

From one body to another: the handling of the deceased during the COVID-19 pandemic, a case study in France and Switzerland

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Abstract

The COVID-19 pandemic has brought about an unprecedented global crisis. To limit the spread of the virus and the associated excess mortality, states and governing bodies have produced a series of regulations and recommendations from a health perspective. The funerary aspects of these directives have reconfigured not only the ways in which the process of dying can be accompanied, but also the management of dead bodies, impacting on the dying, their relatives and professionals in the sector. Since March 2020, the entire process of separation and farewell has been affected, giving rise to public debates about funeral restrictions and the implications for mourning. We carried out a study in France and Switzerland to measure the effects of this crisis, and in particular to explore whether it has involved a shift from a funerary approach to a strictly mortuary one. Have the practices that would normally be observed in non-pandemic times been irrevocably altered? Does this extend to all deaths? Has there been a switch to an exclusively technical handling? Are burial practices still respected? The results of the present study pertain to the 'first wave' of spring 2020 and focus on the practices of professionals working in the funeral sector.

Key words: pandemic, COVID-19, funeral, body, immediate placing of body into the coffin

Introduction

With the COVID-19 pandemic, countries and populations have found themselves facing an unprecedented global crisis, in terms of both geographical reach and the extent of the economic, political and social consequences. The nature of the crisis has led public policy to rely on expert advice from health and medical authorities when launching measures aimed at reducing the spread of the virus and bringing it under control (measured using statistics on public health indicators). The Haut Conseil de la Santé Publique (Public Health Council) has largely guided decision making and the promulgation of provisional decrees in France, whereas Switzerland has drawn on the opinions of its Swiss National COVID-19 Science Task Force, as well as those of its cantons. Most European countries adopted the ‘lockdown’ approach from March 2020. A significant body of literature already documents the ethical issues associated with this pandemic, along with its mental health or social impacts and economic consequences.¹

The political strategies adopted resulted in a shift from health crisis at the state level to organisational crisis at the level of professionals working in the field, as shown in the collectively authored work, *Covid-19: une crise organisationnelle*.² Usually a marginal issue when it comes to health matters, funerary processes were brought to the fore precisely because of the need to forestall a mortality crisis and take care of the deceased. Professionals working in the field had to interpret the new regulations and recommendations that resulted from considerations pertaining to the health sector, creating an additional burden of decision making, and often confusion. To understand these tensions, a set of parameters must be taken into account, both cyclical and structural. All those involved in processes surrounding the end of life and the handling of dead bodies had to review the way in which they worked. The required changes affected the dying process, the handling of bodies and where they could be taken, as well as the mourning process. Their impact is most notable on deaths attributable to COVID-19, but also, to varying degrees, on all deaths occurring during lockdown periods. Many of the practices carried out in ordinary times have undergone disruption, whether in terms of ritual, space, timing or the people concerned. One of the potential changes is the shift from a *funerary* approach to a strictly *mortuary* one. While a funerary approach is built on a relationship to death that responds to cultural scripts focusing on separation from the dead, a mortuary approach is based on the technical and logistical need to process corpses and is devoid of social or symbolic connotations.

This pandemic has had noticeable effects on both the handling of the deceased and the processes involved in bidding them farewell. Beginning in the months of March and April 2020, these effects comprised obstacles to the usual management of the deceased. Much debate took place in the public arena,³ via the media, focusing mainly on the conditions surrounding the end of life and mourning, and often featuring particularly alarmist remarks, yet no mention of the funeral system as a whole. Respected names such as Boris Cyrulnik warned about the heartbreak of ‘dying alone’, ‘the absence of burial’ and ‘impossible mourning’,⁴ and Marie de Hennezel stated that ‘the COVID-19 epidemic takes denial of death to its extreme.’⁵

However, the corollaries of this crisis when it comes to funerary and mortuary aspects are both more extensive (going beyond the processes surrounding the end of life and mourning) and at the same time less uniform and spectacular (disruption is not wholesale; rather, changes vary depending on the particular phase, region and situation). All the aspects linked to the handling, storage and transport of bodies,⁶ the organisation of funerals and the methods of burial undergo disruption,⁷ and each of the stages which contribute to the process of separation from the dead is affected. As shown by Robert Hertz and Arnold Van Gennep,⁸ in funerary rituals this phase of separation traditionally precedes a period of mourning. The funeral makes it possible to bid the deceased farewell in anthropologically and socially acceptable conditions, allowing the bereaved as well as the wider community to survive the loss of one of its members.⁹ Although in secular societies this model has changed, separation is still an essential stage, constituting the basis for the mourning process, and then for commemorating the deceased.¹⁰

It is now possible to describe the evolution of professional practices, along with the way in which it has been perceived by those in the field who work to support the entire separation phase. This article aims to describe and analyse the funeral-related consequences of the pandemic. It is based on a joint research programme funded by the French and Swiss national research agencies (the ANR and the FNS).¹¹ We will focus on the way in which professionals involved in a range of funeral-related tasks performed their duties, and also the manner in which they view their actions (in the context of the health crisis). Have the specific circumstances redefined or, more broadly, disrupted 'ordinary' funerary practices? Which procedures have been affected, to what extent and for how long? All of these questions underline the need for a detailed and inductive analysis.

We adopted a qualitative methodology, selecting discourse analysis as the lens through which to examine the information gathered about physical operations. The first phase of data collection took place from March to September 2020, in the form of in-depth interviews in France (n = 29) and Switzerland (n = 34). Owing to the conditions in the field and the methods of data collection, initially interviews were conducted via telephone or video call, and then later at interviewees' place of work when the health situation permitted. We interviewed professionals involved in every stage of caring for the bodies of the deceased (caregivers, mortuary workers, coroners, civil registrars, town clerks, chapel of rest managers, funeral workers, crematorium managers, crematorium technicians and cemetery workers), focusing on carefully delimited regions to avoid interpretive bias. To compensate for the fact that it was difficult – or even impossible – to carry out *in situ* field observations during this period, our questioning focused on eliciting the most precise description possible of the procedures and technical measures, the application of health regulations and their limits and any resulting uncertainties.

