Risk, mourning, politics: Toward a transnational critical conception of grief for COVID-19 deaths in Iran

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Abstract
This article examines the case of COVID-19 deaths and grief in Iran in order to shed light on how the biological, social and political ‘risks of contagion’ combine to impact mourning and grief. As a contagious biological agent, the novel coronavirus causes people to suffer, die and grieve alone. But this loneliness is deepened due to social stigma and political abandonment. Conceptually guided by Mary Douglas’s work on the socio-cultural and political constructions of ‘contagion’, Judith Butler’s notion of ‘ungrievable lives’ and Kenneth Doka’s concept of ‘disenfranchised grief’, the authors of this article have undertaken a preliminary mixed-methods study that explores the possibility of a transnational, decolonial understanding of grief in a time of contagion.

Keywords
Contagion, coronavirus, COVID-19, disenfranchised grief, Mary Douglas, grief, Iran, mourning, pandemic, risk

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Introduction: Research and theorizing in the time of global contagion

This article examines the personal, social and political aspects of grief in the context of a global contagion. Scholars have long noted that death causes chaos and disorientation both in an individual’s life and in the life of a community (Caccamo, 1988). This is more so when death happens in a disorderly or violent manner or on a large scale (Bayatrizi, 2008: Chs 1 and 2). Funeral and mourning rituals are believed to play a major role in helping individuals and communities heal the wounds of loss, and to reinforce solidarity, community and order (Geertz, 1973). Yet human history is full of deaths that are not mourned, such as the politically inconvenient death of civilians in ‘the war on terror’ (Butler, 2003), the death of blameworthy victims (Martin, 2005), or deaths that cannot be mourned properly due to the circumstances, notably mass deaths during natural disasters. Deaths from COVID-19 can be impacted by all of these factors: the proper rituals of burial and mourning are disrupted due to public health considerations; the victims are sometimes blamed – rightly or wrongly – for bringing about their own death by failing to follow public health protocols; and finally COVID-19 deaths are politically inconvenient – and in some cases covered up – because they challenge the competence of political leaders and public officials.

This stark and painful reality is acutely felt in Iran, which was an early epicentre of the outbreak in the Middle East. By the time of finalizing this article in January 2021, Iran’s Ministry of Health has officially put the number of confirmed cases at over 1.4 million, and the fatalities close to 58,000. A random antibody test of the population in May 2020 showed that 20% or 18 million individuals had been infected by the virus. Amidst this national tragedy, burial and mourning have become medically, ritually and politically problematic. Ordinarily, for most Iranians, mourning is a major emotional and social moment and, at least among the majority Shia Muslims, the minutiae of the elaborate religious rites are thought to impact the deceased’s passage from this world to the other world (Bayatrizi and Ghorbani, 2019: 107–108). The altered burial protocol and the isolation of the bereaved are therefore significantly problematic. These problems are compounded by politics. Iran is in the midst of a global confrontation with the US and its allies in the region, is subject to harsh US sanctions and internal corruption, which reinforce one another, and is experiencing internal discontent. All of these give an additional political significance to the outbreak. The government itself seems to have a desire to suppress or ‘manage’ the true extent of the contagion and fatalities, while the unilateral American sanctions have contributed to the outbreak by hampering Iran’s ability to institute and maintain lockdowns and possibly by restricting Iran’s access to test kits and PPE (personal protective equipment), therefore contributing to the production of lives that do not matter and deaths that are ungrievable. Grief, in this case, is personal, national and trans-national.

This article is an exploratory project that aims to draw the conceptual and empirical contours of a new, critical, transnational conception of grief in a time of contagion and therefore contribute to moving the sociological fields of mortality and grief beyond its Eurocentric origins and confines. The existing medical and psychological theories present grief in individualistic terms entailing normalcy and pathology (Horwitz, 2019; Ord,
Sociological conceptions go somewhat further in grasping the social and collective nature of grief, but they too often miss its broader political economy (Allen, 2007; Helsel, 2016). By comparison, we build on the work of Butler (2003) to consider the social and political constructions of grievable and ungrievable lives. In relation to that and building on the work of Douglas (1966), we also contribute to a conception of ‘contagion’ that is not merely biological, but also social and political. The SARS-CoV-2 (hereafter the coronavirus) is biologically contagious: it spreads from one person to another. Medical and public health protocol has been developed to stop and manage the spread. It is also socially contagious: it spreads in the social body as stigma and disruption, and can result in rejection, outcasting, and blame. And it is politically contagious. It infects the political body: it can pose disorder by disrupting economic activity, casting doubt on the effectiveness of political leaders, and potentially bringing down governments. More widely, it can spread to international political affairs.

