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# Bereavement, grief and consolation: emotional-affective geographies of loss during COVID-19

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## Abstract

COVID-19 has resulted in a new global geographies of death ranging from cellular to global scales. These geographies are uneven, reflecting existing inequalities and failures of governance. In addition to death and bereavement, the pandemic has generated varied forms of loss and consolation, negative and positive affective atmospheres, whereby emotions are mobilised and politicised. Understanding these emotional-affective topographies, including 'emotional-viral-loads', is vital to wellbeing, resilience and unfolding policy interventions locally and globally.

**Key words:** deathscapes, COVID-19, affective, grief, consolation, emotional-viral-load, politics

## Introduction

The COVID-19 pandemic is resulting in death and bereavement worldwide as well as widespread personal and financial precarity. Waves of loss and grief are flowing through families, communities, and nations worldwide. This includes deaths in slums and camps where social distancing is impossible and in medical or social isolation where it is. In pandemic hotspots, health care services and workers are overstretched or collapsing, mortuaries overflowing and, in the worst cases, the dying and the dead abandoned in their homes, care homes, or on the streets (BBC, 2020; Gray, 2020). Even if not directly bereaved, much of the world's population is experiencing varying degrees of personal, economic, social, and political 'losses'. Just as those frequently exposed to the virus are at risk of acute viral load, so too, those exposed to high frequency and traumatic deaths and/or personal crisis will experience a high 'emotional-viral-loads'

Whilst pandemic hotspots have included affluent areas, e.g. Northern Italy, in the Global North the brunt of the coronavirus crisis is being borne by particular (frequently overlapping) social groups: the elderly, including residents in care homes; racialized minorities; those with 'underlying' health conditions; those working in health and social care; those working in the low paid gig economy; and those living in overcrowded housing, including refugees and the homeless (Islam and Netto, 2020; Pidd et al., 2020). In the Global South, the impact is most acute for refugees and those working in the informal economy with insecure income and housing. Risks are especially heightened in low- and middle-income countries with limited healthcare infrastructure, especially in overcrowded shanty towns and slums, which lack sanitation services (Odele, 2020; Winskill et al., 2020). Refugee camps in both the

Global North and South are deemed the most pandemic-vulnerable communities in the world (Siegfried, 2020). The interface between these local and international inequalities, pandemic risk, and the biopolitics of governance is laid-bare.

In the light of these challenges, what contribution can emotional-affective geographies offer in response to the COVID-19 pandemic? The field offers numerous insights, including: 1. the personal and collective significance of the emotional-affective realm to human experience; 2. the embodied experience of emotions and less predictable affects; 3. the situated and relational nature of emotional-affective experiences; 4. the cultural mediation of emotional experiences, spaces and narratives, including those associated with dying and death; 5. the cumulative impact of emotional-affective experiences; 6. the need for therapeutic services increases in response to crises; 7. the role of collective moods and atmospheres, and whether these are inclusionary or exclusionary; 8. the ability of these collective moods to transcend boundaries; 9. the relation between emotional-affective atmospheres and politics, including personal politics and governance.

## Finitude, grief, and consolation

> [Death is a] geography that touches us all (Maddrell and Sidaway, 2010: 6).

Finitude is an inherent condition of life, but many, particularly those who occupy an assemblage of relative health-wealth securities, are shocked to be confronted by the threat of untimely mortality and associated ontological insecurity under the biological regime of a life-threatening virus. The pandemic has thereby laid bare the physical fragility and limited agency of human life, articulated by an Italian widow as 'impotence in the face of the virus' (Horowitz and Bubola, 2020). For many in the Global South, the forgetting of death an impossible luxury. Even so, pre-pandemic and COVID-19 epidemiologies in both rich and poor countries show that 'where you live can kill you' (Bambra, 2016)). Ultimately, the pandemic reminds everyone of their mortality. Yet, despite the extraordinary global death toll, some machismo leaders have asserted immunity to the virus, fostering politicized affective atmospheres which empower opposition to public health measures.