As public health provisions anticipated excess mortality, in the first part of this article we focus on the way in which professionals working in the field managed to address this and keep funerary services running. In the second part, we look at a specific French funerary regulation which had a significant impact on the handling of the bodies of those suspected or confirmed as having died of

COVID-19: the obligation to immediately place the body in its coffin. Maintaining appropriate death management services in a time of crisis was an important issue which will be addressed in the third part. The need for professionals to maintain a relationship with the dead while keeping themselves and relatives safe was amplified by the fear that funerary practices carried out in ordinary times would find themselves substituted by a strictly technical approach.

From death studies to death in times of crisis

Having now established the object of study, we would like to provide the academic background to our research. It forms part of the wealth of death studies literature, more specifically of the subsection death in times of crisis. Concerning the former, historians such as Philippe Ariès,¹² Michel Vovelle¹³ and, more recently, Thomas Laqueur¹⁴ have shown that attitudes towards death have undergone significant transitions. This does not negate the existence of anthropological constants, comprising, for the living, the need to neutralise death and to accompany the deceased and the bereaved on their journeys.¹⁵ Robert Hertz's article on these shared processes is seminal.¹⁶ In Western societies the contemporary transition¹⁷ is the result of demographic changes, technical and medical progress and social and legal developments. This transition has taken place over two successive phases. The first began in the nineteenth century and led to major cemetery reform,¹⁸ the professionalisation of funeral operators¹⁹ and a growing interest in and acceptance of the practice of cremation.²⁰ The second, studied by sociologists, began in the second half of the twentieth century, initially in English-speaking countries and Northern Europe, and is ongoing. It involves the individualisation of the relationship to death²¹ and concerns the end of life, funerals, mourning and the memory of the dead.²²

When it comes to studying how our relationship to death has evolved, one of the difficulties encountered by all humanities and social sciences disciplines is determining whether the changes in funerary practices result from a gradual change in traditions or instead from mortality crises (wars, genocide, epidemics or disasters). Indeed, archaeologists,²³ historians²⁴ and sociologists²⁵ have shown in a wide variety of contexts that mortality crises have an impact from a demographic perspective, such as in the way the dead are handled and, by extension, the way that death is understood. The last decade has seen a wealth of social anthropology and forensic anthropology studies conducted on mass deaths in violent contexts, leading to the emergence of a new field of research in its own right: death in times of crisis.²⁶

Despite the essential contributions made by these previous studies, the COVID-19 pandemic has its own particularities and raises issues that are only partially covered by the research carried out so far. Death in the context of an epidemic forms the subject of numerous studies,²⁷ but none deals with a truly comparable situation, be it in terms of the socioeconomic context or the political response. Drawing parallels with events which, from an epidemiological point of view (i.e. a global pandemic), could come close – such as the Spanish flu of 1918–19 or the Hong Kong flu of 1968–70 – is interesting, but remains limited in scope, owing to the fact that these have been only very partially documented from the specific point

of view of those involved, making comparison with current events difficult. More recently, anthropological research on Ebola²⁸ has shed light on certain aspects, but this deals with circumstances that are far removed from those found in the health and funeral sector in Europe. Closer to home, and pertaining to a more familiar cultural context, other studies provide information on ways of managing bodies and the inventiveness surrounding practices, especially rituals, in circumstances involving mass death. These include research on HIV,²⁹ for example, as well as studies on the 2003 heatwave³⁰ and 2015 terrorist attacks in France,³¹ and the phenomena of 'border deaths' and the accompanying social effects caused by the mass arrival of migrant corpses on European shores.³² This literature is bolstered by research from disaster studies, some of which focuses on the management of death and the deceased in emergency circumstances and the resulting impact on funerary practices.³³ One of the issues permeating all of this research is the potential shift from a funerary process to so-called mortuary practices that involve managing large numbers of corpses. It is highly tempting to validate this shift hypothesis by reporting only the aspects that confirm it. This is why a great deal of care and attention is required. Analysing data from the field is complex, as it is not stable over time and varies according to the scale of the territories considered. In order to put this hypothesis into perspective, we considered it prudent to present and focus above all on descriptive accounts that are based on narratives we have collected from those working in the field.

Adjusting activity levels in anticipation of a mortality crisis

Exceptional measures were announced on 16 March 2020, taking the form of a strict lockdown in France and a partial one in Switzerland.³⁴ By that date, France had nearly 150 deaths and Switzerland around ten. From that point on, all those involved in the funerary chain of operations set about preparing to effectively manage a potential mortality crisis. However, the scope of the health directives and the speed with which political decisions were being taken (to limit travel and gatherings) meant that the day-to-day running of a large number of services and establishments in the sectors concerned was also immediately affected. The need for a prompt response was highlighted by the worrying health situation in border countries, including Italy, as well as in various French cities, with outbreaks mainly in the Grand Est region.

Prioritising keeping a public service up and running

For those working in the field, preparation thus took the form of keeping their businesses running, while attempting to forecast and appropriately manage workflows and stock: corpses, body bags, coffins and urns. This concerned both the organisation of the work ('the goal is to remain open', 'to continue to offer a service') and the layout of the spaces ('to reserve spaces for people who have died of COVID-19' and 'to reorganise premises within crematoriums for the urns').

In contemporary secular societies, the death management process – defined as all the processes involved in accompanying the dead body on its journey and supporting the bereaved – is entrusted to professionals.³⁵ A series of measures was therefore

necessary if this was to continue unhindered, less because of the specific nature of the work and more to do with successful functioning from an organisational point of view. From then on, ensuring that ‘public service missions’ could keep running remained a common goal of regulatory provisions. In other words, getting the body to its final resting place within a reasonable period of time became the priority. In regions with a high incidence of COVID-19, local government and health agencies were quick to make it clear that they would use law enforcement measures to exercise their right to requisition personnel and resources:

I won't mention any names but one day I asked the competent authorities, ‘how is that going to work?’ because otherwise we'll take advantage of our right to refuse to work . . . I was told ‘listen here sir, you provide a public service, so we can requisition you’ . . . well, I thought that was just marvellous! They tell you that on the one hand you have no right to personal protective equipment, that you're not considered part of the priority missions, but that, on the other hand, you still have to show up . . . (Interview, undertakers, outbreak area, 26 May 2020)

Doing everything possible to avoid the worst

In concrete terms, between the presidential announcements and the decision to go into lockdown, new ways of working (involving many people switching to working from home) had to be put in place everywhere ‘in a matter of days’, to comply with the restrictions. As the following extracts show, registry offices and crematoriums were not subject to the same constraints.

