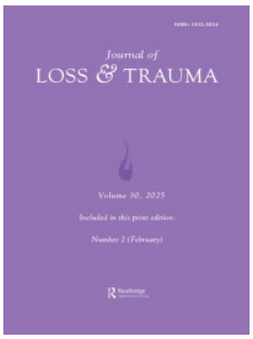

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Rituals in Grief: Why Meaning Matters More than Numbers

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ABSTRACT

The COVID-19 pandemic severely restricted social interactions and ritual practices, deeply affecting mourning rituals. This longitudinal study investigates how prevented and performed rituals influence grief reactions evolution among bereaved individuals in the province of Quebec (Canada). Data were gathered via online surveys conducted five times (every six months) from March 2021 to May 2023. With 529 participants at baseline, we assessed their experiences with pre- and post-mortem rituals, satisfaction levels, and grief reactions using the Traumatic Grief Inventory Self Report (TGI-SR). At the start, 32% of participants with a loss occurring ≥ 6 months showed probable Prolonged Grief Disorder (PGD), which decreased to 13.9% by the second data collection. Participants had an average of 2.9 out of eight traditional rituals prevented by the pandemic. Those with probable PGD reported significantly lower satisfaction with performed rituals compared to those with fewer grief reactions. Mixed models analysis indicated that the number of prevented rituals did not predict TGI-SR scores, but satisfaction with performed rituals significantly predicted grief trajectories. Higher satisfaction was associated with lower grief reactions over time. These results suggest that meaningful ritual experiences can help reduce grief intensity even when the number of rituals is limited. The study demonstrates the adaptability of bereaved individuals during the pandemic and emphasizes that the quality, rather than the quantity, of rituals is crucial in the grieving process. This underscores the need to support the facilitation of meaningful rituals to aid those grieving.

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Prolonged grief disorder (PGD); funeral rituals; COVID-19 pandemic; bereavement; grief reactions

The COVID-19 pandemic significantly altered funeral rituals across various cultural contexts. Despite the extensive media coverage and several empirical studies that have detailed the impact of public health measures on mourning rites (for a review, see Firouzkouhi et al., 2023), it remains unclear to what extent these restrictions have affected grief reactions and processes.

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Beyond the restrictions imposed during the pandemic, previous studies have evidenced the role of rituals in fostering grief adjustment. Mitima-Verloop et al. (2021) explored the relationship between funerals, post-funeral rituals, and grief reactions over time, demonstrating that while positive perceptions of funeral services were associated with greater emotional well-being shortly after loss, these perceptions had limited influence on the long-term intensity of grief reactions. Instead, individual post-funeral rituals, such as lighting candles or visiting gravesites, were rated as moderately to very helpful for maintaining emotional bonds with the deceased and fostering a sense of control (Castle & Phillips, 2003; Mitima-Verloop et al., 2021). However, collective rituals such as public memorials appeared to serve distinct purposes, focusing on collective meaning-making rather than directly alleviating individual grief (Mitima-Verloop et al., 2021; Possick et al., 2007). The findings underline the dual role of rituals: providing emotional catharsis through private acts and facilitating social and cultural cohesion through public ceremonies. These distinctions are important for understanding how ritual adaptations during the pandemic may have shaped grief trajectories. Recent theoretical frameworks have advanced our understanding of the psychological mechanisms underlying ritual effectiveness. Hobson et al. (2018) propose that rituals regulate emotions, goal states, and social connections through both bottom-up (sensorimotor) and top-down (conceptual) processes. These mechanisms explain how rituals foster emotional catharsis, enhance a sense of order, and strengthen group solidarity, which can mitigate feelings of isolation in grief. Wojtkowiak (2018) emphasizes the transformative potential of rituals, highlighting their ability to reconcile emotions and thoughts through structured, symbolic actions performed in social settings. These frameworks underscore the importance of understanding rituals not merely as static cultural artifacts but as dynamic processes that adapt to individual and societal contexts, providing a foundation for resilience and meaning-making in bereavement. Importantly, rituals are not confined to the immediate period surrounding death but can extend throughout the grieving process. Castle and Phillips (2003) emphasize that many bereaved individuals engage in ongoing rituals, such as visiting gravesites or observing anniversaries, long after the initial loss. These acts help maintain emotional bonds with the deceased (Mroz & Bluck, 2019) and provide opportunities for reflection and meaning-making (Vale-Taylor, 2009). The ongoing nature of rituals highlights their dynamic role in grief adaptation, suggesting that their benefits may evolve over time rather than being limited to the immediate aftermath of loss.

Firouzkouhi et al. (2023) reviewed 15 studies across various countries, and some of them have highlighted significant disruptions to mourning rituals due to COVID-19 restrictions. Families often faced barriers such as

being unable to visit dying loved ones, restrictions on bedside attendance, and the inability to perform religious rites, which led to heightened anxiety and grief. After death, limitations on funerals, viewings, and mourning ceremonies compounded distress, resulting in prolonged grief for many. Studies have highlighted the profound impact of COVID-19-related restrictions on mourning rituals and the grieving process. For example, Torrens-Burton et al. (2022) found that even when funerals were permitted, limitations such as restricting attendance to less than 10 individuals and excluding traditional elements like singing and readings caused significant distress. Families faced heart-wrenching decisions about who could attend, underscoring how these restrictions disrupted not only rituals themselves but also the emotional and social support they provide. These findings align with Burrell and Selman (2022), who argue that it is not merely the presence or absence of rituals but the perceived meaningfulness and satisfaction derived from them that significantly influence grief trajectories.