Grief encompasses experiences of both bereavement and other experiences of loss. Who or what is deemed 'grievable' is normative, some valued human or human-like lives deemed to be grievable, while Othered others are deemed dispensible and non-grievable (Butler, 2009). Clinically, 'grief' comprises the embodied psychobiological responses to bereavement and is expressed through spaces, practices and performances of mourning. Several conceptual frameworks addressing different aspects of grieving are useful to understanding loss during COVID-19. These include non-linear stages of grief (denial, anger, bargaining, depression, and acceptance) (Kübler-Ross and Kessler, 2005); the psychological *work* necessary for adaptation to bereavement (Freud, 1971 [1917]; Derrida, 2001); psychological oscillation between confronting and retreating from loss (Stroebe and Schut, 1999); the clinical disorder of prolonged acute 'complicated' grief (Shear et al., 2013;); 'disenfranchised grief' which excludes some mourners or types of grief (Doka, 2002); mapping grief (Maddrell 2016); and the 'active commemorative' (Santino 2004).

**Acute bereavement, 'everyday' losses, and consolation during the pandemic**

There have been extreme cases of desolate death during the pandemic, including exhausted dispersed casual migrant workers asleep on railway tracks (India); the abandoned elderly in care homes (Spain); a child dying in hospital without their parents (UK). For many others dying during the pandemic – including non-COVID-19 deaths – death has been distanciated, the dying and their loved ones physically separated, parting words and rituals rendered impossible, or limited to brief (often virtual) contact. Despite the taxing emotional labour of healthcare workers, many of these deaths lacked the culturally-defined attributes of a 'good death' (Bear, 2020). Pandemic regulations circumscribing funerary rituals has resulted in mass graves, enforced cremation, direct committals, minimal ritual and emotionally-untenable limitations on the number of mourners. The shock of unanticipated COVID-19 deaths, combined with quarantine/lockdown regimes, and limited/no access to family support, can reinforce denial of, and anger about, the death, catalysing longer term unresolved or complicated grief. This is particularly evident if mourners are wracked with anger at injustice; they experience guilt-shame at their impotence as well as the neglect of the dying or the dead, including inadequate funerary rituals (Gray, 2020; Tay et al 2017). Stressed health and social care workers are also experiencing unprecedented peacetime 'emotional-viral-loads', dealing with life-and-death decisions, the death of colleagues, and unparalleled rates of death f those under their care, causing 'moral injury' likely widespread PTSD (Brooks 2020, Mock, 2020). Cancelled medical treatments, increased unemployment, homelessness, and spikes in demand for domestic violence shelters and mental health services (IPS, 2020) are indicative of endemic trauma and grief under lockdown regimes; and account for some of the 'excess' deaths during the pandemic.

Alongside these acute sources of grief, many are mourning missed lifecyle events and quotidian losses as a result of constrained mobilities and liberties: weddings, religious worship and festivals, employment, work, school, kith and kin, cultural events, travel and holidays, everyday convivialities, personal independence. While these losses may be deemed relatively minor in the context of the pandemic, and therefore be socially disenfranchised, their effects and affects can be significant and, like acute traumas, are being mapped onto bodies and psyches. Such losses are especially grave for those living with existing mental health conditions, the isolated elderly, the vulnerable and those already approaching the end of their lives.

