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Diarised Reflections on COVID-19 and Bereavement: Disruptions and Affordances

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Abstract
COVID-19 lockdown and social distancing measures have restricted funerals and memorial events and have limited the face-to-face social networks that grieving people might normally be able to draw upon for emotional support. However, while there is considerable expert informed speculation about the impacts of grief and "COVID bereavement", detailed accounts of experiences of bereavement and bereavement support during the pandemic have the potential to enrich and provide nuance and subtlety to the evidence base. This paper draws on diary accounts of bereavement support volunteers in the UK, who have been providing support for the bereaved through these challenging times. These reveal layers of complexity to the experiences of loss, grief and bereavement during these extraordinary times. However, they also point to a number of additional themes that lend a more positive valence to the suspension of normal social expectations and memorial practices associated with the pandemic, which, we argue should be reflected upon for their

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potential to address the discontents of contemporary governance of end of life and bereavement.

Keywords
COVID-19, bereavement, grief, death, compassionate communities

Exploring COVID-19 Bereavement

A review of the literature in the first 6 months of the global pandemic shows the emergence of a consensus on the features of what some have termed COVID-19 bereavement (Harrop et al., 2020), but a dearth of actual empirical research (Stroebe & Schut, 2021). Current literature consists of a preponderance of expert comment and reflection pieces widely anticipating poor bereavement outcomes such as complicated and prolonged grief and even posttraumatic stress disorder (Harrop et al., 2020), given the circumstances of grief in the time of COVID-19 —for example, rapid occurrence of death, isolation of the dying, remote identification of bodies, lack of face-to-face support during bereavement, restricted funerals and financial hardship (Harrop et al., 2020; Stroebe & Schut, 2021; Walsh, 2020). A small minority of studies in Stroebe and Schut's review of the emerging literature anticipated somewhat more positive outcomes from the experience of COVID-19 bereavement. Abel, for example, drawing on a compassionate communities framing (see Abel, 2018; Kellehear, 2013) highlights the role of technology in supporting compassionate communities in the face of social distancing (Abel & Taubert, 2020; cited in Stroebe & Schut, 2021). Walsh contrasts an individually based symptom-focused approach to grief (see. e.g., Doka, 2002; Shear et al., 2013; Stroebe & Schut, 1999) with a systemic approach arguing that the latter foregrounds the potential of families and communities to learn from the suffering induced by COVID-19 and to "rebuild and grow stronger" (Walsh, 2020).

What Stroebe and Schut's brief review of the COVID-19 bereavement literature shows is the potential of COVID-19 to both disrupt and afford, but that the appreciation of both these aspects of COVID-19 bereavement is partly a matter of perspective: those who focus on individual grief pathologies pathologically anticipate negative bereavement outcomes for individuals, whereas those with a relational orientation anticipate opportunities for learning and innovation. Diarized accounts from the UK of those close to the bereaved by dint of their supporting role, while not first-hand accounts, have the potential to shed light on the lived experience of those who are bereaved and grieving during COVID-19. However, what we take from these reported experiences will also depend on the perspective we adopt. Our overarching perspective is a critical one in so far as we see events like COVID-19 as a potential moment of dislocation (Glynos & Howarth, 2007; Laclau & Mouffe, 1985) which, as well as disrupting the processes of grief and mourning for individuals, may also offer possibilities for new practices that challenge the somewhat constrained normative parameters in which grieving takes place in Western culture (Walter, 1996 and 2017; Kenny et al., 2019). Here, we draw on the more critically inclined literature on bereavement, grief, mourning and loss for ideas and concepts in which to ground our analysis of the data.