The literature also reveals a range of emotional responses to disrupted rituals. Many bereaved individuals reported heightened feelings of guilt for being unable to be present at the moment of death or perform culturally or religiously significant rites (Cherblanc et al., 2022; Hernández-Fernández & Meneses-Falcón, 2022; Torrens-Burton et al., 2022). Others expressed disbelief and difficulty in accepting the death, as the absence of rituals left them feeling as though a critical step in their grieving process had been skipped (Mortazavi et al., 2020; van Schaik et al., 2022). In Canadian studies, participants described a lingering sense of surrealism, as pandemic restrictions prevented the formal acknowledgment of their loved one's death, leaving many of them still processing their loss months later (Janus et al., 2024).

Moreover, longitudinal studies suggest that the effects of these disruptions may extend beyond the immediate aftermath of the loss. Zou et al. (2023) found no significant short-term differences in grief severity between individuals who were able to perform end-of-life rituals and those who were not. However, they noted that the full impact of ritual restrictions might only emerge over time, underscoring the importance of long-term follow-up in understanding the consequences of these disruptions on grief processes.

Several limitations and potential biases must be considered when interpreting these findings. First, there is the potential for confusion between grief reactions and the attribution of these reactions to ritual restrictions. Since all bereaved individuals during the pandemic experienced both loss and ritual restrictions, it is challenging to discern whether the observed grief reactions are specifically caused by these restrictions or other factors, such as the loss itself or the broader context of the pandemic (Erbiçer et al., 2023; Mortazavi et al., 2020; van Schaik et al., 2022; Zou et al.,

2023). Moreover, many studies rely on retrospective reports or were conducted during the pandemic when overall living conditions were disrupted, which may have influenced the reported emotional responses (Erbiçer et al., 2023; Mortazavi et al., 2020; van Schaik et al., 2022; Zou et al., 2023).

Second, although initial studies indicated a negative impact of ritual restrictions on grief, these effects might be present only in the short term. Most research was conducted either during the pandemic or retrospectively soon after, potentially capturing grief responses that do not persist in the medium to long term (Burrell & Selman, 2022).

Third, the deleterious impact of ritual restrictions does not differentiate between the types, quantities, or nature of the restricted or prevented rites and the subjective experiences of the rituals that could still occur, even if they were not "complete" or "traditional." Yet, a recent review suggested that the meaning and satisfaction derived from the rituals performed may play a more significant role in grief processes than the mere presence or absence of rituals (Burrell & Selman, 2022). Thus, Mitima-Verloop et al. (2022) have shown that a positive and reassuring evaluation of funeral services was associated with fewer reactions of grief, in contrast to the performance *per se* of traditional rituals. The evaluation of the funeral as positive and reassuring was measured using the Funeral Evaluation Questionnaire (FEQ), assessing, for example, the extent to which the funeral helped to process the loss or went as planned, and using items assessing the level of comfort of the funeral. These two dimensions were found to be associated with grief reactions, as opposed to funeral participation or planning. The extent to which individuals perceive these rites as meaningful or satisfying might significantly impact grief trajectories.

This brings us to the need for a more nuanced understanding of the impact of ritual restrictions during the pandemic, which our longitudinal study aims to address. By differentiating between quantitative aspects (e.g., the number of prevented rituals) and qualitative aspects (e.g., satisfaction with performed rituals), our research seeks to provide a clearer picture of how these factors interact to influence grief reactions over time. In this study, we define rituals as adaptive symbolic practices embedded within cultures and traditions, serving to structure, convey, and embody values and emotions in response to significant life events, such as the death of a loved one. Drawing on Catherine Bell's work (Bell, 1992), rituals are understood as dynamic and evolving rather than fixed, adapting to individual and collective needs while maintaining continuity with culture and traditions. Our study aimed to test the effect of end-of-life and funeral ritual restrictions on the longitudinal progression of grief reaction levels experienced by bereaved individuals during the COVID-19 pandemic. More precisely, it examined the effect of the number of prevented rituals and the level of satisfaction with the performed rituals on grief outcomes

over time. We hypothesized that a higher number of prevented rituals would be linked to more intense grief reactions, whereas higher satisfaction with the rituals that could be performed would be associated with lower grief reactions over time.

Methods

This study is part of the COVIDEUIL study, an international mixed longitudinal research project that began in France (Sani et al., 2024), and also conducted in Italy (De Vincenzo et al., 2024), Switzerland, Belgium (Boever et al., 2023), Greece (Koliouli et al., 2025), and Mexico. The present study included quantitative data from Canada, with participants completing the questionnaire on five separate occasions.

Procedure and participants

People were invited to complete an online survey in March 2021 (T1) through a website, social media (Facebook, Instagram), and a direct invitation by mail from the Quebec Funeral Cooperative Federation (*Fédération des coopératives funéraires du Québec*). People who completed the survey and accepted to be contacted were invited by email to complete the same questionnaire every six months for a total of five data collections (T2: November 2021; T3: May 2022; T4: November 2022; T5: May 2023). The initial inclusion criteria were to be 18 years old and over and to have lost a close person since the start of the pandemic in March 2020. A total of 529 participants were included in the analyses at T1, 223 at T2, 163 at T3, 98 at T4, and 84 at T5. All characteristics of participants at baseline, T3, and T5 are presented in Table 1.

