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# Death, Funerals and Mourning on the Croatian Islands During the COVID-19 Pandemic

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## ABSTRACT

*On islands and in island communities, especially smaller and more isolated ones, epidemics were often of greater intensity and left more significant consequences than on the mainland. The unique characteristics of an island (size, remoteness, isolation, small population size, and several manageable access points) affect the transmission of mainland epidemics and their frequency. The current global COVID-19 pandemic is an opportunity to investigate how the infection and epidemiological measures affected the life and death of island communities. The pandemic has brought mass death into our daily lives and altered the way people grieve, commemorate and remember their deceased. This paper presents the experiences and feelings of people during the COVID-19 pandemic on Croatian islands, with a focus on death, funerals, mourning, and the loss of family members. Due to the impossibility of carrying out the usual practices related to the funeral because of COVID-19 restrictions, the process of mourning and dealing with the loss of loved ones was difficult. Island communities accepted the new rules and adapted to the new circumstances but indicated that island-specific and more flexible crisis management should be applied during this health crisis. Some epidemiological measures, such as social distancing, internal island travel restrictions, and reduced gatherings, were highlighted by islanders as challenging and sometimes unnecessarily strict for some islands and their specific situations. For family members of those who died from COVID-19, additional factors and challenges have complicated their loss. Digital and social media were used to connect people and helped in coping with mourning in solitude and isolation. In this global pandemic, island communities responded to the impact of pandemic crises and adapted to new circumstances of the “new normal”.*

**Key words:** COVID-19 pandemic, epidemiological measures, island-specific crisis management, Croatian islands, funerals, mourning, medical anthropology

## Introduction

Island size, geographical boundedness, remoteness, isolation, small population size, and manageable access points protect islands and island communities from epidemics. These unique characteristics of an island affect the transmission of mainland epidemics and their frequency. If an infection breaks out, the consequences are more severe: the history of epidemics shows that islands are often more affected than the mainland and are highly vulnerable.

The epidemics of plague<sup>1,2</sup>, cholera<sup>3</sup>, Spanish flu<sup>4</sup>, and malaria<sup>5-7</sup> have marked the history of almost all of the Adriatic islands; their traces are visible in written sources and the material and non-material island heritage.

Islands were often used as quarantines for the sick and the dying. The Dubrovnik authorities in 1377 decided that

the crew and goods from all ships arriving from “plague-infested areas” (*locis pestiferis*) had to spend a month on the islands of Supetar, Mrkan, or Bobara. The city of Zadar used the small islands of Galovac and Ošljak<sup>8</sup> for quarantine. In the case of larger islands, islets in their archipelago were used as quarantine facilities (the islet of Galešnik, for instance, in front of the Hvar port, on which there was a ward for the sick). Amongst all of the memories of epidemics, the most poignant ones even today are those which provide data on mass deaths of the islanders caused by the disease.

According to historical records<sup>4</sup>, the epidemics in 1449 and 1456 were the most disastrous to hit the Croatian coastal region. On the islands of Susak and Rab, they caused the deadliest epidemic ever recorded on Croatian islands, with a cumulative mortality of more than 70%<sup>2</sup>. Plague epidemics affected the island of Rab such that 95%

of inhabitants of the town of Rab and 60% of inhabitants from settlements Supetarska Draga, Banjol, Barbat, and Lopar died or were forced to take refuge<sup>9</sup>.

The disease came to the island from the outside, mostly by sea, and the names of the people who brought it were often registered. Antonio de Cerineo, in his work *Il cholera morbus* (1856)<sup>10</sup>, writes about cholera, as evidenced by the records of island doctors about the cholera epidemic on the islands of Hvar, Brač, and Vis in the mid-19<sup>th</sup> century.

„It was brought for the second time by Marin Barbarić known as Kamerlengo. He was supervising Mrtva Luka in Sokolica (today's Vira Bay on the island of Hvar), and it was there that he came in contact with the vessel on which there was a person infected with cholera. After returning to Hvar, he fell ill with his entire family and all his relatives. Thus, cholera was spread through the neighborhood of St Nikola, and later throughout the whole town.” (p. 32)<sup>10</sup>

“On the island of Brač, cholera appeared at first in Sutivan, in the house of the Bertrands. Thanks to Dr. Vicko Definis, the disease did not spread. (...) Due to insufficient precautionary measures, Postira suffered the most. Cholera was brought by the sailor Ivan Kalinić from Trieste. Bol was spared thanks to the strict isolation ordered by Mayor Josip Vusio.” (p. 38)<sup>10</sup>

“Then, on 5<sup>th</sup> October, sixteen Vis inhabitants arrived from Herceg-Novı. Caution had been loosened, and so they brought the pestilence into Mala Banda. (p. 36)<sup>10</sup>

The demographic history of each island illustrates the formation of the current island population. A small number of founders, subsequent isolation, rapid expansion, and significant bottlenecks (caused by famine, war, infectious disease epidemics, and environmental disruption) have allowed genetic drift to mold the gene pool<sup>11</sup>.