Bereavement and its Discontents

In very broad term, we see three lines of critique of contemporary practices and understandings of Western bereavement. First, and most fundamentally, is the framing of grief as a linear process of bringing the bereaved back to normal functioning. As Walter (1996) explains it, secularization has erased the clear signposts for dealing with loss and grief formerly laid down in religious, spiritual, and traditional doctrine, but, at the same time, our "post-modern" tendency toward reflexivity has made us highly susceptible to cultural norms of appropriate ways of grieving, which influence the appraisal of our own and others' grieving (Walter, 1996). Second and concomitantly, while there has been a growing recognition that grief takes multiple paths, including oscillation between different grief states (Stroebe & Schut, 1999), that bonds between the living and the dead may continue throughout life and, as such, that grief is "a potentially lifelong engagement" (Maddrell, 2016), these insights are marginalized in what Walter (following Wortman & Silver, 1989) refers to as the "clinical lore of bereavement counselling" (Walter, 1996) wherein the objective is "to return the individual as rapidly as possible to efficient and autonomous functioning" (*Ibid*). This general assumption of "a linear temporality" in which grief "is a relatively brief segment of emotional processing and eventual acceptance, followed by a timely re-entering into society and 'normal' life" (Kenny et al., 2019) persists. Third, and again consequentially, the temporal perspective in bereavement scholarship and counseling predominates over the spatial perspective space and occludes an appreciation of the materiality of grieving (Hockey et al., 2001; Hockey et al., 2010; Maddrell, 2016; Richardson, 2014). A turn to the space and matter of death, dying, and bereavement is seen by these scholars to hold the potential to render the everyday spaces and practices of individual and collective grieving visible, to overturn societal tendencies to underappreciate the significance of a death for a broader social body than immediate family (Mellor & Schilling, 1993) even if more recent social media practices render the dead "pervasive" (Walter, 2019). The turn to space and matter also has the potential to inform public and clinical attitudes and practices, bringing them closer to the everyday experience of grief and its multifarious paths and rhythms.

The small and time-bound dataset on which we draw here can make only a limited contribution to these discussions. Our aim was to offer some timely insight into the worlds of those experiencing bereavement and those working with the bereaved during COVID-19 and the disruptions and affordances that that entailed.

Methods

This project was carried out in partnership with the leading national bereavement charity, Cruse Bereavement Care, and a major provider of extra care housing, The ExtraCare Charitable Trust (henceforth ExtraCare), together with researchers at the University of XXXX and XXXX. Between May and September 2020 (during and after the first period of "lockdown"), eight bereavement support volunteers kept diaries. Three of the diarists were Cruse Bereavement Volunteers (BVs) all women and of working age offering bereavement support to clients across the UK. Five of the diarists were resident volunteer Bereavement Supporters (RBSs) (all women and between the ages of 60 and 85 years) offering peer support to fellow residents within their ExtraCare retirement village communities in England. The project was part of a much bigger 5-year (2017–2021) partnership between Cruse and ExtraCare—The Bereavement Supporter Project—which is funded by the National Lottery Community Fund. It was pioneering a public-health approach (Aoun, 2020; Paul & Sallnow, 2013; Sallnow et al., 2016) to bereavement support for older people that recognizes the need to develop the capacities of communities to support friends, neighbors, and family members through "normal" processes of grief. With the unexpected context of the pandemic, we decided to conduct this additional diary project, in which we wanted to explore resident volunteers' experiences of supporting other residents through bereavement during the extraordinary circumstances of COVID-19. We also wanted to explore any insight they might bring to how other residents were feeling about loss and bereavement while strict social distancing measures were in place in ExtraCare villages. While ExtraCare retirement villages are quite specific housing and care environments, which, even in "normal times", are environments in which maintaining emotional health and well-being can be especially challenging (West et al., 2016 and Shaw et al., 2016), they do offer a window on life and loss for the general demographic of older people. The over 70s, in particular, have arguably faced additional restrictions to daily social routines because of the heightened awareness of risk of death from contracting the disease and early public health injunctions to exercise particular caution. Through our project partners, Cruse Bereavement Care, we were also able to enlist a number of diarists from among their general bereavement support volunteers, who support all age groups through bereavement. While the two types of volunteers—older peer supporters in ExtraCare villages and Cruse BVs—receive different levels of training which enables them to offer different levels of bereavement support, having access to both groups enabled us to glean insights from within and beyond the specific demographic of ExtraCare villages.

Participants were recruited by means of an open invitation to volunteers sent out by Cruse Bereavement Care. So as to be as inclusive as possible, all ExtraCare diarists (RBSs) were offered a choice about how to record their bereavement support experiences from keeping paper diaries, to leaving brief messages on a dedicated telephone answering service, email or scheduled conversations with the Cruse project lead. BVs were asked to record their entries by email or by keeping a paper diary. We did not want to constrain diarists so kept instructions about what to include in “diary” entries to a minimum. We simply asked that their own experience of loss and bereavement and of giving support to others as well as offering some general insight into how other residents or Cruse clients were feeling during the difficult times of COVID-19. For those unused to keeping diaries, who were unsure how to start, we gave a list of suggested topics: for example, what has changed in their lives since lockdown and social distancing; what has changed in terms of the way they are giving support; what their clients or other residents are telling them about bereavement and loss?