This crisis has been really tough, because right from the off you're facing reduced employee numbers – some have to stay home looking after kids or remote working . . . So out of a team of six I only had four left, and with these four people I had to operate seven days a week, since, because of COVID, funeral regulations dictate that the deceased should be put into coffins immediately, which means we have to be open all the time to do the authorisations and issue death certificates. So this means a big impact on the schedule since we had to extend our opening hours. (Interview, registry office, 5 May 2020)

What was explained straight away to our working communities was that it wasn't that they wanted to protect us more than others . . . but that people trained to operate a cremation oven are not particularly numerous. So there you go – whereas a porter can be replaced much more easily, I can take someone on a temporary basis for example, someone to man a cremation oven isn't so easy to find, so it was important to look after them [. . .]. So we adjusted the schedules and created two teams to avoid them coming into contact with each other. (Interview, crematorium, 7 May 2020)

The general state of mind can be summed up as follows: ‘From the off, we said to ourselves, it's coming, we don't know how bad it might get but we need to prepare’ (Interview, funeral operator, 11 May 2020). The predictions made by the health services were a source of concern for some, and created a climate of anxiety, even

though in actual fact, when their recommendations were being put into practice in mid-March, a mortality crisis was not yet underway, with the exception of specific outbreaks. The memory of past events such as the 2003 heatwave in France³⁶ and, far more recently, images of an army convoy transporting bodies out of Bergamo in Italy,³⁷ probably reinforced this state of anticipation. This was coupled with concerns about 'protecting the teams' so that they 'don't crack' in circumstances which would require the funeral sector to play an essential role, despite the fact that public authorities do not afford it the same kind of recognition as the care sector.

Avoiding the worst would require keeping the funerary chain of operations intact, and so it was necessary to give careful thought to practicalities and the various options available. Measuring flows, counting available places, repurposing spaces and segmenting them off formed part of the daily round of activities.

It's important, I drew up charts. At the start for example, er . . . total plots available on the X axis and on the Y axis, we had 662 places in the common area, on the Y axis 210 . . . the total number of alcoves or vaults available was 729, and when I did that at the beginning I found it reassuring. It reassured me to be able to refer to that and see that we had plenty of space available. Because we didn't know where we were headed, we didn't know where we were headed. (Interview, cemetery, 7 May 2020)

In the chapel of rest, we are no longer organising flows in the same way, the deceased who will go to the refrigerated chamber and the COVID cases where we will be concerned with laying them out in the rooms, arranging it all properly, having the space to get them out on the day of departure . . . so now all these aspects, from a pragmatic and logistical point of view, have considerably accelerated flows because we are reduced to a minimum in terms of the organisation of the funeral, or in any case in terms of the operational part. (Interview, chapel of rest, 5 May 2020)

Maintaining an appropriate distance from those who have died 'of unsavoury causes'

Later on, as shown by the above extract, being able to continue to work in accordance with stricter protocols yet without becoming totally overwhelmed became an exercise in keeping sight of the essential mission at hand without exposing those involved to unnecessary risk.

At one point I was called upon because [coffins] were being stored on the ground and we immediately invested in ten trolleys in order to preserve a degree of dignity, to ensure that an acceptable standard was maintained and also to reduce the physical burden on the teams, because it's easier to move a coffin on a trolley than to carry it at arm's length. (Interview, chapel of rest, 5 May 2020)

Recurring images of coffins and urns piled up on the ground, in non-dedicated spaces, and transported by personnel extraneous to the funeral sector, such as the army, are indicative of the limits of what is deemed acceptable.

We said to ourselves if we have a threshold... a number of deaths increasing rapidly... let's start to prepare ourselves right now [...]. Knowing how we would store the coffins, if we became overwhelmed by the number of burials required, being able to allocate a room, a second room... and we at least already had recourse to these options, to be able to store... I was going to say in the best conditions, and not end up with what we saw in Italy, you know, trucks transporting coffins, coffins lying in gymnasiums... We desperately wanted to avoid that if we could. (Interview, funeral operator, 27 April 2020)

These concerns are informed by anthropology and have their origin in fears associated with those who have died of violent or unsavoury causes,³⁸ and more broadly with becoming somehow 'contaminated'.³⁹ Such scenarios would confirm a lack of forecasting, but above all the symbolically high-risk transition from a funerary-oriented death management approach to a more technical kind of handling, aimed at processing corpses, almost as if dealing with waste.⁴⁰

Analysis of different regions highlights a clear gap between the obvious urgency felt in areas experiencing outbreaks at this time and the relatively more moderate activity in others.⁴¹ We can thus observe differences between regions in terms of the reorganisation of services and spaces, and when it comes to the experiences of those working in the field.

It came as a bit of a slap in the face [...]. There was this big kind of jump start, at the beginning of March, around the 10th, especially after one particular weekend, and at the time we didn't really understand what was going on. A great number of protocols were put in place [...] and the deaths which were coming one after the other, I have to say, in twenty years, I have never seen anything like it... So for me at my level, my workload tripled between mid-March and mid-April. Absorbing the additional workload was doable because that comes down to organisation really, but the problem was more the anxiety-provoking way you end up working because you have to view every death as contagious. (Interview, funeral operator, cluster, 26 May 2020)

Since it is more a moment of remembrance and not a ceremony, the master of ceremonies ultimately says very little, of course the family can play some music and say a few words, but it is not as formally coordinated as would be in normal times [...] this also made it possible to schedule a much larger number of ceremonies per half-day and they took place far more quickly – by 4 p.m., everyone was hanging around with nothing left to do... by the end of the day, everything had been wrapped up. (Interview, funeral operator, 27 May 2020)

While public policy has been relatively coherent across the country in the case of France, and the cantons in Switzerland, great disparities in terms of what was actually experienced may have contributed to reciprocal misunderstandings or differences in expectation. These illustrate the complexity of this crisis.