Measures

Characteristics of the bereaved, the deceased, and death circumstances

The survey included questions about the bereaved (age, gender, matrimonial status, income, household profile) and deceased (age, gender) characteristics. Participants were also asked about their kinship with the deceased (recoded as 1: 1st-degree family member [mother, father, child, spouse, siblings] and 0: Other [another distant family member, friend]) and the cause of death (recoded as 1: Unexpected [suicide, homicide, accident, COVID-19] and 0: Expected [another disease, chronic condition]). In this study, COVID-19 was categorized as an 'unexpected' cause of death because, similar to suicide, homicide, and accidents, it often led to sudden and unforeseen fatalities, particularly during the early stages of the pandemic, when the trajectory of the illness was highly unpredictable. The

Table 1. Characteristics of the participants and deceased, and death circumstances at baseline, T3 and T5.

	Baseline (n = 529)	T3 (n = 163)	T5 (n = 84)	p-value*
Age, years				
Participants				
Mean (SD)	49.8 (13.3)	50.7 (13.9)	52.1 (12.5)	0.480
[min–max]	[22–83]	[23–81]	[24–81]	
Deceased				
Mean (SD)	72.1 (18.8)	70.6 (21.2)	71.8 (23.2)	0.755
[min–max]	[0–99]	[0–99]	[0–99]	
Gender, n (%)				
Participants				
Men	65 (12.3)	18 (11.0)	11 (13.1)	0.933
Women	464 (87.7)	145 (89.0)	73 (86.9)	
Deceased				
Men	254 (48.0)	80 (49.1)	39 (46.4)	
Women	274 (51.8)	82 (50.3)	44 (52.4)	0.942
Other	1 (0.2)			
Income, n (%)				
<50 000$	138 (26.1)	37 (22.7)	16 (19.0)	0.623
≥50 000$	391 (73.9)	126 (77.3)	68 (81.0)	
Marital status, n (%)				
With partner	359 (67.9)	114 (69.9)	58 (69.0)	1.0
Single	68 (12.9)	20 (12.3)	11 (13.1)	
Divorced/separated	42 (7.9)	11 (6.7)	6 (7.1)	
Widowed	60 (11.3)	18 (11.0)	9 (10.7)	
Live alone, n (%)				
Yes	129 (24.4)	44 (27.0)	27 (32.1)	0.538
No	400 (75.6)	119 (73.0)	57 (67.9)	
Relationship with the deceased, n (%)				
1st-degree family member	392 (74.1)	125 (76.7)	61 (72.6)	0.774
Other	137 (25.9)	38 (23.3)	23 (27.4)	
Cause of death, n (%)				
Expected	402 (76.0)	115 (70.6)	55 (65.5)	0.170
Unexpected	127 (24.0)	48 (29.4)	29 (34.5)	
Time since loss, days				
Mean (SD)	204.6 (122.9)	608.9 (123.6)	971.8 (122.3)	<.001
[min–max]	[0–432]	[390–819]	[773–1154]	

*Comparison of characteristics between data collection using a one-way analysis of variance for continuous variables and a chi-square test for categorical variables.
Note: max: maximum; min: minimum; SD: standard deviation.

time since death was computed by subtracting the date of survey submission from the date of death, which was reported in days.

Rituals

Based on ritual studies in Canada (Cherblanc, 2011; Des Aulniers, 2020; Roberge & Jeffrey, 2018), a list of eight rituals *pre-* and *postmortem* was proposed: (1) Being present at the deceased's side at the time of death, (2) Reuniting with someone close at the time of death, (3) Preparing or dressing the deceased, (4) Having an open casket, (5) Touching or kissing the deceased, (6) Reuniting with someone close after death, (7) Holding a collective ceremony (beyond immediate family), and (8) Performing usual or prescribed religious rites. For each ritual, participants were asked at T1 to indicate: (1) Would you like the following ritual to be performed?, (2) Was the ritual performed?, (3) If not performed, was the ritual

prevented due to health restrictions?, and (4) If performed, how satisfied are you with the ritual? (1 = Not at all satisfied; to 4 = Totally satisfied). The number of desired rituals not performed due to health restrictions was counted and presented thereafter as the number of prevented rituals. If some rituals were not performed but participants indicated it was not because of COVID-19 restrictions, the number of prevented rituals was set at 0. The mean of satisfaction of all performed rituals from the list of eight was also computed. Prevented rituals and satisfaction were documented at T1 only.

Grief reactions

The level of grief reactions was documented using the Traumatic Grief Inventory Self Report (TGI-SR) (Boelen & Smid, 2017; Cherblanc et al., 2023). It includes 18 items, each rated on a five-point Likert scale (1 = *never*, 5 = *always*) for a total score of 90, where a higher score indicates a higher level of grief reactions. The cutoff score ≥ 59 when the death occurred more than six months ago was used as an indicator of the presence of a possible Prolonged Grief Disorder (PGD) (Boelen et al., 2019). The internal consistency in our sample was excellent (Cronbach $\alpha = 0.94$) (Cherblanc et al., 2023).