In collecting and analysing our sources, we have approached our task as an ‘iterative process’ that oscillates between data collection, coding and analysis (Silverman and Patterson, 2014: 24). We began our data collection with the theoretical understanding that contagion is not merely biological and grief is not merely personal, but the interconnections between the two developed during our data gathering, which in turn informed our analysis and called for further research. We scoured our sources for data on the biological, social and political handling of the contagion: How are the dead bodies treated? How do people react to the victims and their families? What is the broader political and international context of the contagion? How is official statistics presented and contested? How has the contagion, in its various biological, social and political manifestations, impacted grief? These questions then led us to rethink what we understand by grief and prompted us to conceptually explore grief not just as an emotional response but as a politically-situated stance towards lives that matter and lives that do not. Our team of researchers gathered data using a mixed-methods approach. Primarily, we gathered a chronology of significant coronavirus milestones and traced public efforts to contain it (biologically and politically). To do so, we relied on news reports, official statements and the publicly reported interviews with government and health officials published in a number of media sources (including the Islamic Republic’s News Agency, or IRNA, as a domestic governmental source and the BBC Persian as a source outside Iran). We have approached these sources in two interrelated ways: (a) as potential but contested sources of information and (b) as narratives. We are aware that these news sources have their own political slant and agendas and, therefore, we frame the information gleaned from them as part of the broader political management of the contagion by the government and its critics. This will become apparent below where we discuss contested infection and mortality data. As we show throughout this article, contested narratives have emerged about the origins, spread and the extent of the contagion, wherein the government and its critics assign blame and responsibility differently. But even ‘the government’ or ‘the critics’ are not monolithic blocs. For instance, as we will see below, the narrative emerging from the more conservative, unelected parts of the government are different from that of elected officials or the professional epidemiologists employed by the Ministry of Health. Nonetheless, occasionally we have had to cite data with the intention to provide context
or give a potential range for infections, fatalities and burials. We always do so by qualifying the data, for instance as ‘official’ data.

Another source of information for us has been citizen reporting and social media posts about COVID-19 funerals. To gain an understanding of the social nature of the contagion and its management, we viewed hundreds of pictures, videos and stories uploaded to Instagram and Telegram, which are among the most popular Iranian social media platforms. These sources often came to our attention by merely logging into our social media accounts, because these platforms were flooded by such posts, but we also made a concerted effort to find more posts by searching the relevant key terms and hashtags in Farsi such as the words for the coronavirus and the official slogan ‘We will defeat the coronavirus’. Among the hundreds of posts that we viewed, we drew data from videos and photos that documented COVID-19 burials across various regions and provinces in Iran. While we did not employ techniques to create a representative sample, we do believe our data present a credible picture of the reality on the ground because in Iran the undertaking of funeral rituals is by and large monopolized by municipalities (Bayatrizi and Ghorbani, 2019: 107), creating considerable uniformity in implementing national public health measures across various regions. In order to gain an inside understanding of the handling of COVID-19 victim bodies in public cemeteries, we contacted municipal officials in charge of such cemeteries in Tehran, Shiraz and Zarrin Shahr. At the time of the research, these cities were different not only in terms of population (with 8.6 million, 1.5 million and 55,000 inhabitants, respectively) but also in terms of the extent of the contagion and the size of cemetery operations. Finally, to gain a better understanding of how the biological, social and political management of the contagion had impacted the experience of grief among ordinary people, we conducted 20 in-depth interviews by phone and on online platforms and carried out three participant observations (from a distance) of COVID-19 funerals to which we were invited. This research was undertaken in the period between April 2020 and July 2020, but supplementary research was done to update crucial information (such as officially recognized cases and fatalities) before publication.

In what follows we begin with a consideration of the intersections of biological and social aspects of contagion, then proceed to consider political and transnational contagion, and address the impact of these on grief.

Contagion: Mourning, risk, stigma

‘Reflection on dirt involves reflection on the relation of order to disorder, being to non-being, form to formlessness, life to death’, declared Douglas in the opening chapter of her seminal book Purity and Danger (1966: 7). Douglas’s Durkheimian ‘cultural theory’ of dirt, risk and blame is a ‘forensic approach’ founded on the notion that all societies, old and new, engage in practices that help them give meaning to and make sense of the world around them (Tansey, 2004: 22). These practices involve, among other things, attempts to distinguish dirtiness from cleanliness, purity from danger, safety from risk; that is, attempts to contain ‘contagion’ and to bring conceptual and ritual order to an otherwise disorderly and chaotic world. To establish the ‘order of things’ involves establishing an ordering of people in the form of sorting them into men and women, insiders and outsiders, the central community and the fringe, those at the top of the social hierarchy and those
at the bottom (Douglas, 1966: Conclusion; 1992, Ch. 6, italics mine). As Douglas’s later work on contagions shows, ‘the perception of danger is often political and is best presented as a political question’ (1992: 39); that is, as the question of ‘How safe is safe?’ Or ‘How risky is too risky?’ (p. 44). Applying this perspective on contagion to the AIDS epidemic in the US, she analyses the hierarchical power relations that emerge in relation to risk between a ‘central community’ of risk averse individuals (in this case, the heterosexual majority) and the ‘enclave culture of dissenting minorities’ (in this case, homosexuals) who are seen as risk-takers, dangerous and contagious. The risk aversion attitude of the central community ‘is part of its political defence against its own margins’ (p. 117).