The research was granted ethical approval by the Research Ethics Committee of the XXXXS at the University of XXXX. All diarists gave informed consent. In order to protect the well-being of diarists, all entries from ExtraCare residents were read within 48 h by the Cruse Bereavement Care lead and any concerns were reported to designated ExtraCare well-being staff. In addition, well-being staff made regular telephone calls to volunteers throughout the diary project. For Cruse BVs, general supervisory arrangements were followed. All diarists were instructed not to name any clients or ExtraCare residents or to give details that might render them identifiable so as to ensure anonymity. All diary entries were checked by the main project researcher, XXXX, and any such details removed or changed before being shared with the wider team. Diarists themselves were only ever referred to by their assigned code names, which we also use here to attribute quotations.

A total of 43 diary entries were received over a period of five months. A majority of diarists returned entries on a monthly basis, while others were less frequent. Some diarists experimented with paper diaries and one diarist recorded thoughts by way of regular recorded telephone conversations with the Cruse project lead, but most entries came in the form of email. Space precludes detailed discussion of the content, form and style of the diaries, but suffice to say that they provided rich and varied insight into the daily lives of BVs and RBSs themselves, as well as insight into the issues for which their support was sought and their insights on people’s experiences of grief and bereavement during the pandemic and, in particular, during the first period of lockdown in May and its easing in the summer of 2020.

Diary entries were analyzed by the project team as they were submitted. Initial reflections on emerging themes were recorded on a shared document. From this, XXXX then drew out the salient themes and supporting quotations, which were then re-analyzed by the core academic team in two dedicated one-day data analysis sessions conducted via video conference (zoom) and further discussed in project team meetings. Key themes were further refined by XXXX, who organized a 1-day appraisal of the core lessons for practice with the main project team (e.g., academic team members, Cruse, and ExtraCare) as well as additional staff from Cruse Bereavement Care. What we here present as findings, therefore, represents not only insight from the diaries themselves, but also those from key practitioners about the wider implications for how we might think about bereavement support in terms of COVID-19 bereavement, to use Harrop et al. (2020) term, as well as what they might imply for enhancing bereavement support post-COVID-19.

Findings

In this section, we present the key findings from the diaries project, drawing as much as possible from the rich material in the diary entries to illustrate those themes. The themes generated are: *(1) When only physical presence will do*; *(2) Talking and remembering on hold*; *(3) Absence of forward momentum*; *(4) Virtual spaces of bereavement support*; *(5) Re-collectivizing bereavement*; and *(6) Welcome respite from mandatory happiness*. The first three themes lend some support, as well as nuance, to the notion of COVID-19 bereavement, both from the (reported) perspective of those who are bereaved, as well as directly from the perspective of those offering support. As such they point to the ways in which COVID-19 has disrupted and "complicated" grief and challenged practices around supporting the bereaved. The next three themes point perhaps to some ways in which we might imbue the restrictions imposed as a consequence of COVID-19 with a more positive valence, potential lessons which we take up further in the discussion section. We emphasize here that themes are not chosen because they are common, or even prevalent, among diarists. They are reported experiences that may only be salient for one diarist and at a single point in time, but may nonetheless offer something by way of insight into the little-known world of bereavement in a pandemic and which we might presume applicable to a wider population.

When Only Physical Presence will do.

The pandemic poses a challenge to bereavement in a variety of ways as noted in the introduction. What perhaps more than anything characterizes bereavement during COVID-19 is the absence of the kind of face-to-face support networks that those grieving might ordinarily draw upon. One of our RBS diarists, Bobbie, gave the following account of one of her friends and neighbors, whose grieving had been directly and painfully affected by the summer lockdown restrictions. This experience, which is best described in Bobbie's own words, is especially poignant for its multi-generational impact.

