asthma and other illnesses. However, despite their initial concerns, when I decided to offer COVID-19 burial services, they extended their unwavering support and encouragement." Some individuals received encouragement and support from their social circles, while others were advised against attending funerals or engaging in close contact due to concerns about virus transmission. There were instances where people kept their distance from grieving individuals out of fear of spreading the virus. These diverse experiences reflect the complex social dynamics and individual responses to the pandemic, highlighting the various ways in which people navigated the challenges of bereavement while considering public health risks. Case-1 shared, "Some individuals offered words of encouragement, while others attempted to dissuade me by instilling fear. Many people also maintained a distance from me due to the fear of transmission." Some of them did not reveal this service for fear of the attitude of society. Case-2 shared, "Initially, I chose not to disclose my involvement in the task force to anyone outside of my immediate family. This decision was influenced by the fact that my family owned a vegetable grocery store, which remained open during the COVID-19 pandemic as an essential business. We were concerned that if the news of my service as part of the task force spread, people might refrain from visiting our store, potentially jeopardizing our livelihood. Hence, we kept it a secret within our store." Shimmy also kept confidential about this service in society. The task force members involved in managing the COVID-19 pandemic often face a unique

and challenging situation. On one hand, they are responsible for implementing social shielding measures to protect the general population, including their parents, relatives, and friends. However, it is unfortunate that some members of society may view task force members with fear and hesitation, perceiving them as potential carriers of the virus due to their proximity to COVID-19 cases. This societal denial or reluctance to accept task force members can stem from the fear of transmission and a lack of understanding of the rigorous precautions taken by these individuals to prevent the spreading of the virus. They were protecting their loved ones through social shielding while also facing potential stigma or rejection from the broader society. This conflict can lead to feelings of isolation, frustration, and emotional strain for the task force members. Society needs to recognize and appreciate the sacrifices and dedication of these individuals who work tirelessly on the frontlines to safeguard public health. By appreciating their efforts and offering support, we can bridge the gap between societal fear and the need for social shielding, fostering a more compassionate and inclusive community response to the challenges posed by the pandemic.

4.6. DISCUSSION

The COVID-19 pandemic has brought about significant changes in how we perceive, engage with, and commemorate death and the process of grieving. These changes encompass alterations in traditional customs, rituals, and approaches to mourning. The pandemic has led to a revaluation of funeral practices, a shift toward virtual mourning, limitations on physical presence at services, delays in grieving due to restrictions, reliance on online support systems, challenges with cremation and burial, the emergence of new ways to remember and honour the deceased online, acknowledgment of shared grief, and a reconsideration of personal priorities in light of mortality. These shifts collectively highlight the transformative impact of the pandemic on our attitudes and practices surrounding death and bereavement.

Changes in Perception of Death

The COVID-19 pandemic has indeed brought about significant changes in our perspectives on death, including the emergence of a new idea in the Concept of a 'bad death.' Traditionally, a "good death" has often been associated with dying peacefully, being surrounded by loved ones, and having the opportunity to say goodbye. However, the circumstances surrounding COVID-19 have challenged these notions and introduced new considerations. The concept of a "bad death" in the context of COVID-19 refers to dying alone, without the presence of family or the

ability to engage in customary end-of-life rituals. The absence of familiar support systems and the inability to provide comfort during the dying process has added an extra layer of distress for both the dying individuals and their families. Moreover, the inability to properly mourn and participate in traditional mourning practices further complicates the grieving process. It has challenged societal norms and highlighted the importance of prioritizing emotional support and holistic care for individuals facing the end of their lives, especially during times of crisis like the COVID-19 pandemic. The emergence of a new idea in the concept of bad death can be analysed through the lens of several sociological theories of social constructionism, which shed light on how social, cultural, and structural factors influence our understanding of death and dying. Social constructionism emphasizes that ideas and concepts, including those related to death, are socially created and shaped by cultural and historical contexts (Vinney, 2019).