Applying health directives in a funerary context

The pandemic has had an enormous impact on the social and professional standards of funerary processes. A tension exists between, on the one hand, the need to maintain a separation from the deceased that meets cultural requirements and ethical principles and, on the other, the need to comply with sometimes ambiguous directives.

Professional unease arising from the application of the new regulatory provisions

Professionals working in the field were poorly prepared to deal with funerary situations in a time of crisis. Moreover, interpreting and practically applying the new regulations was not easy. In particular, uncertainties surrounding the differentiation of 'COVID-19' deaths from other deaths (in terms of determining the causes of death and subsequent handling of the deceased) served to amplify these tensions. The resulting unease and hesitation are plain to see:

In actual fact, public authorities and even health workers, we no longer even remembered what it meant to have to place the body in the coffin immediately, for health reasons, and we felt this hesitation. (Interview, funeral operator, 11 May 2020)

Even to this day, COVID's immunology has not really been established . . . we were told via messages to wait six or twelve hours before carrying out an autopsy on someone who had just died, so as not to take any additional risk for risk's sake, but on the contrary if we want to prove that someone died of COVID, it needs to be done very quickly . . . there was a great deal of vacillation . . . eh . . . especially about certifying the contagion risk, the instructions we were given by the regional health services were inconsistent. (Interview, coroner's office, 1 July 2020)

Exceptional circumstances aside, in ordinary times the preparation of a death certificate has little impact on funerary processes. However, in the context of a pandemic, what used to be the exception has now become the frame of reference. In France, two provisions particularly disrupted funerary practices.⁴² The first, relatively easily incorporated by professionals, was that relating to the 'obstacle to post-death care of the body'.⁴³ This provision made post-death care the subject of a blanket prohibition for all deceased persons, and as such there was no further requirement in terms of decision making. Nevertheless, it had an impact on 'non-COVID-19' deaths because, in France, post-death care of the body is a very widespread practice. It could be interpreted as making it impossible to perform any kind of grooming or post-death care of the deceased.

On the other hand, the second regulatory provision – relating to the obligation to immediately place the dead body in a simple or sealed coffin⁴⁴ – raised many more questions. This meant separating the 'COVID deaths' or 'suspected COVID deaths' from the otherwise deceased, at a time when these classifications were difficult due to the scarcity of tests, their relative reliability and, at times, the lack

of convergence between clinical signs and test results. It rendered many elements impossible (grooming and preparation of the dead body, farewell to the body, presentation of the body) and required that all funerary processes preceding the closing of the coffin be carried out within twenty-four hours of the death. This was potentially responsible for extreme practices, such as bleaching corpses, placing them in whatever state they were found in one or more body bags, putting a face mask on them and proposing or even imposing cremation.

Interpreting the regulations and translating them into operational practice

Recourse to this type of regulation is rare in ordinary times, to such an extent that many professionals working in the field did not know what this second provision actually covered. It was established that the registry office had to write up the death certificate as soon as possible, that mortuary workers had to place the corpse in a sealed body bag immediately after death and that funeral workers had to close the coffin at the place of death (home for the elderly or hospital). But what does the term 'immediate' really mean? How are tasks and roles organised and distributed between the care sector and the funeral sector? Prior to presenting the body to family and relatives, is it permissible to close the coffin if necessary for flow management, or must it be closed for health reasons? Does this supersede the requirement to be in possession of the related administrative authorisations?

Among nursing staff, the greatest lack of awareness pertained to the issue of immediately placing the body in the coffin [...] but we also had to re-explain it internally. Many people, including many managers, didn't really understand the concept of the body having to go into the coffin prior to any of the other usual practices... It might seem hard to believe but it's true [...] immediately placing the body in its coffin means that it is done within twenty-four hours. (Interview, funeral operator, 14 May 2020)

According to the interviewees, the line between what is legal, normal, acceptable and fair, and what is not, is tricky to determine. Born of public health considerations, the requirement to immediately place the body into a coffin encounters obstacles in the form of administrative delays and the availability of funeral operators. In these circumstances, the body cannot be transported without the coffin first being closed. However, if a person has not yet been declared officially dead or authorisation to close the coffin has not yet been received, *a priori* it is not possible to immediately place them in a sealed coffin. At the same time, during this period, in order to comply with health protocols, the corpse must be quickly placed in a sealed body bag and removed from communal areas to avoid any contamination. During the first phase of the pandemic, fear of contamination seems to have governed practices, whether with regard to the implementation of health recommendations or internal protocols in establishments, or their application at the individual level. Going beyond strictly health-based considerations, these fears contributed to an erasure of the corpse, which could be disguised by a body bag, left unprepared and undressed,

removed from inhabited spaces, denied as the body of the deceased and not presented for the final farewell.⁴⁵ In many cases, it is the coffin that takes the place of 'body', risking the emergence of a collective imagination filled with empty coffins or swapped bodies.

Variable adjustments depending on the level of urgency

In areas suffering outbreaks, arrangements consisted in managing the health emergency by focusing on the immediate closing of coffins and the removal of corpses from the premises, without further ado. In areas where the situation was less strained, it was possible to continue to honour the relationship with relatives of the deceased to some degree.