Seen from this perspective, dirt or viruses are no longer merely biological. Rather their meaning is socially defined and the perception of the danger posed by them (or their bearers) is shaped by community culture and politics. In contemporary epidemics, contestation has emerged between biomedical and ‘traditional’ systems of meaning-making about risk and danger, purity and contamination. These contestations are particularly heightened around epidemic corpses and their burial (Lynteris and Evans, 2017), as reported for instance in the Ebola outbreak in West Africa where notions of post-mortem risk and danger among some communities clashed with biomedical conception (Fairhead, 2016). In the case of COVID-19, news stories from around the world indicate that the real and perceived risks associated with COVID-19 corpses have led some communities around the world to reject the bodies of COVID-19 victims and ostracize the relatives. In several instances, undertakers refused the burial of corpses. In Cochabamba, Bolivia, the fear of contagion led citizens to protest against the digging of mass burial sites in residential areas, where the residents themselves likely suffer from economic deprivation and stigmatization.

Yet, while these contestations easily grab headlines, it is worth noting that there are many successful cases of negotiation and compromise between the differing conceptions of risk and danger associated with the corpse. Poleykett (2018) illustrates one such case in her study of the interaction between Malagasy funeral rituals and modern medicine during a plague outbreak in Madagascar in the early 20th century. In Iran, the available data are mixed but seem to support Poleykett’s (2018) findings regarding compromise. Among majority Muslims in Iran funeral rituals invariably contain several sacrosanct religious steps, involving ritual washing and purification of the body, wrapping the body in white cloth, praying over the body, and the final rites performed at the grave (Bayatrizi and Ghorbani: 2019: 107–108). Often the white wrapping is removed from the face one last time to see the deceased before burial. However, in the confusion that reigned in the early days of the coronavirus outbreak, when little was known about the virus, many bodies were buried without the proper religious rituals and without giving the family a chance to say their goodbyes. Bodies were reportedly buried in medical covers without ritual bathing and wrapping, then carried and placed in deep graves by workers in full PPE, and sprinkled with lime. Separate lots were designated for COVID-19 victims, further stigmatizing the dead. As cemetery workers and families struggled to implement new protocol and techniques, mishaps occurred. In one case, video clips on social media showed workers struggling to lower a body with ropes into a deep grave (ordinarily this is done directly by hand). The body slipped and somersaulted into the grave. In another viral video, as a body was being buried by workers in PPE, a voice is heard in the
background, presumably a nearby resident, protesting the burial and suggesting that ‘these bodies should be burnt instead’. Cremation is, in fact, an unthinkable taboo among Muslims. Where Douglas (1992) talks about the community and its margins, we see instead a confrontation of the social margins (those who live in the outskirts of towns near the cemeteries) and biomedical margins (COVID-19 victims): the regularly stigmatized and the newly stigmatized.

Soon the handling of the bodies became contentious. Religious leaders particularly objected to the circumvention of ritual washing and purification of the body, and volunteer squads of seminary students showed up to take over the process in municipal facilities and bathe the bodies according to Islamic protocol. Eventually, Iran’s Supreme Leader, Ali Khamenei, issued a religious decree in March 2020, mandating the resumption of ritual bathing where it is not a risk to public health. Critics pounced on this as a case of religious and political intervention in a public health matter, although bathing the bodies of COVID-19 victims after disinfection is in fact in line with public health guidelines.

With the initial confusions clearing, the new public health guidelines issued in March brought funeral rites in line with both Islamic ritual and public health measures. The bodies are washed but steps are taken to disinfect the corpse and protect the workers. Despite the major increase in corpses that arrived at cemeteries, the Islamic mandate to bury the dead as soon as possible, and the addition of several new public health measures to the funeral process, the cemeteries seem to have successfully sped up their operations to meet the increased demand. In Tehran, where the public cemetery Behesht-e Zahra ordinarily receives about 200 corpses per day to prepare for burial between 8 am and 2 pm, it is estimated that the epidemic added another 100 bodies per day to the workload (interview with Saeed Khal, the cemetery director, in May 2020). In a documentary released on the cemetery’s Instagram account, the director of the cemetery cited experience gained during previous disasters (the war with Iraq, mass casualties of various earthquakes around the country, previous H1N1 outbreaks, etc.), as well as the presence of seminary volunteers as reasons why the pile up of bodies was averted. A history of trauma and grief had taught the cemeteries valuable lessons.

Still, the current protocol involves many elements for confirmed and suspected COVID-19 deaths that have the unintended effect of stigmatizing the deceased and mourners and disrupting the normal process of grief and healing. It includes maintaining a separate lot for COVID-19 victims in some cities, disinfecting the body both prior to and after ritual bathing, placing the body in a medical cover in addition to the white shroud prescribed by Islam, a ban on seeing the body by the family, use of full-body PPE by cemetery workers, not allowing the family to carry the body to the grave as culturally prescribed, not allowing anyone to be with the body at the grave when the last rites are administered per Islamic rituals, applying lime under and over the body in the grave, performing ritual prayers from afar, and disinfecting the gravesite. Family members who have or might have contracted the virus are quarantined and barred from attending. Mourners describe these processions as muted, intimidating and disorienting.