Changes and challenges in Burials

The COVID-19 pandemic has indeed challenged the necessity and relevance of certain extravagant or luxurious burial ceremonies. As public health measures and restrictions were implemented to limit the spread of the virus, many traditional practices associated with funerals and burials had to be modified or postponed. Luxurious ceremonies, which often involved elaborate decorations, large numbers of attendees, and expensive rituals, were deemed less necessary in the context of the pandemic. Rational choice theory in Sociology posits that individuals make decisions based on a rational assessment of costs and benefits. According to this theory, individuals are motivated by their wants and goals and are driven by personal desires. Since individuals can't attain all of the various things that they want, they must make choices related to both their goals and the means for attaining those goals (Crossman, 2019).

When resources and manpower are limited, the burden falls heavily on those who are willing to volunteer their time and skills to address the challenges at hand. With fewer volunteers and limited equipment, the workload and responsibilities of the available volunteers increase significantly. They may find themselves stretched thin, needing to fulfill multiple roles and tasks simultaneously. This can lead to physical and mental exhaustion, as well as increased stress levels, as they strive to meet the demands of the situation. However, despite the challenges posed by scarcity, voluntary individuals often exhibit tremendous dedication and resilience. They may step up their efforts, work longer hours, and find innovative solutions to maximize the impact of the available resources. The pressure they face can drive them to display extraordinary commitment and adaptability in managing the situation.

Changes and challenges in Bereavement

As the pandemic has disrupted traditional mourning practices and created unique challenges for individuals and families grieving the loss of a loved one, the importance of societal support and understanding has become more apparent. The pandemic has also shed light on the need for society to be more compassionate to the unique circumstances and needs of those experiencing loss. The awareness of society's role in the bereavement process has emphasized the importance of fostering a supportive and inclusive environment that recognizes and validates the grief experienced by individuals. Elisabeth Kubler Ross, who wrote a book on Death and dying outlined five stages of grief related to dying. Kubler-Ross famously delineated the "stages" of denial and isolation, anger, bargaining, depression, and acceptance to meticulously describe the emotional states seriously ill people commonly experience and the adaptive mechanisms they used to make sense of and live with incurable conditions. Among these, isolation was most deadly for our culture - a culture which was tuned with the presence of relatives and friends during dying and death (Kubler-Ross, 1969).

The limitations and restrictions imposed by the pandemic have highlighted the value of alternative methods of support and remembrance in burial and bereavement. Virtual funerals, online memorials, and digital platforms have emerged as means to connect with others, share memories, and honor the lives of those who have passed away. These innovations have expanded the possibilities for communal support, allowing people to come together and grieve collectively, even when physically separated.

Altruistic Approach

The Task force members demonstrated an altruistic approach and remarkable social commitment to their fellow beings. Their involvement in actively participating in COVID-19 death, burials, and bereavement activities indicates a deep sense of responsibility and a willingness to contribute to the well-being of others during a challenging time. They selflessly dedicated their time, skills, and efforts to ensure that the deceased received proper care and that the bereaved were supported during their time of loss and mourning. They recognized the importance of their roles in managing the impact of the pandemic on death-related rituals and practices. Social biology develops a thought that every individual as he/she develops biologically will learn to be altruistic in society. For them, this behavior is innate to the human being. Frank Salter in his work Welfare, Ethnicity and Altruism: New Data and Evolutionary

Theory applies the controversial theory of 'ethnic nepotism'. This suggested that every ethnic group resembles large families whose members are prone to cooperate due to 'kin altruism' (Salter, 2004). Asking the members of the task force team about their motivation to involve in this risk-evolving responsibility, many reported that it was their human consideration or brethren' feeling that backed them to be part of this life-endangering task. There involved no religion, race, or color. Jessica Sommerville pointed out that every individual learns to be 'altruistic sharers. According to this author, altruistic behavior is not biological or innate. Rather it is a learned behavior influenced by culture and social context (Zevallos, 2011). The experiences of the task force members rightly admitted these both ideologies. Many people still account for their initiative as if they had an innate call to be part of the rescue. Many others, attending to the social context, really responded to the need. One of the positive tempers of the pandemic period under study was definitely about the attitudinal change of humankind to look after the 'other' when we can just realize how similar we are to the people around us. Emmanuel Levinas calls human sociality a fundamental social concern (Zevallos, 2011). Thus, the altruistic approach of human beings is biological, existential, ethical, and of course sociological