Everything changed, it was really a period of madness, the fact that we had to put bodies into coffins immediately meant that we had to review the entire process [...] we risked getting on the wrong side of the law because we could clearly see that we weren't succeeding, so I promptly called the town hall, asking them if we could close the coffins before receiving the authorisation to do so, because we weren't coping . . . [...] there were so many deaths in the hospital, as soon as they knew that a company would take care of a death, the body would be removed [...] all they were interested in was getting the body out of there, and there wasn't time to wait for an authorisation to close the coffin, or to carry out all the necessary steps beforehand. It had to be done straight-away and that was that! So we had to bypass things in the end. (Interview, undertakers, outbreak area, 16 May 2020)

You were meant to get the body in the coffin within twenty-four hours, but we knew full well that in some cases, when no family lived nearby, we could leave it up to forty-eight hours. [...] Most of the deceased were sent out within twenty-four hours, but we still gave ourselves this additional safety margin [...] it was done on a fairly ad hoc basis, for example if someone died of COVID in the morning, often by the afternoon, the body had already been taken away, if the family had come forward, hence the forty-eight hours I mentioned, but it's purely a theoretical position eh, it's not a question of regulation really. (Interview, hospital morgue, 23 July 2020)

Ticking the 'obligation to place the body into the coffin immediately' box on the death certificate therefore has significant effects on the subsequent management of a body. In the event of uncertainty, or where test results were not consistent with clinical manifestations, or indeed if the clinical evidence itself was inconsistent, some doctors may have chosen to tick only the 'obstacle to post-death care' box out of respect for the deceased person and in order not to further deprive bereaved relatives. The fact that health data and the cause of death are not accessible to funeral operators may have led to misunderstandings and increased vigilance regarding the handling of bodies, since if this box was ticked, the deceased in question no longer came under the auspices of 'COVID protocols'. Several of those interviewed spoke of doubts and recategorisations, owing to the steps which would have to be carried out and the consequences for the relatives of the deceased. Issues involved in the

storage, transport or repatriation of a body; whether or not the family can view it or choose a coffin; options for organising the funeral ceremony, or whether it will be possible to have a burial . . . these are all elements that may have an impact on adjustments to the procedures that may be carried out, but also on how the deceased is categorised. Thus, cases that were not clear cut were sometimes reassessed a few hours after death, leading to the modification of the death certificate. For example, some of those categorised as ‘probable COVID-19 death’ became simply ‘deceased persons’, while ‘confirmed or suspected COVID-19 cases’ whose tests were in actual fact negative sometimes remained in this category (because the test result came back only after the burial or cremation) and yet others were recategorised on the death certificate without this having any impact on funerary operations.⁴⁶

For a variety of reasons, doctors don’t fill out the certificate ‘correctly’, sometimes to get the body off their hands faster. The funeral worker gives the example of a change of certificate in a residential nursing home, aimed at getting the body removed. It was originally categorised as COVID, and then not, all without testing. The nursing home did this, thinking that the funeral workers would come immediately. But when the worker told them that they had to let the family know first, that they were still within twenty-four-hour window, the nursing home said ‘wait, we’ll call you back’. An hour later, the certificate no longer featured the requirement for the body to be immediately placed in the coffin. *‘This example tells you everything you need to know, it existed before and it always will do.’* (Observation report, researcher and two funeral workers, April 2020)

Another consequence of the requirement to place the body in the coffin immediately is that it changes how *all* deceased individuals are handled. This is because, while the urgent need to deal with the ‘confirmed or suspected COVID-19 deaths’ clearly has the potential to cause problems, those who have died from other causes may also be affected by these funerary arrangements. In areas where death management services experienced a sharp increase in activity, all funerary processes were affected, regardless of the causes of death. This is clearly seen in the case of cremations. Despite a significant increase in available time slots and the extending of opening hours to weekends and public holidays, it simply was not possible to organise a cremation within six working days of the death being confirmed, with waits of up to fifteen days being seen at times. The requirement to seal the body in a coffin immediately was accompanied by issues surrounding storage and wait times. These two situations were unprecedented for professionals and relatives alike, and confirmed the feeling that there was a hierarchy of the dead, between those who had died of COVID-19 and those who had died of another cause. This feeling was reinforced by the daily count of the former, rendering the other deceased invisible.

Maintaining a relationship with the dead

The processes involved in separating from and bidding farewell to the dead are sorely tested when the body has to be sealed in its coffin immediately. They must

necessarily be redefined. In ordinary times, the dead person is at the heart of the separation process, which involves a series of steps ensuring that the deceased is treated with dignity and respect throughout the funerary and administrative processes necessary for the management of the corpse. Technical and regulatory contingencies are satisfied in conjunction with the performance of farewell gestures which have a strong affective and symbolic valence and which, for some, are inscribed in a ritualised or sacred context. The interaction of all these elements is what qualifies these practices as funerary. Nowadays, these operations and practices are carried out by professional, community and religious figures in cooperation with the bereaved. In other words, the relatives of the deceased are normally involved in a great number of steps, which may include accompanying the person at the end of their life, preparing the corpse, presenting the deceased, placing the body into the coffin, organising and playing a part in the funeral service, choosing the coffin, or organising the burial, cremation, interment, scattering of ashes and so on. However, the pandemic made these practices impossible.

Disruption of the farewell to the dead

What has the pandemic changed or disrupted? In many cases, the relatives of those who had died of COVID-19 but also, on a lesser scale, those who had died from other causes, were either not allowed or only very briefly allowed to see their loved one before they died in the hospital or care home. Similarly, once the death was confirmed, relatives were often faced with a closed body bag or a sealed coffin. Being able to see the face of the deceased, kiss them, touch them, watch the body being placed into the coffin or even touch the coffin are all acts that have been restricted or banned due to the pandemic; yet in normal times such prohibition would apply only in highly exceptional circumstances, such as those in which the body is not presentable – in the case of accidental death, drowning or following a heatwave, for instance. This COVID-related evasion of death and the dead thus conflates these situations with those of people who have died in violent or unnatural ways. So, are these new regulatory requirements only in place to mitigate the risks of contamination? Or have they been extended owing to organisational constraints experienced by a service under pressure, making them likely to bring about lasting change in protocols? That is the question.

We can clearly see the tensions and contingencies that this period has occasioned between an approach governed by health and regulatory requirements and one which is based on social ties and empathy with the bereaved. Expectations vary, and concessions have had to be made, in order to accommodate the need both to protect oneself and to keep a service running, all the while scrupulously respecting protocols, maintaining a dignified relationship with the deceased and their loved ones and enabling some semblance of ritual to be observed.