These biomedical rituals of purification intersect with and override the cultural rituals of purification. Many of these steps are necessary precautions against a new and dangerous virus. But there are some puzzling elements that do not seem to serve a public health
purpose. Previous research has shown that some biomedical purification rituals are aimed more at restoring a sense of social trust in the audience than at containing a virus (cf. Chapple and Schenck, 2017). In the present case too we see a few such elements. For instance, there does not seem to be a public health threat in allowing the family to see their loved ones one last time from a safe distance. Nor is there any evidence that one has to maintain physical distance from a disinfected corpse in a disinfected body bag. The dead do not sneeze and viruses do not automatically jump from one surface to the next. Burying the body in separate cemetery lots do not serve any public health purpose either, but as one cemetery director mentioned to us, it does appease the panicked public who are afraid of COVID-19 burials in the regular lots. On a closer look, these practices partake in the ancient symbolics of purity and danger, aimed at putting dirt back into its proper place in the order of things.

Contagion: From cultural anthropology to global necropolitics

What Douglas gave us half a century ago is a mechanism to think about contagion outside purely biological terms. Where she falls short is her conventional Durkheimian conception of social life, in which cultural values drive consensus, at least among the majority, within a population. When she talks about ‘politics’ and ‘power’, she conceives of them within the confines of the meso-politics of community dynamics. The resulting conceptual framework is incapable of looking at the contested political dimensions of contagion and grief on the national and global levels. As we know from the work of Foucault (2003), Beck (1992) and others, risk is entangled with politics. Therefore, we propose to stretch Douglas’s argument to its logical conclusion and state that dirt is, in the final analysis, about power. Contagion is political. In our view, pandemics are among prime occasions in which contagion poses not just a biological or social risk, but also a political risk: the risk of political disorder, public discontent, economic collapse, government failure. It is therefore imperative to prevent cross-contamination from the biological to the ‘political body’ (O’Neill, 2004: 79). Douglas herself speaks of the ‘two skins’ which protect the individual from contagion: the body’s biological skin and the protective skin of the community (Douglas, 1992: 117). It is time to talk about the skin on the political body.

Historical evidence shows that epidemics have been intertwined with the fate and prospects of nations, empires and colonial powers (see e.g. Welford, 2018: Ch. 3). While there is fear that countries might weaponize epidemics in the form of bioterrorism in the future (Ch. 8), what we have actually seen so far is the opposite: countries reactively trying to distance themselves from infectious agents and to decontaminate, so to speak, their image. Among the previous modern contagions, the so-called Spanish Influenza stands out as an example. It became ‘Spanish’ in large part because European parties to the First World War suppressed reporting in the press to maintain morale, while Spain did not because it was neutral in the war (Roser, 2020). The AIDS epidemic has become another context for political decontamination through evasion and denial, as witnessed in the Reagan-era United States (Calonico, 2015) or the Mbeki-era South Africa (Roeder,
During the 2003 H1N1 outbreak, China was accused of suppressing information in the early stages (Menashi, 2003: 89) and is suspected to have done the same again in the 2019 coronavirus outbreak in Wuhan. In all these cases, the motivation is the same: to portray a ‘pure’ image of the body-politic and to prevent the contagion from spreading to the political level. In Iran, Asiatic cholera outbreaks of the 19th century sparked fears of contagion on the biological, social and political levels. People fled major cities and abandoned corpses out of fear. Provincial governors and even a regent denied outbreaks to avoid angering the king. Non-Muslims (long considered ritually ‘impure’ [najis]) were blamed as conduits of contagion. Some religious leaders thwarted the quarantine because it was administered by the ‘impure’ foreigners and it often impeded caravans headed to/from religious sites. The holy cities of Qom and Mashhad in particular were sites of both contagion and contestation (Afkhami, 2019: esp. Ch. 3).

A century and a half later, during the current coronavirus pandemic, the politics of purity are on full display again, with those two holy cities emerging as sites of political and religious contestation over ‘purity and danger’. Shia shrines like the ones in Qom and Mashhad are considered pure and healing and therefore there has been considerable resistance to closing them down. In addition, Qom is politically significant not just because it is a pilgrim city and home to a powerful seminary system but also as a major base for the political establishment. Before the presence of the coronavirus was officially announced in Iran, unofficial reports of an outbreak in Qom began circulating on social media in January 2020. Detractors of the current theocratic establishment were gleeful to deride Qom as a site of contagion while media outlets loyal to the regime denied the reports and ‘documented’ the normalcy of life in the city.