Ethical considerations

Participation in this study was voluntary. An informed consent was obtained from each participant. All surveyed participants were entered in a draw to win one of ten $20 gift cards at each data collection. Ethics approval for the project (project #2021-697) was awarded by the Research Ethics Committee of the *Université du Québec à Chicoutimi*.

Statistical analysis

Descriptive statistics (mean and standard deviation for continuous variables, frequency and percentage for categorical variables) were used to present the bereaved and deceased characteristics and death circumstances. Given the cohort attrition, participant characteristics were compared between data collections to ensure those who continued participating were comparable over time using a one-way between-groups analysis of variance (participant and deceased age) and a chi-square test (marital status, household profile, relationship with the deceased, cause of death, income, participant and deceased gender). Characteristics were also compared between people who participated in only one data collection versus those who participated in more than one. The prevalence of PGD (i.e., a score ≥ 59 at the TGI-SR with time since loss ≥ 6 months) in each data collection (T1 to T5) was

compared using the chi-square test. Given that some participants at baseline experienced death less than six months before answering the survey, the prevalence of PGD was calculated only among participants with time since loss ≥ 6 months for this data collection (n = 281). The number of prevented rituals and satisfaction according to the performed rituals were compared between participants according to the presence or absence of a possible PGD at T1 using an independent sample t-test. The association between these variables (number of prevented rituals and mean of satisfaction) was also assessed using Pearson *r* coefficient correlation. To determine if the number of prevented rituals and satisfaction according to the performed rituals may have influenced the level of grief reactions and their progression over time, Mixed Models for repeated measures were used as this model can be performed with the presence of missing data, allowing keeping the sample size as high as possible. The dependent variable was the continuous total score obtained at the TGI-SR, and the number of prevented rituals and satisfaction with the performed rituals were the two main independent variables. Bivariate associations between the TGI-SR total score and the participant and deceased characteristics and death circumstances were assessed with Pearson *r* coefficient correlation. Variables showing a significant association were added to the model as controlling variables. The interaction terms Time*Satisfaction and Time*Number of prevented rituals were also tested to determine if one of these variables influenced the evolution of grief reactions' over time. For all analyses, a p-value < 0.05 was considered significant. Data were analyzed using IBM SPSS Statistics for Windows, Version 28.0 (Armonk, NY: IBM Corp).

Results

From the 529 participants included in the study at baseline, 87 participated in all five data collections. No significant differences were observed between data collections or participants based on the number of data collections they were involved in regarding participant and deceased age, time since loss, marital status, household profile, income, participant and deceased gender, and relationship with the deceased. At baseline, the median time since the loss was 6.5 months.

Prevalence of PGD

Table 2 presents the prevalence of PGD in each data collection. At baseline, 32% of the cohort presented with a probable PGD based on their score at the TGI-SR. This prevalence significantly dropped to 13.9% at T2, and the proportion of PGD did not significantly change between T2 and T5.

Funeral rituals

The number of participants who were unable to perform each of the eight rituals at T1 due to health restrictions is presented in Table 3. The mean number of rituals prevented due to the COVID-19 pandemic was 2.9 (out of the list of eight proposed rituals). The number of prevented rituals was significantly higher for participants presenting a possible PGD at baseline than those who did not present a possible PGD (Table 4; $M = 3.3$ vs. 2.8, $t = -2.028$, $p = 0.044$). Regarding satisfaction according to the rituals that could be performed, participants who presented a possible PGD showed significantly lower mean satisfaction than those who had fewer grief reactions ($M = 2.0$ vs. 2.3 out of 4, $t = 2.685$, $p = 0.004$). In addition, a significant negative correlation between the level of satisfaction and the number of prevented rituals was found ($r = -0.578$, $p < 0.001$), meaning that the higher the number of prevented rituals, the lower the satisfaction according to the rituals effectively performed and that, on the contrary, fewer prevented rituals were associated with higher satisfaction.

Impact of rituals on grief reactions progression

Three variables tested for bivariate association with the TGI-SR total score showed a non-significant correlation (participant gender, time since loss, participant age). Five confounding variables were finally added to the

Table 2. Prevalence of possible PGD in each data collection.

	T1 (n = 281)*	T2 (n = 223)	T3 (n = 163)	T4 (n = 98)	T5 (n = 84)	p-value**
Proportion of PGD, n (%)						
No PGD (<59)	191 (68.0)[a]	192 (86.1)[b]	146 (89.6)[b]	91 (92.9)[b]	78 (92.9)[b]	<.001
PGD (≥59)	90 (32.0)[a]	31 (13.9)[b]	17 (10.4)[b]	7 (7.1)[b]	6 (7.1)[b]	

*Only participants with time since loss ≥ 6 months were included.
**Comparison of possible PGD prevalence between data collections using the Chi-square test.
Note. PGD = Prolonged grief disorder.

Table 3. Proportion of participants who reported to be unable to perform each of the eight rituals due to the COVID-19 restrictions at T1.