> I have another resident (Eunice) I keep on phoning…..The ambulance came on Monday I think. They didn't take her away, but she was in distress. I spoke to her and said "what was the matter". Apparently her grandson is in hospital very bad. He got the virus. She said "I want to see my daughter." I said: "You cannot see your daughter because of the problems and whatever, staying apart and so." But she said: "But I *need* to see my daughter". I said "Why you need to because you are talking to her on the phone". She said: "I can't talk to her because I don't know what to say to her about my grandson". You know he is very, very critical. I said: "Even if you talk to her and cry." She said: "I don't know what to talk about, I just want to see her and hug her." (Bobbie, RBS, May 2020)

Bobbie's next diary conversation:

> 'My friend Eunice, I told you her grandson was very ill [with the virus]. Well, he died. I did go round and see her. I didn't break the rules. She was in the bedroom and I was in the passage just talking to her. I spent quite a few hours with her, because she was absolutely down, absolutely, absolutely devastated.' (Bobbie, RBS, June 2020)

This experience of the death of a young family member would be difficult to bear even in normal times. In the socially restricted circumstances of the pandemic, the absence of physical contact for this family is quite clearly unbearable to the point where Eunice is herself almost hospitalized. Further into the conversation, Eunice talks of her frightened daughter making the journey to the retirement village only to be turned away at the door because of COVID-19 restrictions, leaving us further to imagine the compounding sense of fear and destitution for both mother and daughter that this likely entailed. Eunice's grief was at least known about by Bobbie, who continues to support her and be physically present through her bereavement. For other older people experiencing such grief in a general community setting, there may not be such readily available acknowledgement and support.

Talking and Remembering on Hold

Grief scholarship has persistently emphasized the importance of navigating ongoing relationships with the deceased through memory (Hockey et al., 2001). Remembrance can happen through the medium of ongoing conversations about the deceased with those who knew them well (Walter, 1996) and through contact with the physical objects and the intimate spaces of home and shared environments (Hockey et al., 2010; Richardson, 2014). Our diarist, Bobbie, again, speculates on the ways in which COVID-19 may have thwarted the processes of divestment of objects and separation from the deceased that accompanies the negotiation of ongoing attachment (Miller & Parrot, 2009).

The diary extract concerns the daughters of a fellow ExtraCare resident with whom Bobbie has been the primary contact. The mother has died and her funeral has been held, but the daughters have not been able to gain access to her apartment for the duration of the first lockdown. In Bobbie's words:

> 'They've got the apartment downstairs to go and clear out… they're going to go in there and relive the event. Mum isn't about! Do you know what I mean? Mind boggling really. We've buried her, but she must be about. Because there hasn't been that talking. The reality is that they are going to go into that apartment and see a lot of mum, her smell everything and all that and having to destroy it. I've buried her and now I'm throwing her things out.' (Bobbie, RBS, June 2020).

What Bobbie so poignantly reminds us is that the home of the deceased is an important site for sharing some last moments of intimate contact; a site where relatives and close friends might meet to sort through possessions, to ponder the arrangement of domestic space and in these arrangements to perhaps glean the life priorities of an erstwhile living being or, possibly even, as appears to be the case here, to take in the actual scene of death. In Bobbie's analysis, grief is deferred because in the denial of access to their mother's apartment they have been denied the opportunity to talk ("there hasn't been that talking"). However, she also alludes to a disrupted sequencing of mourning tasks in which the burial of the physical body precedes contact with the last vestiges of living body—"her smell"- followed eventually by the compulsion to destroy it all quickly so that new residents can take possession of the apartment. As Miller and Parrot have observed, there is no sequence to the tasks of distribution and divestment of objects about which one can generalize, but such tasks "can help to create a long-term, processual relationship to the loss" (Miller & Parrot, 2009). With what we are naming COVID-19 bereavement, the process would appear to be truncated with consequences we have yet fully to discern.

Absence of Forward Momentum

It is received wisdom that grief ebbs and flows with the rhythms of life. The idea of the dual process model of grief (Stroebe & Schut, 1999 and 2016) captures two orientations in bereavement and with them perhaps also two temporalities—that of the steady forward flow of life's everyday (restoration) activities and that rather less certain rhythm of grief in which forward movement seems to be impossible. What we have heard from our diarists is that with lockdown the usual sense of forward movement that comes with a schedule of future plans has given way to a repetitive sameness.