These changes, indicative of the fluidity described in Zygmunt Bauman's theory of "liquid modernity," highlight the adaptability of modern society's activities and processes. While some aspects might appear rigid and resistant to change, the pandemic has shown that societal adjustments can be swift and readily embraced. The COVID-19 pandemic has acted as a catalyst, showcasing how even seemingly rooted traditions and practices can transform in response to new circumstances. This is exemplified by the alterations in religious rituals, burial procedures, and the bereavement process. The ease with which society has accepted these changes, often without significant resistance, demonstrates the prioritization of life over convention. It highlights the human capacity to quickly internalize new norms and adapt to protect collective well-being. However, it is important to note that these adaptations are not necessarily permanent transformations. They resemble behavioural changes prompted by the urgency of the situation. As the pandemic ends and conditions improve, there is a likelihood that some elements will revert to their previous state, while others might evolve into a new form. This adaptability and receptivity to change reflect society's ability to strike a balance between tradition and survival. In conclusion, the COVID-19 pandemic has illuminated the fluidity of modern society and its capacity to swiftly adjust deeply ingrained practices, even those associated with death, burial, and bereavement. The pandemic has taught us that when life is at stake, societal norms and rituals can be redefined, and these changes can be accepted

more readily than anticipated. While some shifts might be temporary, the experience underscores the resilience and flexibility of human societies in the face of unprecedented challenges.

CHAPTER 5

FINDINGS, SUGGESTIONS AND CONCLUSION

5.1. INTRODUCTION

The Taskforce team, involved in the study had diverse and extensive experiences related to death, burial, and bereavement. Their experiences were varied and provided a comprehensive understanding of the changes and challenges associated with these aspects during the COVID-19 pandemic. Additionally, the team members likely had insights into the personal and emotional experiences of individuals and families who have lost loved ones to COVID-19. They had witnessed the profound impact of the pandemic on the grieving process, such as the limitations on traditional rituals and the isolation experienced by the bereaved. By drawing on their wide range of experiences, the Taskforce team was able to provide a comprehensive understanding of the effects of the pandemic on death, burial, and bereavement. Their unique perspectives likely contributed to a more nuanced analysis and recommendations for addressing the challenges and supporting those affected by COVID-19-related deaths.

5.2. MAJOR FINDINGS

- The Task force members demonstrated an altruistic approach and remarkable social commitment to their fellow beings. Their involvement in actively participating in COVID-19 death, burials, and bereavement activities indicates a deep sense of responsibility and a willingness to contribute to the well-being of others during a challenging time.

- The COVID-19 pandemic has indeed brought about significant changes in our perspectives on death, including the emergence of a new idea in the Concept of a 'bad death.'

- The COVID-19 pandemic has indeed challenged the necessity and relevance of certain extravagant or luxurious burial ceremonies

- As the pandemic has disrupted traditional mourning practices and created unique challenges for individuals and families grieving the loss of a loved one, the importance of societal support and understanding has become more apparent.

- The limitations and restrictions imposed by the pandemic have highlighted the value of alternative methods of support and remembrance in burial and bereavement. It is

expected that the live-streaming funeral will remain a standard for decades for the funeral.

- The scarcity of voluntary people and equipment during a crisis, such as the COVID-19 pandemic, can indeed place higher pressure on the available voluntary individuals who are working to manage the situation.

- The Dilemma between Social Shielding and Social Exclusion to COVID-19 Taskforce Team The dilemma within the task force arises from the need to balance these functional imperatives, maintaining societal stability while safeguarding public health.