The isolated island population in the Eastern Adriatic represents a promising resource for genetic epidemiological studies<sup>12</sup>. Research conducted in 2009 tested the hypothesis that an epidemic of lethal infectious disease in the past increased the current frequencies of CCR5Δ32 mutation (which leads to resistance to HIV infection in a homozygous form) on Croatian islands. Genetic-epidemiological evidence presented in this study leads to the conclusion that these recurring epidemics could have acted as a selective pressure upon the rare CCR5Δ32 mutation and resulted in its unusually high frequencies that are observed across Europe today<sup>2</sup>.

An extensive epidemiological study of several infectious diseases (salmonellosis, streptococcal angina, varicella, and scabies) on 10 Croatian islands (Krk, Cres, Lošinj, Rab, Pag, Brač, Hvar, Korčula, Vis, and Lastovo) between 1989 and 1998 showed that, in comparison with the general population of Croatia, epidemics on islands were less frequent, but of much greater intensity, especially in smaller and very isolated communities<sup>13</sup>.

## COVID-19 Pandemic in Croatia

COVID-19 emerged in December 2019. Due to its rapid spread to many countries worldwide, the World Health Organization declared a global pandemic on 11<sup>th</sup> March 2020. Since COVID-19 is highly contagious, governments have implemented public health measures to limit contact with infected individuals and reduce the spread of the disease. Due to high mortality rates, daily death reports made death more ubiquitous and noticeable in our everyday life. In the context of the pandemic, death and dying have become predominantly medical and biological processes. At the same time, their other very important aspects were almost completely excluded – psychological, sociological, and cultural.

The first COVID-19 positive case in Croatia was detected on 25<sup>th</sup> February 2020. On 11<sup>th</sup> March 2020, the Ministry of Health adopted the Decision on Declaring of the Epidemic of COVID-19 Caused by the SARS-Cov-2 Virus. Croatia was among the first countries in Europe to introduce a strict lockdown which lasted from 20<sup>th</sup> March until 6<sup>th</sup> May 2020. So far, five COVID-19 epidemic waves have been recorded in Croatia.

Data on the highest number of confirmed cases of infected people and the highest number of confirmed deaths from COVID-19 in each of the five waves are shown in Table 1<sup>4</sup>.

The first wave of the COVID-19 epidemic covered the period from March to June 2020. During that period, the Civil Protection Headquarters of the Republic of Croatia and all local headquarters were activated, a lockdown was introduced, and the procurement and distribution of protective equipment began. The highest number of confirmed cases in one day in the first wave was 96 on 1<sup>st</sup> April, while the maximum number of deaths in one day was eight on 19<sup>th</sup> April.

With the increase in the number of infected in August 2020, the second epidemic wave began, and vaccination started by the end of 2020. The second wave reached its maximum on 10<sup>th</sup> December 2020, with 4,620 infected. The highest number of confirmed deaths in one day was 92 on 16<sup>th</sup> December.

After the intensive second wave of the epidemic, at the end of February and the beginning of March 2021, the third epidemic wave began. The maximum number of infected (3,217 confirmed cases) was recorded on 8<sup>th</sup> April and 52 confirmed deaths on 2<sup>nd</sup> May 2021.

In August 2021, Croatia entered the fourth wave of the epidemic, in which the Delta variant of the coronavirus prevailed, and a variant of the Omicron virus was discovered. There were 7,315 confirmed cases in the fourth wave on 10<sup>th</sup> November 2021 and 76 confirmed deaths on 2<sup>nd</sup> December 2021. Considering that in December 2021, more than 50% of the adult population in the Republic of Croatia was vaccinated, the Civil Protection Headquarters of the Republic of Croatia mitigated measures related to gatherings used in the first three waves of the epidemic<sup>15</sup>.

With a sharp increase in the number of newly infected and confirmation of the presence of the Omicron variant in Croatia, in January 2022, the fifth wave of the epidemic began. By the end of April 2022, 15,815 people had lost their lives in Croatia, and there were 1,117,832 confirmed cases of COVID-19.

In the early stages of the pandemic, especially during the first wave and lockdown, restrictions and measures were strict but later began to loosen slightly. Official epidemiological measures included a series of rules relating to the funeral and treatment of the deceased, presented in Table 2. The decision on funeral arrangements was issued by the National Civil Protection Headquarters of the Republic of Croatia on 20<sup>th</sup> March 2020.

The rules limited the number of participants and prohibited certain rites and practices associated with death. The obituaries could not contain information about the time and place of the funeral. According to these guidelines, only close family members were allowed to participate in these ceremonies. The ceremonies and rituals which involved singing, chanting, or playing music were explicitly avoided. Funeral services in most churches, temples, mosques and synagogues were suspended until further notice. The recommendations included a quiet funeral and mourning in solitude and isolation. This led to changes in funeral rites and traditions, as well as in grieving patterns<sup>16</sup>. On 17<sup>th</sup> March 2022, the Civil Protection

Headquarters of the Republic of Croatia withdrew the Decision on funeral arrangements<sup>17</sup>.