> "I find I am thinking and moving more slowly. Walk into kitchen and forget what I came for. Even making a cup of coffee is done slowly, take cup out of microwave, then…find a teaspoon….. then get the coffee out. This is partly because there is so little pressure to do anything on time. I made a list of everything I used to do weekly, from exercise classes to shopping to walking into town to church, coffee with friends and preparation for talks I gave. It came to 16 items. I added a further 11 things I would expect to do monthly. They all stopped with lockdown. A few have been replaced, meetings on zoom, exercise on the balconies, celebration of VJ Day, but it is not the same." (Jean BV, August 2020)

For some this has prompted a search for meaning and comfort in the small things that are normally overlooked when life is more hastily lived. For those who are grieving, however, this loss of life rhythm appears also to have intensified grief and to have amplified a sense of being stuck in the eternal present, as the quotation from Sally, one of our Cruse BVs illustrates:

> "My client…is finding the lack of community activity very challenging. It is also difficult for signposting because so many groups are not meeting and she does not have access to a computer. She lives alone in a house and has unhelpful neighbours. She would like to live in a more caring community. Her life before her mother died was all consuming with her mother's health her main occupation and her only source of social interaction was by being part of that caring team of people involved. COVID 19 has really reduced any of those restoration after loss activities for her. In a very slight way I can appreciate just a hint of the loss of a role and how it affects my well being. Before COVID, my life was really full, I helped my mother at weekends, I met my grandchildren from school, I looked after my grandchildren in the school holidays. I was able to host family parties and enjoy shared family holidays. I have felt really useful, and now its quite difficult coming to terms with and making the adjustment to not having the pleasure and challenge of those roles… Although I don't like being redundant I can be part of the community that tries to make a difference, by listening and trying hard to understand."
> (Sally BV, July 2020)

In the account of this diarist, it is not simply the absence of supportive social networks that challenges the grieving process, but it is the absence of social roles—what she herself terms "restoration-after-loss-activities"—and with them the forward rhythms of life that can disturb the repetitive cycle of grief and set it on its restorative path. Developing new routines as a single person used to being in a couple, or simply learning the art of being sociable as a single are greatly complicated by COVID-19. For those who are supporting and counselling the bereaved this is challenging as grief has no other outlet in the period between counselling sessions either for the support giver or the support recipient. As the diarist above remarks, there is little forward rhythm in her own life to leaven the intensity of the grief relationship. Moreover, as another of our BV diarists pointed out, what is also lacking for counsellors and supporters is the casual conversation and shared understanding that passes between supporters who are co-located in the same building.

In summary, then, our diarists have not only shown us that they have anticipated that with COVID-19 would come a different sort of bereavement and in that they have confirmed what we hear anecdotally and from the emerging research on this topic. Their diaries have painted for us, in texture and color, intimate accounts of the ways in which COVID-19 disrupts the rhythms of life and grief, in a variety of ways, and perhaps deprives the bereaved and those supporting them of the distractions from loss-oriented grief work (Stroebe & Schut, 2016). In Eunice's case, the normal generational order of death has been reversed, in a world where death rarely happens "out of time" (Johnson, 2009), would be hard to process at the best of times. In COVID-19 bereavement, the reassurance of the physical presence of family members experiencing the same intense grief is barred and words simply fail to offer any kind of comfort. In the case of the daughters, being physical barred from the intimate space and possessions of their deceased mother means that the important physical, material work of grieving is deferred and possibly will never happen, at least not at a pace that is meaningful or useful. In COVID-19 bereavement, grief seems to be out of time and out of place.

However, in addition to these disruptions, our diarists gave us a sense of the relief and possibilities that COVID-19 has afforded the bereaved, both those who are newly bereaved as well as for those whose grief is longer standing.