Rituals	Number of participants (%)
(1) Being present at the deceased's side at the time of death	149 (28.3)
(2) Reuniting with someone close at the time of death	276 (52.4)
(3) Preparing or dressing the deceased	39 (7.4)
(4) Having an open casket	82 (15.6)
(5) Touching or kissing the deceased	116 (22.0)
(6) Reuniting with someone close after death	330 (62.6)
(7) Holding a collective ceremony (beyond immediate family)	357 (67.7)
(8) Performing usual or prescribed religious rites	153 (29.0)

Note. 462 participants indicated that some rituals were not performed due to the COVID-19 restrictions. For the others, although some desired rituals were not performed, they indicated that it was not because of the COVID-19 restrictions. For them, the number of prevented rituals was set at 0.

Table 4. Number of prevented rituals and satisfaction according to the performed rituals according to the presence or not of a possible PGD at baseline.

	Total (n = 281)	No PGD (n = 191)	PGD (n = 90)	p-value*	Eta squared
Number of prevented rituals (/8)					
Mean (SD)	2.9 (2.0)	2.8 (1.9)	3.3 (2.2)	0.044	0.025
[min–max]	[0–8]	[0–8]	[0–8]		
Satisfaction with performed rituals (/4)					
Mean (SD)	2.2 (0.85)	2.3 (0.85)	2.0 (0.80)	0.008	0.015
[min–max]	[1–4]	[1–4]	[1–4]		

*Comparison of possible PGD prevalence between data collections using an Independent sample T-test.
Note: max: maximum; min: minimum; PGD: Prolonged Grief Disorder; SD: standard deviation.

Table 5. Association between the TGI-SR total score and the potential confounding variables at baseline.

Confounding variables	Pearson *r*	p-value
Participant age	−0.077	0.075
Participant gender	0.063	0.150
Income	0.162	<0.001
Household profile	0.215	<0.001
Deceased age	−0.364	<0.001
Relationship	0.131	0.002
Cause	0.125	0.004
Time since loss	0.051	0.244

Note. Categorical variables were coded as follows: Participant gender (0 = Men, 1 = Women); Income (0 = ≥50 000$, 1 = <50 000$); Household profile (0 = Live with other people, 1 = Live alone); Relationship with the deceased person (0 = Other person, 1 = 1st-degree family member); Cause of death (0 = Expected, 1 = Unexpected).

model: income, household profile, deceased age, relationship with the deceased, and cause of death (see Table 5).

The final model is presented in Table 6. Except for the cause of death, the confounding factors were all significant in the model. A more distant kinship with the deceased, living with another person, higher income, and older age of the deceased person were all associated with a lower score at the TGI-SR. According to the two main factors of interest, the interaction terms Time*Satisfaction and Time*Number of prevented rituals were removed from the model; their effects were non-significant, and their removal was necessary for the model to fit appropriately. The number of rituals prevented by the COVID-19 pandemic did not predict the TGI-SR score, meaning that, in general, the number of rituals performed at the time of the death did not explain the level of grief reactions, nor did they predict grief reactions later on (no interaction effect with Time), in such a way as to increase them (be deleterious to grief). However, satisfaction with the rituals performed following the death was a significant predictor of the level of grief reactions (a reduction of 2 points at the TGI-SR score for each increase of 1 satisfaction point). The lack of significance of the interaction term Time*Satisfaction means that this difference did not influence the trajectory of grief reactions and that it was constant over time (see Figure 1). Finally, a decrease in grief

Table 6. Results of the general linear mixed model for the TGI-SR total score.

Parameter		Estimate	95% CI		p-value
			Lower bound	Upper bound	
Time	T1	14.3	12.3	16.3	<0.001
	T2	8.8	6.8	10.9	<0.001
	T3	4.7	2.6	6.7	<0.001
	T4	2.2	0.23	4.11	0.029
	T5	0	–	–	–
Relationship	Other	−2.6	−4.5	−0.68	0.008
	1st-degree	0	–	–	–
Household profile	With other	−2.9	−5.1	−0.74	0.009
	Alone	0	–	–	–
Income	≥50 000$	−3.3	−5.9	−0.73	0.012
	<50 000$	0	–	–	–
Cause of death	Expected	−2.1	−4.7	0.42	0.102
	Unexpected	0	–	–	–
Deceased age		−0.28	−0.34	−0.22	<0.001
Satisfaction		−2.0	−3.6	−0.43	0.013
# of prevented rituals		0.59	−0.11	1.3	0.099