Everywhere, a significant number of health protection measures and accompanying technical arrangements were introduced during the first months of the pandemic. These measures redefine the relationship of the living to the dead and are particularly noticeable in connection with the time of separation, a time when it is necessary for material arrangements to be made regarding the dead body.⁴⁷ This

'handling under pressure'⁴⁸ took a particular turn here, since, as a result of the new health recommendations, the technical aspect of these processes and their mediated nature entered the public eye. What usually took place behind the scenes became visible.⁴⁹ Paradoxically, however, these processes were actually taking place even further away from the secular gaze than in ordinary times (with relatives and other helpers being kept at a distance) and required empirical adjustment. The extensive use of protective material (gloves, overgowns, visors, masks, protective glasses, sealable body bags) introduced an additional element of distance into the relationship, by extension creating a feeling of ambivalence for all those involved.⁵⁰ These emotions are all the more ambiguous as they arise out of sight of the bereaved, which can lead professionals to feel that their work is further dehumanised, even though these procedures would not typically be shared.

When funerary procedures come into conflict with technical ones

During this pandemic period the 'precautionary principle' has tended to be cited when justifying a change in the way certain procedures are carried out, or to explain the absence of others. This can lead to a kind of insidious reframing of the body as a 'corpse-object', to be handled in the same way as an anatomical specimen. The principle in question has come about not only in response to the health crisis itself, but also owing to widespread uncertainty about the nature and virulence of the virus. Decisions taken by politicians and other stakeholders are referred to in pragmatic terms, citing efficacy. There tends to be little discussion.

In our case, we opted for absolute precaution, which meant that for us, when a person died of COVID – whether suspected or confirmed – for us in the hospital, the policy was that the person would be attended to in the care unit, in head-to-toe PPE [personal protective equipment] [...] hazmat suits, glasses, three pairs of gloves . . . the whole works. You would have thought it was worse than Ebola! The family had the right to see the deceased one last time . . . once we arrived, the body was put in the body bag, the bag was then tightly sealed and transported to the mortuary [...] and the body was put straight in a refrigerated cell with the name written on it and the date of death on the body bag, et voilà! (Interview, hospital mortuary, 23 July 2020)

Tests hadn't yet been developed, so, when in doubt, as they say, take every possible precaution! (Interview, funeral operator, 27 April 2020)

At the same time, it was impossible not to recognise that many of the procedures which would typically be observed in normal times had changed or simply disappeared. We must not lose sight of the fact that whatever action is performed, it is the body of a deceased person that is on the receiving end, and that the way in which that action is carried out has an impact on the bereaved that cannot be overlooked. The discursive register thus changes in nature and takes on a more empathetic form.

When you say to a family 'you've only got fifteen minutes,' when they haven't seen the person for three weeks, you can't touch them, see them, touch the coffin . . . it

is complicated, it's very complicated . . . and we feel that . . . we've lost that aspect of care . . . and while we did receive thanks from families who were grateful to us for having had that sensitivity and giving them those precious fifteen minutes . . . it's actually horrible, it's horrible . . . I don't think anybody would want to go through that. (Interview, chapel of rest, 5 May 2020)

The farewell procedures crystallise this tension. Despite the obvious difficulties in enabling them to take place, they are seen as essential. Professionals working in the field insist that a degree of flexibility should be possible,⁵¹ depending on the place and particular phase of the crisis, sometimes going against regulatory provisions and health recommendations. This kind of fine-tuning – a sort of delegated biopolitics based on a 'series of localised inventions'⁵² – is all the more important since the recommendations themselves do not necessarily give specific procedural instructions. For those working in the field, it is a question of acting consistently.

Avoiding the shift to a purely mortuary approach

At pains to avoid their actions seeming arbitrary or high handed, professionals are keen to make clear the good intention underlying each procedure or their inability to perform some of them. Thus, the communicational and relational dimension is deployed in order to counterbalance an increasingly technical approach to the handling of the deceased, and to make it more acceptable, sometimes even in the eyes of the professional him or herself.

The aim is for relatives to be able to pay their respects, to spend a few last moments with their loved one even if it's difficult, even if you have to keep your distance, even if you have to hold back from the people you love. But that's how it has to be, or otherwise we are simply closed to the public and they cannot pay their respects at all. And when we explained to them that that was the situation, well, things went much better. We would explain to them that we didn't want things to be that way either, that it's not pleasant to wear a mask all day, from 7 a.m. until 8 p.m. at night, because we open at 7:30 a.m. through to 8 p.m. non-stop. (Interview, chapel of rest, 5 May 2020)

Consequently, ways of doing things have emerged which would have been unthinkable in ordinary times, in order to take account of the health situation at the time and perceived or evident restrictions. During an outbreak, the impossibility of post-death care or of loved ones viewing the corpse was justified by recourse to the fact that health and funeral services were overwhelmed.

We didn't take any additional risks to make presenting the body possible – we had our hands full as it was and we didn't have time. We no longer had room to present a body and we didn't have time.

[And the families?]

They understood . . . they were just happy that someone was still there to take care of the deceased . . . they were grateful more than anything, I still see it in the messages I get now. We tried to retain as much humanity as possible in all of this. It's not easy when you are dealing with people on the phone rather than receiving them in person, or with the barrier that the mask poses, or allowing only one person at a time in the office, that sort of thing. We did what we could to preserve a minimum level of humanity, and people were generally grateful. And people understood that we could not let them see the body and there were few people who really insisted. The only ones who insisted, and even then this was by no means all of them, were the Muslims, to honour Islamic death rites . . . some had a lot of trouble accepting it [. . .] but they had no choice, it was out of the question [. . .]. Later some imams told them that nobody had the right to carry out the rites if it meant putting themselves in danger, so afterwards they accepted these explanations. (Interview, funeral operator, outbreak area, 16 June 2020)

When conditions at work no longer appeared to comply with the minimum criteria they perceived to be acceptable, the professionals adopted a reflective stance and expressed their disagreement. Some felt that the new provisions, which for a time would serve as the frame of reference, had significant consequences for funerary ritual and risked having subsequent consequences on the mourning process.