Virtual Spaces of Bereavement Support

Lockdown and social distancing have meant that all of our diarists have had to develop new ways of supporting the bereaved. Support and counseling that would otherwise have been face to face has been given by telephone and, to a lesser extent, by video call. Our ExtraCare resident bereavement supporters have talked, for example, about setting up chains of telephone calls to ensure that some 60 residents receive at least one telephone call a week. As we have discussed already, for some, just talking will never replace the comfort of physical presence. Some of our diarists also reported that they found it difficult to offer bereavement support without the normal visual clues to reaction and mood that come with face-to-face interaction. However, as one Cruse BV diarist pointed out to us, it may be that developing a supportive relationship by the medium of telephone is an art that can be developed. In a diary entry in June 2020, she highlights the limitations of telephone interaction:

> “When working with a client face to face he/she would have left home; just by closing the door and physically walking away providing a space between home and the work he/she wants to do. Whereas with telephone support it’s harder for some clients to get to that place without a settling conversation…I have spoken to my supervisor about time boundaries and have been given some helpful strategies. I have also found some very good self-care advice on the Cruse intranet.” (Sally, BV, June 2020)

Here she notes the need for a settling conversation, implying that the telephone encounter needs to unfold at a different pace than a face-to-face encounter. Towards the end of July, much later in the course of the pandemic when restrictions are eased, but telephone counselling continues, she remarks on her own learning and progress:

> ‘I am learning to work with clients who are slower in their process during the session and to measure, pace and weigh the silences. I do find it challenging and for some of these clients I would like to give more sessions because they are slow and very low so the progress we make together is in tiny little steps.’ (Sally, BV, July 2020)

Here she demonstrates how she is accommodating to the restrictions, but as she also observes, the possibility of telephone support potentially makes bereavement support more widely available to people who find it less easy to travel, as she notes, for example, of her disabled clients in the same diary entry. Moreover, as another

Cruse BV diarist recorded later in the course of the pandemic, the transition to telephone-based support can be relatively easily accomplished without necessarily diminishing the quality of the support relationship:

> ‘Using the phone has been a simple transition for me. My clients have all been very grateful that I (we) have taken that time to just listen, and be there for them in such uncertain and restricting circumstances. Some have taken that time to open up and allow their utter pain to spill out uncontrollably, safe in their anonymity. Others have remained stoic and somewhat reserved, however trust was built swiftly. Each week I was often told that they were looking forward to me calling. It was company for some. I had one gentleman whose regret was that he hadn’t met me. He’s invited me to a music event that will go ahead when restrictions ease. It will be in honour of his beloved father. I was flattered.’ (Jean BV, August 2020)

What our diarists show us here are the ways in which normal bereavement support and counselling practices have been adapted to the pandemic. More than that, however, they also perhaps point the way to practices that may bring lasting benefits. In the section that follows, we present material from our ExtraCare diarists on some of the ways in which *communities* have come together in collective acts of bereavement and memorialization.

Re-Collectivizing Bereavement

It is now moot as to whether death is quite as sequestered (Mellor & Schilling, 1993) as sociologists once thought (see Walter, 2019), but in our research for the main study, to which the diaries project is attached, residents often told us that they were not formally told by staff when another resident had died or had been admitted to hospital. Although not organizational policy, it appeared that staff was often of the view that death and illness were the private business of family members, whose decision it should be to inform residents, including those who may have formed strong bonds of friendship to the deceased.

Bobbie told of a member of her book club -no longer meeting because of lockdown- who had no idea that a fellow book club member had died.

> ‘I said, Eleanor passed away and it just nearly floored him. He said: “What you talking about?” I had to catch him up; update him you know. People have passed and you know it’s a completely different thing! (…) We’re still grieving… we haven’t started grieving because not all of us can come together and say ‘Oh Eleanor used to do this and Eleanor would have laughed about that’, you know that sort of thing (….) That sort of conversation is still on hold. Our mind thoughts is completely different now! (Bobbie RBS, June, 2020)

Residents who are close friends sometimes attend funerals, as occasionally do members of staff, but there is little sense of these being "communal event(s) for the social body" and an occasion for collective taking stock. Indeed we also hear that sometimes residents can be vocal in their condemnation of the volunteer bereavement supporters' efforts to raise the profile of their work in the villages, feeling that the villages are primarily places for living not for dying.