Negative atmospheres of blame, fear and suspicion (of China, foreigners, 'big' government, WHO and vaccination) have also emerged, resulting in political losses (legislative power-grabs, isolationist policies, and disinvestment in WHO), as well as localised armed protests, racism, food riots, and the circulation of dangerous conspiracy theories. Political rhetoric and public discourses in some contexts, e.g. the USA and Brazil, have served to deflect government accountability for COVID-19 deaths, laying the blame on the vulnerable themselves, (e.g. minorities with diabetes), adding to the historical racialised-classed emotional-affective burdens of the socially-economically and/or politically marginalised. In the UK governmental discourses of being at 'war' against the virus have demanded national unity, gagging criticism of government; likewise, the trope of heroic health and keyworkers has prefigured their deaths as inevitable and sacrificial. This national rhetoric serves to silence and

disenfranchise personal and collective grief - and anger – in response to individual, keyworker, BAME and total deaths. Further, the frequent qualification of death numbers with reference to age and 'underlying conditions', while intended to reassure the majority, constructs those deaths as inevitable – non-grievable - and makes those of similar age and/or living with such conditions feel vulnerable, and dispensible.

## Consolation and hope moving forward

Finally, despite pandemic-induced negative affective atmospheres, positive affective atmospheres and economies (Ahmed, 2004; Anderson, 2009), and other sources of consolation (Jedan et al., 2019) have been evident. Sources of comfort, reassurance, solace and resilience have included greater appreciation of nature, reduction in air pollution and other environmental gains. Socially there have been localised increased civilities and mutual aid, and reduced suicide rates (see Blair, 2020). For those with access, online connectivity has increased and facilitated continued work and social interactions. Morale has been boosted by social media memes and political satire, communal exercises, singing, and games, as well as collective expressions of appreciation for key workers. Grief can catalyse a new commitment to political community across borders/boundaries (Butler 2009), witness COVID-19 open source research and transnational fundraising initiatives (see Concern, 2020), as well as an eruption of local volunteering and international Black Lives Matter protests, both mobilising the politics of collective action (see hhtps://blacklivesmatter.com/; Mend, 2020). In the shanty town of Kibera, Nairobi, self-help groups have mobilised the distribution of hand sanitiser and the production of face masks: 'because when a community comes together even in the most fearful times there is hope' (Odele, 2020).

## Conclusion

COVID-19 is producing new geographies of death, and deathscapes are being writ large in regions and communities unprepared for the effects and affects of a pandemic, as well as those sadly familiar with historically high death rates. Whether shockingly novel or woefully predictable, this loss of life has created new and evolving topographies of bereavement and vulnerability. Excess death rates indicate significant further unreported COVID-19 or non-COVID but pandemic-conditions-related deaths. Intersecting inequalities, personal impotence, and the effects and affects of both strenuous or inadequate public health restrictions, are being interwoven to producing long-tailed legacies of unresolved grief. Overstretched health and social care workers are carrying a near impossible burden, their emotional-viral-load, compounded, for many, by exhaustion and professional moral injury. In addition to bereavement, a kaleidoscope of personal and communal losses have coloured lives with shades of grief; but many have also experienced spaces and practices of action and consolation. All of these individual and shared losses, and sources of often bittersweet consolation, can be mapped, across intersecting geographies of material spaces, body-minds, and virtual arena; understanding these deep maps of grief and consolation are crucial to identifying healthcare and public service needs, finding ways to carry on, and move forward (Maddrell 2016).

Yet these personal and communal embodied mappings of grief and consolation cannot be separated from the locally-nationally-internationally situated politics of

healthcare provision, human security, racialised and gendered pay and housing inequalities. Pandemic-induced affective atmospheres can be used to mobilise racism and isolationism, *or* more active local-global *citizenship* to address injustice and inequality. The responsibility for these choices are personal, collective and governmental, and of great importance as the COVD-19 pandemic unfolds, and predicted economic depression creates new pressures on jobs, food security, international remittances and aid, existing welfare services and vaccination programmes; as well as on democratic processes. Grief scholarship and therapeutic practice demonstrate that positive adaptation to change requires *a commitment to sustained work*. Spontaneous vernacular memorials have appeared, and important symbolic material memorials for the pandemic dead will follow, but mobilising grief and mourning *into sustained action* to address inequalities and injustices at home and abroad would constitute a fitting active memorial for the pandemic dead and increase global resilience for the future.

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