Yet, religion is not the sole or even the most important factor in the politics of purity. The contagion threatened the credibility of the government and the regime, cast doubt on its ability to protect the people, and raised questions about its strategic relations with China. Officials, therefore, seemed less than forthcoming with information. Notably there is contestation around the timing of the first outbreak. Even the government has accepted that the virus was present long before it was publicly acknowledged. The official line is that an earlier H1N1 outbreak in the fall misled the medical system and caused a slow reaction to initial COVID-19 cases. In comparison, critics cite the parliamentary elections in February 2020 and special relations with China as evidence of a cover up. The Ministry of Health officially confirmed the outbreak a day before the elections, but in various statements since then, ministry and other public officials have hinted at behind-the-scenes conversations about postponing the announcement until after the elections. Even with the official announcement of the outbreak, the daily released numbers were hotly contested. On 8 March 2020, the Ministry of Health put mortality from confirmed cases of COVID-19 at 194 nationwide while on that same day Mohamad Hossein Ghorbani, the health minister’s special representative in Gilan, put the numbers in that province alone at 200. A day later, he backtracked saying that most of those numbers were deaths due to ‘acute respiratory distress syndrome’, probably a euphemism. Pressed by the parliament, in April 2020, Saeed Namaki, Iran’s Minister of Health and Medical Education, stated that some facts about the epidemic in Gilan could only be discussed in a closed, in-camera session of the parliament. In late March 2020, Mohammad Javad Haghshenas, a member of Tehran’s City Council, criticized the lack of access to
transparent and reliable information, and was promptly sued by the Ministry of Intelligence for ‘disturbing the public’. The National Organization for Civil Registration and the Tehran cemetery were contacted by the media but declined to publicly share data (as reported by Aftabnews, on 20 April 2020). An in-depth investigation by the BBC Persian published online on 24 June 2020 found no evidence of systemic data manipulation. But the same outlet also conducted a comparison of fall 2019, winter 2020 and spring 2020 mortality data to the seasonal averages of the previous five years, which showed thousands of unexplained deaths over and above the official coronavirus fatality data. A possible explanation is that, striving to contain both the virus and the political fallout of it, the government chose to only release data based on the limited test results, while frontline health workers used clinical symptoms as a basis to treat a far larger number of cases. Similar questions about data have emerged elsewhere from Russia to the US. For instance, Donald Trump famously expressed displeasure at increased testing because it revealed more cases, and some nursing homes in the US were accused of hiding bodies to hide COVID-19 deaths (Madubuonwu and Lawrence, 2020). Overall, there seems to be an interest not only in containing the virus but also in containing political and PR ‘contamination’ by it as well.

Beyond national politics, there is also a transnational dimension to the politics of contagion. Everywhere, if they had the means, governments have scrambled to acquire and stockpile test kits, PPE, and potentially promising drugs (such as remdesivir) for their own citizens, creating shortages and driving up the price for the most vulnerable populations worldwide. In a 3 March 2020 news release on its website, WHO warned that ‘market manipulation is widespread, with stocks frequently sold to the highest bidder’ rather than allocated to the critically affected and at-risk countries. Currently, similar dynamics are at play with vaccine distribution. These inequalities in access create two types of lives and two types of deaths: precarious and protected; grievable and ungrievable (Butler, 2003; see also Papailias, 2019). In Iran, the situation is complicated due to internal corruption, the ongoing diplomatic conflicts with the US, which was worsened under President Trump, and a plunge in oil prices in April 2020. Despite pleas even from American lawmakers, President Trump refused to grant Iran sanctions relief to deal with the pandemic and, in fact, imposed new sanctions in late March (Ahmad, 2020) followed by new rounds of sanctions over the summer. These sanctions force corporations anywhere in the world to choose between trading with Iran or with the US and levy hefty penalties against those who try to circumvent them. Iranian banks, oil tankers and businesses are all subject to sanctions and so are foreign investors in Iran. As one illustration of the impact, and according to the Reuter’s estimates, Iran’s oil exports went from over 2.1 million barrels per day in August 2016 to as low as 300,000–700,000 barrels per day in August 2020. There are debates on whether these sanctions impact Iran’s access to medical supplies but their real health impact is indirect. The successful implementation of public health measures, such as lockdowns, contact tracing, social assistance to the unemployed, and provision of PPE and test kits, depends on healthy government coffers and normal trading and banking relationships with the world. But the government of Iran does not have access to any of these and the resources that it does have are not optimally used because of internal corruption. In June 2020, as the country was about to be hit by the second wave of the virus, the suicide of a young security worker in the southern oil
fields of Khuzestan made waves on social media. He had hung himself at an oil well after his plea for a small sum of his unpaid wages to feed his family was denied. The security contracting company blamed COVID-19 for lack of funds to pay workers. Similar tales of economic desperation due to COVID-19 abound. In the same month in a series of high-profile corruption trials, a judiciary official was accused of accepting massive bribes, one count of which was worth half a billion Euros. According to official data released by the Iranian Centre for Statistics in October 2020, employment numbers declined by 1.2 million or 5% between summer 2019 and summer 2020 while inflation increased by over 40% in the same time period. In the meantime, the value of the rial plunged by 50% as compared to the US dollar between January 2020 and November 2020 (rebunding a bit after Biden’s election). On 8 July 2020 in the midst of a second wave of infections, Dr Namaki, the aforementioned Minister of Health, stated: ‘We know how to control the coronavirus epidemic. We did not end the restrictions out of ignorance. Rather we were brought down to our knees due to the exhaustion of economic capacities. I have seen national security reports and I warn about an incoming rebellion due to economic desperation’ (as reported by BBC Persian on 8 July 2020). The contagion might in fact have spread to the political body. While Trump has been uncompromising and cruel, the government of Iran has also refused to soften its diplomatic stance in the face of unprecedented death, grief and physical and economic suffering in the nation. As the government lacked the resources and/or the will to institute meaningful lockdowns, government-controlled TV and radio broadcast a stream of reports in which ordinary citizens were chastised for travelling, not wearing masks, and going about their daily lives. Some of these included interviews with COVID patients on hospital beds lamenting their failure to wear masks or stay home.