> "I don't think this village, residents or staff, have worked out how to deal with deaths. A few families have held wakes in the village hall, and sometimes the flowers from the coffin have been given and laid on a table by the front door, once or twice a notice has been put up at reception with a photo and date of funeral, but this has not happened for many months. I get the feeling that death is not a nice subject and should not be mentioned in a place where so many old people are living, or funeral flowers might put off people who are thinking of moving here." (Chloe RBS, August 2020)

However, two of our ExtraCare resident diarists also told us about more spontaneous acts of collective memorializing that occurred during lockdown, involving residents assembling on their balconies. In the example below, a funeral had been arranged for one of the residents by family members. It had not been possible for residents themselves to attend the funeral because of the lockdown. Residents therefore arranged to assemble in the car park and on their balconies to watch the hearse and cortège drive around and to recite eulogies and sing hymns. This, as our diarist stressed, was especially poignant because the daughter of the deceased resident was suffering the bereavement of three members of her family at the same time. In the diarist's words:

> 'We had a funeral on Wednesday. Well, the thing about it, that girl she lost not only her mum, she lost her father and she lost her grandfather. So what Mavis and Heather did was they printed out some songs … The staff came out to stand outside and by word of mouth I told some of the residents, ringing round saying to quite a few people that if they wanted to go down or stand on their balconies. They had a prayer and some songs and they talked about her for about 15 min and then the hearse came round and stopped a bit. It was very moving, very, very moving and personal.' (Bobbie, RBS, May 2020)

This along with other spontaneous acts of collective memorialization that we have heard about and experienced ourselves in regular neighbourhoods offer up potential new spaces of memorialization (Hockey et al., 2010) and potentially new "deathscapes" (Maddrell, 2016) that recognize the legitimate needs of those outside of the family to remember the deceased in their own way.

Welcome Respite From Mandatory Happiness

We noted above that one of the characteristics of Covid-bereavement seems to be that the normal (or expected) rhythms of grieving are disrupted. In the final section we will focus on aspects of the response to the pandemic itself that appear for some at least, to have been more conducive to the rhythms of bereavement and of grieving. What some of our diarists have observed is that for some people lockdown has afforded the possibility of avoiding being sucked backed too quickly into the regular flow of daily life and its compulsion to be upbeat and celebratory.

> "Fathers Day this week and a client grieving for her father is finding it very tough and painful. She is thankful however that pubs and restaurants are still closed because she feels angry and resentful when she sees other fathers out there enjoying family time when she has not got her father there to celebrate with. Therefore, on Sunday when we are still not allowed out, she is protected from that source of pain. She does not have to be so aware of the others. She intended to somehow bypass the supermarket father's day promotions and cards [….] In many ways she is finding the lockdown helps her because its giving her an opportunity to withdraw without trying to find excuses. Her best friend certainly does not get it and wants to change the subject when she talks about her dad. Withdrawing and being sad is just where she wants to be and she can do this without feeling guilty about being a 'party pooper'". (Jean BV, June 2020)

This observation about having space to grieve without the pressure to conform to social norms seem to apply to those who are newly grieving as well as to those whose grief is longer standing. While, as we noted above, the forward thrust of life's usual rhythms can be an important source of distraction from grief's endless repetition, as our diarist tells us, the grieving may also crave moments of stillness in which to simply be sad, free of the imperative to return to normal functioning (Walter, 2017) and mandatory happiness. The lockdown and social distancing measures introduced to address COVID also seem to have slowed down the pace of life, offered respite from social convention, and have afforded these welcome moments of stillness to the bereaved.

Conclusions

In this paper, we have presented data from a small and serendipitous project consisting of the diarized accounts of trained volunteers supporting the bereaved. The diary entries, although limited in number, present nuanced and rich insights, from their perspective, into the lifeworlds of the bereaved and grieving during the pandemic and its attendant restrictions on normal social life. How people grieve and how they talk about it is never free of the influence of theories of grief (Walter, 1996). This is also true of our diarists, all of whom trained to varying degrees by one of the UK's largest bereavement charities. Nevertheless, as lay accounts, they offer a counterpoint to the professional and expert anticipations of poor bereavement outcomes that, thus far, have dominated discussions of COVID-19 bereavement (Stroebe & Schut, 2021). They echo themes in the literature, such as disruption to the normal generational order of death and multiple bereavements in quick succession. They have also shown that those who are bereaved during COVID-19 have been deprived of "normal" funerals and have had to face their grief without the usual support networks of family and close friends and with that also the vital opportunities to talk of, and to remember, the deceased. They have added nuance and texture to these common disruptions.