- The COVID-19 pandemic has triggered shifts in how society views death, burial rituals, and the grieving process, primarily reflecting behavioural changes. These adaptations illustrate how individuals and communities adjust to the pandemic's new realities. These changes showcase human flexibility and the ability to respond creatively and empathetically to unprecedented circumstances.

5.3. SUGGESTIONS

- Moreover, initiatives should be undertaken to motivate a larger number of individuals to contribute their time and expertise to frontline activities. Enlarging the volunteer base can alleviate the burden on specific individuals or teams of task forces.

- The responsibility lies with the governing body to supply top-quality personal protective equipment (PPE) to both the task force and frontline workers, ensuring its quality is guaranteed.

- While addressing the tangible consequences, it is crucial to also tackle the psychological consequences of the pandemic by providing easily accessible counseling services and fostering mental wellness.

- Persist in conducting research and surveillance to continuously track the virus's behavior, mutations, and potential lasting consequences. This ongoing monitoring will enable the adjustment of strategies as required.

- This study exclusively explores into the task force's encounter with the changes and challenges arising from the pandemic's impact on death, burial, and bereavement. There exists a societal requirement for an in-depth investigation of this experience.

5.4. CONCLUSION

In conclusion, the COVID-19 pandemic has had profound and far-reaching effects on the experiences of individuals, families, and communities about death, burial, and bereavement. It has brought about significant changes in social practices and has disrupted traditional rituals associated with death across the globe. The pandemic has not only impacted the way people die but also how the deceased are handled and how mourning takes place. COVID-19 restrictions and social distancing measures have resulted in individuals at the end of their lives dying in isolation, without the opportunity for the dying and their families to be together. Rituals and practices that typically follow a person's death have been limited or taken away to contain the spread of the virus. This has made it difficult to hold customary congregations for farewells, funerals, and the comfort of having loved ones physically present. The normal process of mourning has been altered, forcing the bereaved to mourn in isolation without the usual support and care from their communities. The pandemic has added another layer of grief to the already existing loss, significantly impacting the overall well-being of those affected and contributing to increased feelings of loneliness. Overall, the study highlights the devastating effects of the COVID-19 pandemic on death, burial, and bereavement. It underscores the need for support, understanding, and innovative approaches to help individuals and communities navigate these difficult circumstances. Efforts should be made to address the unique challenges presented by the pandemic and to provide adequate support systems for those who are grieving and mourning the loss of their loved ones during these challenging times. It is for sure that those changes may not be permanent. Slowly it may change into the older versions. But, we must say, the same situation will not be repeated. A closer version of the older days related to death and burial will be replaced soon. A cyclic process of change is evident in this matter. Also, we, facing these pandemic days, really learned to cope with the challenges posited by COVID-19. Those experiences of the task force team and the lessons they have shared in this regard are valuable in addressing similar challenges ahead.

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ANNEXURE

<u>Interview Guide</u>

General Profile

     Name:

     Age:

     Sex:

     Profession/Education

     Marital Status:

Details as a Task Force Member

     When did you join Santhwanam Task Force?

     Total Number of Cases Attended:

     Maximum number of cases attended in a day?

     Total Days Served as Task Force:

Questions related to Research questions

<u>Death</u>

1. Could you kindly recall and elaborate on some of the unique personal experiences of Serving as a Task force member?
   - Unforgettable Experience, why?
   - The most difficult case that you remember, why?
   - Any special cases, why?
2. . The emergence of the Covid-19 pandemic has and changed perceptions on death and life. Could you explain any notable shift in the perception of death, influenced by the impact of Covid-19?