Mourning with the world: The loneliness of grief in a pandemic

Death is everyone’s destiny.

Jair Bolsonaro, President of Brazil, on the coronavirus pandemic

How do, then, people grieve during a pandemic? How do the biological, social and political dynamics of contagion impact the experience of loss of bereavement? The risk of contracting the coronavirus prevents people from gathering, hugging and lending a shoulder to the bereaved. Patients die alone and loved ones grieve alone. But above and beyond its biological element, the social and political dynamics of contagion act to further deprive the grieving individual from the ‘protective skin of the community’. As Judith Butler’s superb work has shown, in grief our attachments to the deceased and to the community are laid bare. We mourn because part of ourself dies with the death of the loved one (Butler, 2003: 11). In grief we also find larger attachments to our greater community, who validate and acknowledge our loss as grievable (p. 10). Grief, in fact, is an occasion in which we can ponder the fact of our physical and emotional attachments to others and acknowledge our shared destiny as vulnerable human beings who are all exposed to attachment and therefore vulnerable to loss and grief (pp. 16–18). But this acknowledgement of attachment and mutual vulnerability, and the consequent validation
of grief, are not always extended to everyone, because not all lives are treated as grievable. Butler notes that the precarious lives of Afghan civilians caught in the ‘war on terror’ were easily shrugged off by the American government, media and population, because to them American lives are the only lives that are grievable (pp. 20–21).

As history has shown, epidemics are prime occasions for the production of ungivable lives and for the unequal distribution of vulnerability. The notions of ‘disenfranchised grief’ (Doka, 1989) and ‘gagged grief’ (Green and Grant, 2008) have been used widely in reference to the grief of gay and lesbian partners and friends of AIDS victims in the US in the 1980s, who had to mourn in silence due to the social stigma of being homosexual. More generally, disenfranchised grief denotes instances of grief in which people ‘incur a loss that is not or cannot be openly acknowledged, publicly mourned or socially supported’ (Doka, 1989: 4; cf. the notion of ‘shameful death’ in Kellehear, 2007). This disenfranchisement not only applies to the grief itself but to funerals and memorials as well, because these events are then deprived of the usual social support, validation and sanctioning by the group (see also Sobel and Cowan, 2003). This social stigmatization was compounded by the politics of AIDS, as the Reagan administration refused to acknowledge the outbreak or give dignity and support to the grieving individuals and communities (see Calonico, 2015).

In the case of COVID-19 deaths, we see these dynamics at play again on local, national and transnational scales. The emerging evidence in Iran indicates that contagion both as a biological fact but also as a social fear and stigma might have led to the increasing loneliness and even stigmatization of the dying and the grieving relatives. In personal interviews, survivors identified separation from the dying and dead relatives as the worst aspect of grief during contagion. A woman who had managed to slip into the ICU room and seen her father for a last time before he died was deeply distraught by the memory of her father’s loneliness. Her distress was renewed with the loneliness of his funeral:

They didn’t let us get close. We were at a distance, struggling to contain ourselves. They didn’t show us his face one last time. We didn’t see it. And my sister says . . . she cannot believe that it was him that they put in the grave. This type of departure, this estrangement, adds to our sorrows. In his last days he was awaiting us in the hospital, alone. . . . I constantly wonder how he must have expected us to visit him. I hope he knows our regret. I always think only if they had shown me his face. My dad’s face. . . . (SZ, April 2020)

Another young woman who lost her grandfather during the pandemic talked about the lingering pain of the lonely funeral:

The cemetery was terrible. Our family is very attached to each other. But we had no one there. . . . Even now my father and uncle complain about the loneliness of it. . . . I’m certain that none of us has accepted it yet because the usual ceremonies were not held, we didn’t go to the mosque and no one was there for the burial, except for us (RK, April 2020)

The lack of physical contact compounded the loneliness for mourners, a fact that is not surprising especially given that grief is an embodied and relational experience (McCarthy and Prokhovnik, 2014):
The loneliness is one thing, the absence of a shoulder to cry on. The worst part of it is that you cannot hold your loved ones. The lack of physical interaction causes the most damage. (AJ, April 2020)