The accounts they offer are very far from one-dimensional accounts of individual psychologies, but are instinctively attuned to the spaces, materiality and relational nature of grieving. Bobbie's account told of three generations of one family literally torn apart by COVID-19 and the ensuing lockdown restrictions, which deprived them of the most basic of human needs—to be with each other. Eunice's body here presented to us as a "text of grief" (Maddrell, 2016), her physical response to the unfolding tragedy of her grandson's hospitalization with COVID-19 and eventual death almost placing her in hospital too. Bobbie's concern for the daughters grieving for their mother, but barred from the home in which she lived and died and the objects that she touched and which still bore her smell. Sally's and Jean's rich accounts of the absence of a sense of forward time and its distractions from the loss-oriented activity of grieving (Stroebe & Schut, 1999) and the concomitant intensification of the support relationship.

The diaries have also given us important insights into ways in which the restrictions associated with COVID-19 might be imbued with a more positive valence. First, Sally's rich reflections on her experience of learning to "weigh the silence" in supporting the bereaved by telephone instead of the usual medium of face-to-face talking. As is well documented in the literature, the demand for bereavement support and counselling services far outstrips their availability (Penny & Relf, 2017). Extending such services via telephone not only implies reaching more people, but potentially also makes it possible to accommodate to the rhythms of those who take longer to process their grief, "cut(ting) through the limitations of place-based temporalities" (Maddrell, 2016).

Whether death is, in general, the sequestered and privatized event that sociologists of death have assumed (Ariès, 1975;) is moot (Walter, 2019 and 2017). However, in some of our diary settings, we heard that keeping death within immediate families is the default position. Families must be told of death first and families may choose to reach out to the wider community and invite nonfamily members to the funeral. In non-COVID-19 circumstances, residents get to hear of the death of other residents on the grapevine. However, in COVID-19, as we heard in Bobbie's account of the book club member's devastation that he didn't even know about the death of his fellow book club member, the grapevine does not function as efficiently. This "not knowing" as we heard in one diary extract can be distressing for residents who perhaps feel it to be a betrayal of their relationship with the deceased that they did not know sooner.

Funerals are, of course, one way of organizing public memorializing and mourning, but, there are other perhaps less privatized and sequestered possibilities, such as simply congregating to talk or the organization of public memorial events. COVID-19 seems, at least in the examples of the retirement villages we have given, to have rekindled the possibility of more autonomous, spontaneous and public acts of registering death and taking stock of its meaning for the collective. In our examples, perhaps death has been brought out of the shadows of private space and into the public arena of the retirement village. On a more general level, we have certainly seen how communities can mobilize, both physically and virtually, to provide for those in need of extra support, echoing Abel & Taubert; (2020) anticipation of the emergence of technologically enabled compassionate communities.

Finally, we have seen how the public health response to COVID-19 has, for some, afforded a stillness that is too often lacking in the business of contemporary life together with permission to withdraw from social spaces and their tendency to command happiness and productivity. There are lessons here perhaps for overturning the apparently enduring cultural logics of staged and time-limited grief, which pathologizes those whose grief obeys a different temporality (Kenny et al., 2019).

While policy makers are understandably keen to return economic life to pre-pandemic conditions, in general public discourse we have also often heard the sentiment that we ought not simply to return to normal life without pause and reflection. Some express hope for a kind of social, ecological or perhaps even, cultural or spiritual, reset to justify the devastations entailed by the pandemic. What has caused this disruption to "normal life" is nothing less than a kind of atavistic return of death into the flow of life that we, in the Western hemisphere at least, had presumed banished, tamed or sequestered. In critical terms it can be seen as a significant "moment of dislocation" and it would perhaps be remiss if the only lesson we had to draw from exploring experiences of grief and bereavement during the pandemic was how to set the COVID-19 bereaved swiftly back on a path to normality, important though that undoubtedly also is. The diary accounts that we draw upon are clearly not in any sense statistically representative of a more generalized phenomenon, but they nonetheless point to features of what has come to be termed COVID-19 bereavement (Harrop et al., 2020) that may be more conducive to grief's idiosyncratic temporalities and have pointed the way to the redistribution of spaces in which to grieve and collectively mourn. If bereavement in contemporary society feels precarious and out of joint, there are perhaps things we can learn from this experience that will make it less so. In the words of one of our diarists:

> "Now I encounter fresh challenges as I discover my next 2 clients are bereaved due to Covid 19. I'm apprehensive yet intrigued to be part of this process. I will learn so much from this kind of grief." (June, BV, August, 2020)

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