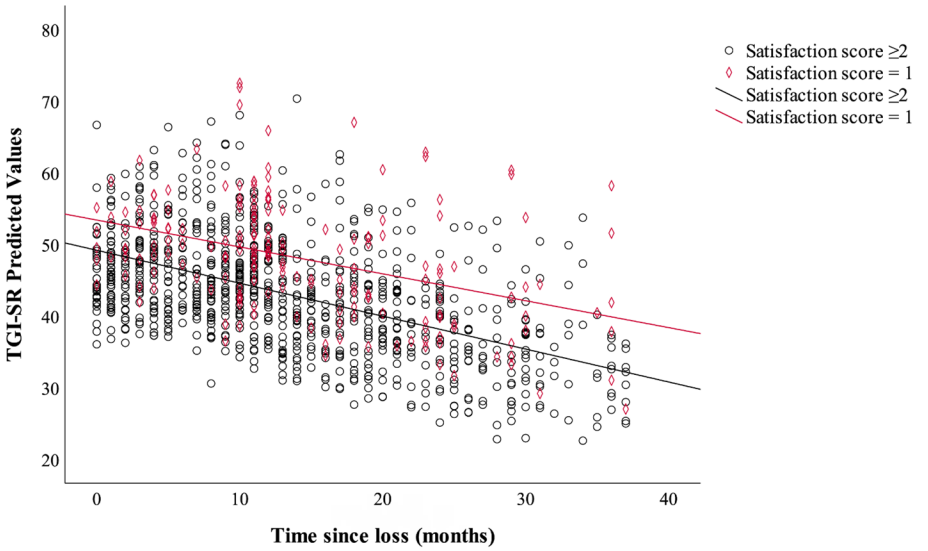

Figure 1. Progression of the TGI-SR total score according to the satisfaction level of participants at baseline.

reactions was observed over time. Over the two years of follow-up, the mean reduction was estimated at 14.3 points, with a significant decrease observed between all data collections (Table 7), except between T4 and T5 ($p = 0.288$).

Discussion

This study aimed to examine the impact of rituals on the progression of grief reactions among individuals who experienced bereavement during the COVID-19 pandemic. Our findings indicate that fears of a tsunami

Table 7. Pairwise comparisons for grief reaction intensity between each data collection based on estimated marginal means of the mixed model.

Data collection			
(I)	(J)	Mean difference (I-J)	p-value*
1	2	5.5	<.001
	3	9.6	<.001
	4	12.1	<.001
	5	14.3	<.001
2	3	4.2	<.001
	4	6.7	<.001
	5	8.8	<.001
3	4	2.5	.049
	5	4.7	<.001
4	5	2.2	.288

*After Bonferroni adjustment for multiple comparisons.

of complicated grief following the pandemic due to sociosanitary restrictions, especially those related to funeral rites, did not materialize (Eisma et al., 2020; Gesi et al., 2020).

The prevalence of probable Prolonged Grief Disorder (PGD) among the cohort showed a notable decrease over time. At baseline, 32% of participants were identified with probable PGD based on their scores on the TGI-SR. This prevalence significantly declined to 13.9% at the second data collection point (T2) and remained statistically stable, although it reached 7.1% at the fourth and fifth data collection points, respectively 18 and 24 months after T1. This trend was confirmed by the significant decrease in the intensity of grief reactions as time progressed, suggesting that natural adjustments have occurred despite the initial disruption caused by the pandemic. These results are consistent with Harrop and colleagues' (2023) longitudinal study. These findings are also consistent with previous research indicating that grief intensity can lessen over time, especially when individuals adapt to new circumstances and find ways to process their loss (Boelen et al., 2023; Buckley et al., 2024; Reynolds & Grühn, 2024). However, the initial high prevalence of PGD underscores the profound initial impact of the pandemic-related conditions on grief processes.

The impact of ritual deprivation: Beyond quantity to personal meaning

Contrary to initial expert expectations and our first hypothesis, our study showed that the number of rituals prevented by the COVID-19 pandemic did not predict grief reaction severity. Overall, participants experienced an average of 2.9 prevented rituals. In the short term, i.e., at baseline, PGD was associated with a higher disruption of funeral rituals due to the COVID-19 pandemic. However, over time and in the long term, the number of rituals prevented did not show a significant relationship with the level of grief reactions. This quantitative finding suggests that although

the inability to perform all the planned rituals may be particularly distressing initially, it does not necessarily translate into a measurable exacerbation of grief reactions in the longer term (Mitima-Verloop et al., 2021). This may be explained by the possibility that individuals, confronted with pandemic-related constraints, actively sought alternative ways to cope or developed increased resilience. The discussion is enriched by historical perspectives: while some authors (Baudry, 1997, 1998; Bell, 1992, 1997; Vovelle 1983, 1993), lamented the diminishing communal and symbolic weight of traditional mourning rituals, other analyses such as Thomas (1975, 2000), and Bussières (2009) suggest that modern bereavement practices—even if fewer in number—can offer meaningful support.

Our study raises the possibility that, although pre- and postmortem rituals may generally aid the grieving process by offering a framework for emotional expression, social support, and spiritual or religious meaning, their restriction does not necessarily imply a pathological response to grief. It is conceivable that the impact of such restrictions might vary depending on individual circumstances and coping mechanisms. We could also hypothesize that the performance of funerary rituals and their deprivation could have an impact on bereavement outcomes in different ways, for example, by specifically affecting guilt toward the deceased, the meaning given to the death, the ongoing ties maintained with the deceased, without affecting overall grief reactions as such. Ultimately, the significance of ritual deprivation likely depends on the personal meaning individuals attribute to these rituals and their expectations of what the rituals would have provided—whether as a way to honor the deceased, seek emotional support, reinforce social bonds, or find personal closure. Empirical research underscores the pivotal role that rituals play in mitigating the emotional, psychological, and social challenges of mourning. Rituals not only provide a structured outlet for emotional expression but also foster psychological adaptation by helping the bereaved make sense of their loss and maintain symbolic ties with the deceased (Becker et al., 2022). Socially, rituals facilitate community support, allowing mourners to feel connected and less isolated during their grieving process (Burrell & Selman, 2022). Conversely, the deprivation or dissatisfaction associated with disrupted rituals, as highlighted during the COVID-19 pandemic, has been linked to feelings of guilt, unresolved grief, and a lack of closure (Boever et al., 2023; Mitima-Verloop et al., 2022).