The fear of biological contagion clashed with the social norms of collective mourning in Iran, where families and friends gather around the bereaved for days and where it is deemed cruel to leave them alone. Where mourning ceremonies have traditionally been an occasion for coming together and setting difference aside, the fear of contagion drove some families apart. One interviewee who had lost his brother took offense to the fact that some of their close relatives had shunned them for fear of the virus: ‘My uncle’s family had a banner of condolence made and posted outside our door when we were asleep at home. They didn’t even bother to ring the bell and speak with us from a distance.’ Conversely, a young woman was cut off by her sister’s family after she refused to visit them at home and in-person out of concern for contracting the virus (for more on the family dynamics of disease, see Sobel and Cowan, 2003).

Yet counter-narratives emerged too. Several respondents talked about how the global nature of the pandemic and the fact that many other families were also losing their loved ones help them come to terms with their grief because they realize that this tragedy went beyond them. In addition, some mentioned that their concern for their own safety distracted them from their loss at times:

The other side of the issue is that because of what is going on all over the world and because you’re mentally preoccupied with protecting your body, your grief sometimes goes to the margins. For us, we were focused first on taking care of our mother [widowed due to COVID-19] and then ourselves. (AJ, April 2020)

This feeling was reiterated by a woman who had lost her nephew:

But I think you should also consider that this is a global problem. And this fact, unconsciously, reduces your sorrow. If this had happened in normal times it would have been even more incomprehensible for us. And since this virus was also a threat for the rest of the family it diverted energies from the loss. I was in shock and disbelief for three days. But I accepted it and tried to make sure others in the family don’t contract the virus. (MM, March 2020)

While on rare occasions families might have cherished the ability to mourn on their own terms (as one of our respondents did), others have tried to find creative ways to seek and give comfort, such as holding an outdoor reception in public cemeteries, using social media to livestream funerals, hold Quran reading rallies for the deceased (where people pledge to contribute toward a recitation of the whole book as a gift to the soul of the deceased), and memorialize and share photos and videos of the deceased. Some donate the cost of ceremonies and receptions toward masks and medical supplies. But nothing seems to quite replace a real in-person mourning service, which is why, as we have noticed in our own social circles, some families hold them in defiance of public health orders, especially when the deceased is young.

But grief, in Butler’s conception, is not just a visceral and emotional experience. It is also symbolic. Grieving, in Butler’s account, is not limited to ‘bereavement’ (a favoured
term in the sociology of death and dying). Rather, grief, in the broader social and political sense, rests on the belief that life is valuable and we lose a part of ourselves when we lose others. Grief presumes the grievability of the dead. We grieve for those whose lives are precious, valuable, and attached to us. Precarious life, life that is forgotten and marginalized, is not grievable. In the same way that grievability is not granted to every life or to every dead person, the grief of the survivors is not equally recognized either. Hence the notion of ‘disenfranchised grief’ or grief that is not publicly acknowledged and validated (Doka, 1989). In this light, the ‘curation’ of data as happened in Iran is an example of disenfranchised grief on the political level. As people died, mourned in isolation, and lived in fear, the full extent of their grief and suffering was not acknowledged, a fact that caused anger in some and complacency in others. Similarly, the unequal global economic and political power relations that affect many countries, including Iran, contribute to the production of ‘disenfranchised grief’: the collective traumas and grief of populations whose lives do not matter as much. The biopolitics of saving ‘our people’ during a pandemic, as seen for instance in ‘vaccine nationalism’, entails a simultaneous use of necropolitics: the ‘control of exclusions and death, and fortifying borders’ by the state (Díaz-Barriga and Dorsey, 2020: 12; Mbembe, 2003; cf. Foucault, 1978: 137).

Conclusion: Toward a critical transnational conception of contagion and grief

Our research, as an iterative process, brought up more questions than we could fruitfully explore. As we pursued data and scoured our sources, we kept coming across references to other ‘grievous’ episodes in Iran’s recent history. The massive death toll and economic devastation of the coronavirus is just one in a series of recent collective traumas, ranging in the past year alone from deadly protests in November 2019 that cost hundreds of lives, to heightened conflicts with the US under President Trump resulting in punishing economic sanctions, the killing of General Ghasem Soleimani in January 2020 by American drones, and the downing of Ukrainian Flight PS752 in the ensuing hostilities. Most of the 176 victims on that flight were young Iranians and their loss provoked shock, grief, anger, and a sense of betrayal. On the heel of these shocking and tragic events came confirmation in February 2020, after weeks of speculation and denials, that the coronavirus was present in Iran. Soon, traumatic images flooded the social media of bodies buried under strict protocol, of people collapsing on the street, of young medical personnel killed by the virus, of vulnerable people exposed and unprotected. Fear and grief were combined with anger as the government was accused of a cover up. The Iranian New Year was ushered in somberly on 20 March 2020 amidst a stream of infection and mortality data, intercity travel bans, and without the usual back and forth visits to extended family. April brought further economic shock as oil prices plunged globally and American sanctions became tighter. Our attempt to comprehend this larger context brought us to the notion of ‘cumulative grief’, which grief experts use in reference to the accumulation of unresolved, unmourned grief over time in an individual’s life (Biller and Rice, 1990; Grothe and McKusick, 1992). Some have used the metaphor of a volcanic eruption for when this grief reaches the tipping point. But it seems more appropriate to
refer to it as an implosion: one collapses back into oneself, spiralling down the path of depression, PTSD, and even suicide (cf. Rofes, 1996: 8). We began to question whether on the social and political levels too, societies can accumulate unacknowledged, unaddressed, unmourned and unresolved losses: lawlessness, wars, collective persecution, political repression, economic deprivation, dashed hopes of whole generations. And if so, how does it influence the experience of a new collective trauma such as a pandemic? We have taken this question up in a new project.