During lockdown, if someone had COVID, they were hospitalised with no visits allowed, and when they died, it was . . . into a body bag, close the coffin, and that was that. No ceremony, cremation, or at a push, a commemoration in the cemetery with a very limited number of people and interment. In terms of symbolism and funerary ritual, there was nothing . . . But that's something which is, however, relatively important for us today in our society, so I think there will be some ticking time bombs there . . . (Interview, funeral operator, outbreak area, 26 May 2020)

Anticipating these repercussions, funeral workers proposed alternatives, such as taking photographs, even if their implementation could prove difficult when the body had been placed in a sealed body bag upon death. These photographs bear witness, but also serve as proof.

What we proposed wasn't necessarily to make a film, but to take photos at different times . . . so it wasn't really black and white, it was more an awareness on the part of the masters of ceremonies, to recognise the journey each body goes on and share that with those who could not be there [. . .] from collecting the body from the nursing home, since it's not possible to show the face [. . .] and right up to the placing in the grave, to show that the person is laid to rest and how things happened right to the end . . . Yes, we are impacted by what is happening but the deceased has been attended to, the body is there, it is in its rightful place . . . So there you have it, we really wanted people to be able to keep a visual memento. (Interview, funeral operator, 27 April 2020)

Procedures that would ordinarily be carried out in other locations were limited to the morgue or a room of the care home. Thus, professionals took care to ensure that procedures perceived by the relatives as essential could be carried out in these specialised premises, sometimes without the relatives being present.

So sometimes, we had requests from the family who would ask ‘can you put this in with . . .’. I personally ended up delivering various items to the coffin or the premises, such as drawings, a small soft toy, a bouquet of flowers [. . .] I also left a prayer shawl for an Orthodox Jewish person [. . .] the rabbi wanted to do it [. . .] we took some really important measures. (Interview, hospital mortuary, 23 July 2020)

These accommodations can bring about a ‘case by case’ response, especially when the professional involved is personally affected: for example, if he or she knows the bereaved person personally, if the bereaved person works in a similar profession, or if the bereaved person is dealing with an atypical death. In these situations, all possible steps are taken to help preserve a relationship with the deceased.

Conclusion

During the first phase of the pandemic, now referred to as the ‘first wave’ when considering mortality rates, regulatory provisions played a fundamental role and required economic and social activity to be reorganised. Yet these measures, implemented at a time of crisis, failed to properly take account of the particularities of the funeral sector. They hindered the organisation of funerals and related activities, and required a good deal of fine-tuning. In France, some of these provisions were later invalidated by the Council of State,⁵³ showing that the relationship between public health considerations and funeral-related matters is at times delicate. In Switzerland, disparity between the cantons in terms of the measures adopted led to different approaches to managing the issue.

The professionals interviewed also cite differing situations, largely linked to the spread of the virus. In particularly affected areas, an approach best described as ‘disaster management’ was adopted. In areas where the virus had not, or not yet, become an issue, activity was reorganised in anticipation of a potential mortality crisis. This makes it difficult to convey in detail the degree to which situations varied across regions and over time while offering an analytical overview of this crisis from a funerary perspective. When this article was initially being written, the first wave of mortality had come to an end, when it was submitted the second wave was just starting, and at the time of its revision the third was underway. In order to remain faithful to our field, we decided to start from an inductive position while being careful not to force anything, in other words not to conclude that funerary practices had completely shifted towards a mortuary approach.

We found that during the first wave of the pandemic the corpse-management chain did not come under threat in the regions studied, but that the tension was palpable in areas affected by outbreaks.⁵⁴ Funerary operations were able to continue running, countering the images of coffins in storage, transported by military trucks,

interred in secret or subjected to forced cremation. On the other hand, despite this overall finding, a more detailed and systematic examination shows that this could be achieved only at the cost of numerous accommodations, some of which gave rise to questioning among the professionals involved, particularly with regard to the relevance of the new health regulations and their relative merits. Funerary operations were carried out in fear of contamination and under the guise of keeping a public service running, sometimes to the detriment of relationships with the bereaved, sometimes to the detriment of dignified treatment of the dead. The dead also barely featured in the speeches given during the spring of 2020 in support of the regulatory and organisational changes.

Without it having become the absolute rule, in a certain number of cases we see a strictly mortuary approach to the handling of corpses. The main reasons given in order to justify this shift, even when it is intended to be only temporary and partial, include urgency, an increase in demand, and the lack of personal protective equipment. Incomplete or fragmented knowledge of aetiology reinforced the distancing of corpses, perceived as vectors of contagion.

Within these global observations, we encounter situations of a particularly sensitive nature, highlighting the fact that both institutions and professionals working in the field found themselves underprepared to anticipate and manage mass deaths of this nature. Storage spaces for bodies were neither suitable nor sufficient in number. This is evidenced by the storing of bodies in refrigerated lorries or the repurposing of premises so that coffins could be temporarily housed there, reminiscent of the 2003 heatwave. Crematoriums also had to cope with a sharp increase in activity, while the number of ovens and qualified personnel could not expand at the same rate. This added considerably to the delays and made it necessary to hold the bodies in hospital mortuaries or chapels of rest, during which time the relatives of those who had died of COVID-19 were nevertheless unlikely to be allowed to pay their respects. Repatriating corpses was particularly difficult, subject to further restrictions which often rendered it impossible. Interim solutions had to be found, including the use of provisional vaults or burial in a section of the cemetery designated for a particular faith. However, in some municipalities at least, these sections were saturated during the pandemic period. Function rooms were requisitioned for the storage of coffins and urns, for example in venues used for civic ceremonies, or in chapels of rest, crematoriums and cemeteries, requiring them to be closed to the public. Under these particular conditions, the journey undergone by the body as well as the ceremonial process marking separation from the dead was left incomplete, further undermining the principle of equal treatment of the dead. Situations such as these contain the potential for great inequalities and must be given further consideration, along with upstream issues regarding the social inequalities surrounding death more generally.

With regard to the evolution of our relationship with death, it is still too early to know whether we will see a lasting change in customs following this pandemic. In view of previous studies on death in times of crisis, it is likely that this particular crisis will speed up the transition currently underway in the funeral sector. The demographic impact is significant, in particular in terms of excess mortality. The

effect on issues such as the way in which dead bodies are handled and the trajectories they follow is also evident, and will surely have an impact on mourning and funerary rituals. However, the extent of these changes and how long they will last is still difficult to gauge today.