The significance of ritual satisfaction in grief adaptation

Regarding the second hypothesis, satisfaction with the rituals performed following the death emerged as a significant predictor of grief reaction

levels. Individuals with probable PGD at baseline reported significantly lower satisfaction with the rituals that could be performed compared to those with fewer grief reactions. This was the case at baseline and remained so over the two-year follow-up. Over time, each point increase in satisfaction corresponded to a 2-point reduction in the TGI-SR score. This effect remained constant, as indicated by the non-significant interaction with time, suggesting that the positive impact of ritual satisfaction on grief reactions was stable rather than progressive. Thus, the satisfaction with and subjective perception of the rituals performed appeared to play a crucial role in the grieving process. Several explanations may account for this result. It is possible, as stated before, that the subjective meaning attributed to rituals, rather than their mere occurrence, plays a more significant role in grief adjustment. Previous studies suggest that the perceived quality and emotional resonance of rituals are critical for fostering psychological closure and adaptation (Burrell & Selman, 2022; Mitima-Verloop et al., 2022). In this regard, individual coping mechanisms, resilience factors, and the availability of social or emotional support during the pandemic may have mitigated the potential impact of ritual restrictions. This finding underscores a key theoretical point: the emotional and symbolic functions of rituals—as tools for emotional regulation (Hobson et al., 2018) and catharsis (Wojtkowiak, 2018)—appear to be more determinant for grief adaptation than their frequency. In other words, our observation suggests that satisfaction with the rituals, rather than the mere number of prevented rituals, may mediate grief reactions. The structured and social nature of rituals seems to offer emotional containment and reflection opportunities amid the chaos of loss, a conclusion that reinforces the importance of subjective ritual quality in psychological adjustment. In sum, it is not merely the number of prevented or performed rituals that may influence the intensity of grief reactions but rather whether the performed rituals were perceived as sufficiently satisfactory.

Interpreting the negative correlation between prevented rituals and satisfaction

It should still be noted that a significant negative correlation was observed between the number of prevented rituals and the level of satisfaction with the performed rituals. This result could suggest that the inability to perform complete mourning practices was experienced as really unsatisfactory. While it is most intuitive to assume that a greater number of prevented rituals led to lower satisfaction, we acknowledge that, given the cross-sectional nature of the correlation, an alternative interpretation is possible: individuals who felt less satisfied with the rituals they were able to perform might retrospectively place greater emphasis on the number of rituals they

were unable to perform. This suggests that while the number of prevented rituals likely influenced satisfaction, satisfaction could also shape how participants perceived and reported ritual restrictions.

Implications for rituals as coping mechanisms

Although we have not directly tested this, it can be hypothesized that what influences the intensity of grief over time could be the meaning and significance of the performed rituals. Existing research (for example: Daniel 2023) highlights how creative personal rituals can serve as therapeutic tools, allowing individuals to integrate spirituality and meaning into their grieving processes. Rituals can help the bereaved manage strong emotions, foster acceptance, and invite a sense of sacredness into their loss journey. Similarly, Becker et al. (2022) demonstrate that meaningful and satisfying rituals, such as funerals, provide essential psycho-social support by connecting mourners with others and facilitating the processing of grief. The findings underscore that rituals do not merely serve as symbolic acts but as impactful experiences that shape the bereavement trajectory.

Thus, even if fewer in number, performed rituals might have been deeply meaningful and have provided substantial emotional support. If this is correct, the results would then suggest that it is the inability to perform significant – rather than many or all (traditional) – rituals that exacerbates the difficulties faced by those with intense grief. Similarly, Mitima-Verloop et al. (2022) have shown that a positive and reassuring evaluation of funeral services was associated with fewer reactions of grief, in contrast to the performance *per se* of traditional rituals. These studies align with existing literature on the importance of meaningful practices (Neimeyer & Thompson, 2014), particularly the importance of being innovative and creative to preserve ritual practices during unprecedented times (Eisma et al., 2020). However, it is also important to note that not all recent empirical research points in this direction. Indeed, various quantitative studies that have explored the impact of ritual deprivation or dissatisfaction on grief reactions have shown a non-significant relationship, either during the COVID-19 pandemic (Boever et al., 2023) or in a non-restrictive context (Mitima-Verloop et al., 2021).

Long-term grief patterns and the role of supportive interventions

Overall, a significant reduction in grief reactions was observed over the two-year follow-up period, with a more rapid decrease occurring within the first year. This pattern aligns with general grief trajectories, where, for the majority of the bereaved, the most intense reactions typically diminish over time (e.g., Bonanno and Kaltman 2001; Sveen et al. 2018).

However, while this general trajectory indicates a natural alleviation of grief symptoms, factors such as the quality of rituals performed can play a crucial role in shaping this process. Specifically, satisfactory ritualistic practices provide a structured outlet for emotional expression, social connection, and meaning-making, which can accelerate or enhance recovery from grief. Therefore, these findings emphasize that facilitating ritual satisfaction – not merely the performance of rituals – can have a significant impact on the grieving process. Supportive interventions should thus prioritize ensuring that rituals meet the emotional and psychological needs of the bereaved. Future research should explore the mechanisms through which rituals confer their benefits and examine how alternative coping strategies adopted during the pandemic have influenced grief outcomes. Future research should also explore how alternative mourning practices could mitigate the negative impacts of traditional ritual disruption.