Contagion, disenfranchised grief and cumulative grief have come hand in hand to make this episode in Iran’s history particularly difficult. Most of Iran’s recent collective traumas are ungrieved: they were not properly acknowledged, mourned and dealt with for reasons that are primarily political, occasionally social, and, in the case of COVID-19 deaths, political, social and biological, all at once. The political disenfranchisement of grief was especially pronounced in the case of victims of Flight PS752 and the November protests but it also was a factor in COVID-19 deaths. The contagion – in its biological, social and political dimensions – has had an undeniable effect on grief and mourning in Iran. The biomedical protocol has created a sense that a loved one’s body is sequestered and treated as a vector of disease, and has deprived the survivors from grieving properly and attaining closure. While the death toll is partially acknowledged, the politicization of numbers and the mishandling of the crisis have rendered more lives precarious and ungrievable. And people seem to have collapsed back on themselves, many giving up on mask wearing, and going down the spiral of self-destructive behaviour characteristic of cumulative trauma. The collective callouses developed over a history of trauma seem to have numbed the emotional response to the mounting death toll as compared to wealthy and peaceful countries such as Canada, where outbreaks in nursing homes caused national outrage and commanded swift action. On the surface, the President of Brazil is right about death: it is everyone’s destiny. But as we know, not everyone is equal before death. Death and taxes are in fact avoidable, more so for some than others. In the context of SARS-CoV-2 pandemic, a privileged minority in the world has gone into lockdown, assured of their entitlement to social safety nets and advanced medical systems. For the rest, the death toll of the pandemic is the latest peak in a mountain range of ‘cumulative grief’.

By placing grief caused by COVID-19 in Iran in its biological, social and transnational contexts, our preliminary work has made a dual contribution to the literatures on risk and grief and has opened up a space for a critical and transnational conception of both. In-depth follow-up studies could draw on a greater number of interviews to explore the effects of cumulative trauma and disenfranchised grief. To do so, one must go beyond individualistic and event-based conceptions of trauma and grief and put these in the historical and political contexts of unequal power relations on the local and global levels.

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Note
1. According to a report in ISNA on 9 April 2020, at least two serological studies were carried out in late April and May, one primarily focusing on populous cities and the other carried out on a random sample of the national blood bank donations. They found COVID-19 antibodies among 18.5–20%.

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Résumé
Cet article examine le cas du deuil des morts de la Covid-19 en Iran, afin de mettre en lumière la combinaison des « risques de contagion » biologiques, sociaux et politiques et leur impact sur le chagrin et le deuil. En tant qu’agent biologique de contagion, le nouveau coronavirus provoque souffrance, mort et chagrin dans la solitude, mais cette solitude est aggravée par la stigmatisation sociale et la négligence politique. En prenant comme guide conceptuel les travaux de Mary Douglas (1966) sur les constructions socioculturelles et politiques de la « contagion », Butler (2003) sur « les vies non susceptibles d’être pleurées » et ceux de Doka (1989) sur le « deuil marginal », nous avons effectué une analyse mixte qui explore la possibilité d’une approche transnationale et décoloniale du deuil en période de pandémie.

Mots-clefs
Covid-19, deuil, contagion, Iran, funérailles, politique de deuil

Resumen
Este artículo estudia el caso de las muertes por Covid-19 y el duelo en Irán, con el fin de arrojar luz sobre la combinación de los “riesgos de contagio” biológicos, sociales y políticos y su impacto sobre el luto y el duelo. Como agente biológico de contagio, el nuevo coronavirus causa sufrimiento, muerte y duelo en soledad, pero esa soledad se ve agravada por el estigma social y el abandono político. Tomando como guía conceptual los trabajos de Mary Douglas (1966) sobre las construcciones socioculturales y políticas del “contagio”, Butler (2003) sobre las “vidas no susceptibles de ser lloradas” y Doka (1989) sobre el “duelo marginal”, hemos llevado a cabo un análisis mixto que explora la posibilidad de un abordaje transnacional y decolonial del duelo en tiempos de pandemia.

Palabras clave
Covid-19, luto, contagio, Irán, funeral, política de duelo.