These findings question the ability of Western societies to cope with an increase in mortality, albeit in this case an exceptional one. It is nonetheless an increasingly pertinent issue, since, if we consider the population pyramid of these societies, the number of deaths will only continue to rise. The ‘place of the dead’⁵⁵ does not yet appear to be a major social, political or anthropological issue.

Notes

Translated and edited by Cadenza Academic Translations.

- 1 F. Gamba, M. Nardone, T. Ricciardi and S. Cattacin (eds), *COVID-19. Le regard des sciences sociales* (Geneva, Seismo, 2020); E. Hirsch (ed.), *Pandémie 2020* (Paris, Cerf, 2020). See also the special issues, ‘COVID-19 et confinement’, *Revue de neuropsychologie*, 12:2 (2020); ‘Pandémie, crises et perspectives: lectures territoriales de la Covid-19’, *Revue francophone sur la santé et les territoires* (2021); S. Auray and A. Eyquem, ‘The Macroeconomic Effects of Lockdown Policies’, *Journal of Public Economics*, 190 (2020), <https://doi.org/10.1016/j.jpubeco.2020.104255>.
- 2 H. Bergeron, O. Borraz, P. Castel and F. Dedieu (eds), *Covid-19: une crise organisationnelle* (Paris, Presses de Sciences-Po, 2020).
- 3 Parliamentary and regional bodies have drawn up summary notes and recommendations. See in particular, ‘Crise du funéraire en situation de Covid-19: recort collective et rituels funéraires bouleversés’, Office Parlementaire d’Évaluation des Choix Scientifiques et Technologiques, 2 July 2020. See also: www.espace-ethique.org/sites/default/files/fins_de_vie_-_deces_15.04.20.pdf.
- 4 B. Cyrulnik, Interview on breakfast news, France Inter, 25 March 2020. www.youtube.com/watch?v=9t8THBMLuws. Translator’s note: Quotation wording our translation. Unless otherwise stated, all translations of cited foreign-language material in this article are our own.
- 5 M. de Hennezel: ‘L’épidémie de Covid-19 porte à son paroxysme le déni de mort’, opinion column, *Le Monde*, 4 May 2020, www.lemonde.fr/idees/article/2020/05/04/marie-de-hennezel-l-epidemie-de-covid-19-porte-a-son-paroxysme-le-deni-de-mort_6038548_3232.html.
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- 10 R. Huntington and P. Metcalf, *Celebrations of Death. The Anthropology of Mortuary Ritual* (Cambridge, Cambridge University Press, 1979).
- 11 This article is based on an ongoing joint research programme in France – COFUNÉRAIRE – *Co-funéraire – Co-construire une réponse funéraire en contexte de pandémie du Covid-19* (Co-constructing a funerary response in the context of the Covid-19 pandemic) (ANR, CNRS, CMW) – and in Switzerland, *No Lonely Deaths – Answering the Impact of the Covid-19 Pandemic on the Funeral Sector and on Bereaved Families* (FNS, HETSL, HES-SO and CMW).
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- 16 Hertz, 'Contribution à une étude des représentations collectives de la mort'.
- 17 The research programme *Transitions funéraires en Occident de l'Antiquité jusqu'à nos jours* (Funerary Transitions in the West, from Antiquity to the Present), investigates anthropological change in our relationship to death and the dead in contemporary times. It analyses this change and explores the major transformations which have characterised funerary practices in Europe and the Mediterranean since the protohistoric period. www.efrome.it/transfun.
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- 26 The open access journal *Human Remains and Violence*, <https://manchesteruniversitypress.co.uk/journals/hrv/>, along with a series of books published by Manchester University Press, <https://manchesteruniversitypress.co.uk/series/human-remains-and-violence/>, address the issue of mass death in times of crisis, in particular the management of bodies and body parts.
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- 34 An unprecedented measure, lockdown in France involved restricting the movement of populations to the bare minimum: for medical reasons, for key workers such as medical and care personnel, for those responsible for collecting household waste and, of course, funeral operators and public authorities. In Switzerland, among the urgent measures taken by the Confederation, a partial 'lockdown' was decreed, involving the closure of most shops, private companies and state services; the population was urged to stay at home wherever possible.
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- 42 Decree n° 2020-384, April 1, 2020, Art.1, Chapter 8 ‘Dispositions funéraires, Art. 12–5’. www.legifrance.gouv.fr/jorf/article_jo/JORFARTI000041776796
- 43 This is a tick-box option on the death certificate regarding funerary information.
- 44 This is a tick-box option on the death certificate regarding funerary information. The bodies of those suspected or confirmed to have died from COVID-19 must be sealed in their coffin prior to repatriation or provisional storage. In other situations, a simple coffin is sufficient. In all cases, the bodies will have been sealed in a body bag prior to being placed in a coffin.
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- 48 A. Jeanjean and C. Laudanski, ‘Comment “y mettre les mains”?’, *Techniques & Culture*, 60 (2013), 144–59.
- 49 E. Goffman, *Interaction Ritual. Essays in Face-to-Face Behavior* (London, Routledge, 2005 [1967]).
- 50 J. Bernard, *Croquemort: une anthropologie des émotions* (Paris, Métailié, 2009).
- 51 In certain circumstances the rules are relaxed, in particular with regard to the time that family members can spend paying their respects in the presence of the dead, which may be lengthened or opened up to accommodate more visitors. This sometimes happens when a child has died, an exceptional event requiring an appropriate response.
- 52 Memmi and Taïeb, ‘Les recompositions du “faire mourir”’.

- 53 The Council of State of 22 December 2020 deemed certain provisions to be unlawful, and they were subsequently cancelled.
- 54 In the regions studied, during the 'second wave' from October to December 2020 the situation changed. In the canton of Geneva and in the Auvergne-Rhône-Alpes region, mortality was at the highest rate nationally, resulting in a change in tone both in terms of discourse and practice.
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