Finally, it should be noted that the final model, adjusted for confounding variables such as income, household profile, deceased age, and kinship with the deceased, indicated that certain demographic factors significantly influenced grief outcomes. Specifically, a more distant kinship with the deceased, cohabitation, higher income, and older age of the deceased were all associated with lower grief scores on the TGI-SR. These significant control variables are consistent with those identified by Harrop et al. (2023), suggesting a robust pattern across different contexts and studies. However, it is important to note that we measured the strict kinship bond and cause of death, rather than the participant's subjective perception of closeness to the deceased or their personal appraisal of the death. Considering these subjective evaluations might have altered the observed relationships, as prior research suggests that perceived closeness and personal interpretations of loss are stronger predictors of grief intensity than objective factors alone (Bonanno & Kaltman, 1999; Lobb et al., 2010; Stein et al., 1997).

Limitations

The limitations of this study should be considered when interpreting the results. Firstly, the sample size decreased substantially over the five data collections, which may have introduced selection bias and affected the generalizability of the findings. Attrition rates in longitudinal studies are common, but efforts should be made to retain participants to minimize the impact on the study's validity. Secondly, the data were collected through self-report measures, which are subject to response bias and may not fully capture the complexity of grief experiences. Additionally, the use of online surveys may have limited the participation of individuals who do not have access to the Internet or are less comfortable with technology, potentially

leading to a non-representative sample. Furthermore, the study relied on retrospective recall of rituals and grief reactions, which may be influenced by memory biases. One limitation is that we did not differentiate between the types of rituals performed, which means that some rituals may have held more personal significance for individuals than others. For instance, while some participants may find certain rituals essential for their grieving process, as highlighted in studies of specific cultural practices, others may not find similar rituals as meaningful, such as attending church for atheists or performing sacraments requested by the deceased. Another limitation is that our study focused on traditional rituals occurring at the time of death or shortly thereafter, which may limit its ability to capture the role of personalized or later-stage rituals in grief adaptation. As previous research has shown, many bereaved individuals continue to engage in rituals for months or years following a loss, and these ongoing practices may have unique emotional and psychological benefits (Castle & Phillips, 2003; Vale-Taylor, 2009). Future research should examine how such evolving rituals contribute to long-term grief trajectories, particularly in the context of disrupted or modified mourning practices. Another limitation of this study is that the cause of death and the relationship with the deceased were assessed objectively (e.g., type of death, kinship) rather than subjectively (e.g., perceived closeness, personal appraisal of the loss). This approach does not fully capture how individual perceptions of the death and emotional bonds influence grief responses. Future research should consider integrating subjective measures to better understand the role of personal meaning in grief trajectories. Lastly, although efforts were made to control for confounding variables, other unmeasured factors may have influenced the outcomes. Despite these limitations, the COVID-19 pandemic provided valuable insights into the impact of restrictions to mourning rituals on grieving experiences and underscored the need to adapt rituals to the specific and individualized needs of grieving individuals. Addressing these needs effectively may be crucial to ensuring that rituals provide meaningful support during times of crisis or bereavement in general. Future research should aim to overcome these limitations by employing diverse recruitment strategies and either incorporating objective measures of grief reactions, such as physiological data (e.g., cortisol levels) or addressing various specific bereavement outcomes, such as bereavement guilt, post-traumatic growth or daily behaviors.

Conclusion

In conclusion, this study sheds light on the profound impact of the COVID-19 pandemic on bereavement experiences, highlighting the prevalence of prolonged grief reactions and the disruption of traditional mourning rituals. Despite the challenges posed by socio-health restrictions,

individuals demonstrated remarkable adaptability by modifying their mourning practices to mitigate the initial detrimental effects.

Our findings highlight the importance of enabling bereaved individuals to engage in rituals that are personally meaningful and satisfying. Providing a range of ritual options could empower bereaved individuals to adapt their mourning practices in meaningful ways, even under restrictive conditions. Examples include intimate gestures such as lighting a memorial candle or writing a letter to the deceased, nature-based acts like planting a tree or taking reflective walks, and at-home rituals such as creating a memory space or preparing a commemorative meal. Additionally, community-oriented options, such as virtual memorials, collective actions like creating a digital wall of memories, or synchronized moments of silence, can foster connection and shared mourning. These adaptable alternatives allow individuals to preserve meaningful practices while respecting personal and contextual constraints.

Future research should explore the long-term effects of the pandemic on grief trajectories and evaluate how different types of ritual adaptations impact the intensity and duration of grief reactions. Particular attention should be given to identifying groups, such as individuals with preexisting mental health conditions, who may be more vulnerable to the disruption of traditional mourning practices. These investigations will deepen our understanding of bereavement and inform supportive interventions tailored to diverse needs.

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Data availability statement

The data that support the findings of this study are available on request from the corresponding author, Jacques Cherblanc, following approval of the data use proposal by the Ethics Review Board of the Université du Québec à Chicoutimi. The data are not publicly available due to ethical restrictions.

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