- Concept of bad death
- Tragic death

3. What are the challenges that you faced in relation to Covid-19 death?

Burial

4. Covid -19 has brought different types of changes in the different aspects of society. It also affected burial rituals and customs. Can you speak about the changes that you observed that have come in the burials during Covid-19?
   - Protocol
   - Rituals
   - Social Participation
   - Match the burial ceremonies before and during Covid-19

5. What are the challenges you faced while you doing the burial?
   - From common people- Comments, behaviors, cooperation
   - Religious Leaders – rituals, presence,
   - Government – rules, and protocols,
   - Personal challenges

Bereavement

6. The advent of the Covid-19 pandemic has introduced notable alterations to the customary process of grieving within society. Could you provide an illustration of the specific modifications that have emerged in the realm of bereavement due to the influence of Covid-19?
   - Physical Presence and Covid Restrictions
   - Rituals
   - Social Supports
   - Match traditional bereavement process with new

7. To what degree have you managed to handle and address these evolving aspects of the bereavement process?

8. What are the challenges you faced during the bereavement of Covid -19 deaths?
   - Covid Restrictions
   - Fear of contracting Covid-19

9. What were the reactions of family members and society towards you as a Covid Task Force member?

- Response of family members
- Response of same-age friends
- Attitude of authorities
- Response of neighbors
- Were they cooperative, if not why?
- If yes, how did they stand with you?
- Response of society towards you as a task force member?

<div align="center">**Focus Group Discussion Guide**</div>

General Profile

Name:

Age:

Sex:

Profession/Education

Marital Status:

Details as a Task Force Member

When did you join Santhwanam Task Force?

Total Number of Cases Attended:

Maximum number of cases attended in a day?

Total Days Served as Task Force:

Questions related to Research questions

Death

10. Could you kindly recall and elaborate on some of the unique personal experiences of Serving as a Taskforce member?
    - Unforgettable Experience, why?
    - The most difficult case that you remember, why?
    - Any special cases, why?
11. . The emergence of the Covid-19 pandemic has and changed perceptions on death and life. Could you explain any notable shift in the perception of death, influenced by the impact of Covid-19?
    - Concept of Bad Death
    - Tragic death

12. What are the challenges that you faced in relation to Covid-19 death?

Burial

13. Covid -19 has brought different types of changes in the different aspects of society. It also affected burial rituals and customs. Can you speak about the changes that you observed that have come in the burials during Covid-19?
    - Protocol
    - Rituals
    - Social Participation
    - Match the burial ceremonies before and during Covid-19
14. What are the challenges you faced while you doing the burial?
    - From common people- Comments, behaviors, cooperation
    - Religious Leaders – rituals, presence,
    - Government – rules, and protocols,
    - Personal challenges

Bereavement

15. The advent of the Covid-19 pandemic has introduced notable alterations to the customary process of grieving within society. Could you provide an illustration of the specific modifications that have emerged in the realm of bereavement due to the influence of Covid-19?
    - Physical Presence and Covid Restrictions
    - Rituals
    - Social Supports
    - Match traditional bereavement process with new
16. To what degree have you managed to handle and address these evolving aspects of the bereavement process?
17. What are the challenges you faced during the bereavement of Covid -19 deaths?
    - Covid Restrictions
    - Fear of contracting Covid-19
18. What were the reactions of family members and society towards you as a Covid Task Force member?

- Response of family members

- Response of same-age friends

- Attitude of authorities

- Response of neighbors

- Were they cooperative, if not why?

- If yes, how did they stand with you?

- Response of society towards you as a task force member?

Question related to administration of Cases

19. As a leader you assumed the role of both controller and communicator within the framework of the task force. What were your functions?
    - Coordinating the team
    - Arranging the crematorium
    - Fulfil the procedures for cremation/burial
    - Intermediary between the bereaved families and established authorities

20. Your function included acting as an intermediary between the bereaved families and established authorities. Could you elaborate on the reactions exhibited by the families who had lost loved ones in the context of a burial process that deviated from customary and ritualistic norms due to the prevailing circumstances?
    - Response of family
    - Response of Authority- religious, hospital, cremation Centre.

21. How far is the process of bereavement efficient and effective amidst of different types of Protocols?
    - Restrictions to gather
    - Restriction to move