The centuries-old quarantine strategy in Croatia became a strong public health component of the response to disease outbreaks during the COVID-19 pandemic. If well organized, islands can represent a natural quarantine due to their distances and isolation from the mainland. However, there is also the danger of infection spreading rapidly in the population, which we witnessed during the COVID-19 pandemic that spread to the islands of Murter and Brač.

During the first epidemic wave, the island of Murter was the island with the highest number of COVID-19 cases in Croatia. On 23<sup>rd</sup> March 2020 eight people were infected, and due to the possibility of local transmission, traffic to the island was closed for all without permanent residence. On 25<sup>th</sup> March 2020, Murter became the first Croatian fully-quarantined location. All people in close contact with the infected person were timely detected. Household members were in self-isolation for 28 days and other contacts for 14 days<sup>18,19</sup>. On 18<sup>th</sup> April 2020, after testing the uncontrolled spread of the disease in the general population, epidemiologists decided that there was no need to extend the quarantine measures for the Murter.

On 9<sup>th</sup> and 10<sup>th</sup> May 2020, the Civil Protection Headquarters of the Republic of Croatia passed Decisions on introducing the necessary epidemiological measures for

**TABLE 1**

MAXIMUM COVID-19 CONFIRMED CASES AND DEATHS PER DAY IN EPIDEMIC WAVES IN CROATIA\*

THE DURATION OF EACH WAVE	PEAK CASES (N/date when maximum cases were recorded)	PEAK DEATHS (N/date when maximum deaths were recorded)
1 <sup>ST</sup> WAVE (March – June 2020)	96 (01/04/2020)	8 (19/04/2020)
2 <sup>ND</sup> WAVE (August 2020 – February 2021)	4.620 (10/12/2020)	92 (16/12/2020)
3 <sup>RD</sup> WAVE (March 2021 – June 2021)	3.217 (08/04/2021)	52 (02/05/2021)
4 <sup>TH</sup> WAVE (August 2021 – December 2021)	7.315 (10/11/2021)	76 (02/12/2021)
5 <sup>TH</sup> WAVE (January 2022 – )	11.812 (26/01/2022)	66 (01/02/2022)

\*Source: Johns Hopkins University CSSE COVID-19 Data, <https://www.koronavirus.hr>.

**TABLE 2**

EPIDEMIOLOGICAL MEASURES FOR DEATH, BURIAL AND FUNERAL EVENTS DURING EPIDEMIC WAVES

	1 <sup>st</sup> wave (20/03/2020)*	2 <sup>nd</sup> wave (25/10/2020)*	2 <sup>nd</sup> to 5 <sup>th</sup> wave (20/11/2020)*	5 <sup>th</sup> wave (17/03/2022)*
Funeral, burial	5 family members and representative of the religious community	30	25	no COVID-19 restrictions
Obituary	no date, time and location of burial	allowed	allowed	
Music	not allowed	allowed	allowed	
Flowers, candles	not allowed	allowed	allowed	
Mourners	no expression of condolence	no expression of condolence	no expression of condolence	

\* The first day of the introduction of the new measures.

the island of Brač due to the outbreak of the COVID-19 disease. This decision banned islanders from leaving their place of residence for 14 days. All public traffic on the island was temporarily suspended, and all public events and gatherings of more than five people in one place were banned<sup>20,21</sup>. In May 2020, the maximum number of reported cases was recorded in the village Nerežišća with 14 confirmed cases. The total number of confirmed cases on the island of Brač in May 2020 was 28. The quarantine measure was lifted at the end of May 2020 when there were no cases of infection<sup>22</sup>. Official data on total confirmed cases and deaths from COVID-19 on Croatian islands currently cannot be separated from county data.

## Methodology

Using qualitative methodology and approach, we present the experiences and feelings of people who experienced the death and funerals of their loved ones during the COVID-19 pandemic in Croatia, from the period of lockdown (from 20<sup>th</sup> March until 6<sup>th</sup> May 2020) until May 2022.

Our research enrolled people (40 interviewees) who experienced death in a pandemic from all over Croatia. Also, we talked with deathcare workers and religious leaders. Although most of our interviewees are from Zagreb, islanders have also participated in the research. Ten of them (one from Krk, seven from Hvar, one from Korčula, and one from Lastovo) whose experiences of the pandemic on the island, especially of death and funerals, we will present in this work.

The research was conducted through semi-structured, in-depth, face-to-face interviews. While interviewing people, we adhered to epidemiological measures. We carried out the interviews shortly after the suspension of the quarantine, mainly meeting the interviewees in public parks or on open terraces of cafés. To ensure the anonymity of interviewees and protect the confidentiality, we used pseudonyms. The Ethics Committee of the Institute for Anthropological Research in Zagreb, Croatia, approved the study protocol.

## Results and Discussion

### *Anxiety in everyday life*

As we can see from the history of epidemics on islands, there has always been fear of infection and the infected arriving on the island from the outside. All of the interviewees from the islands told us about the anxiety during the first wave of the pandemic and about watching the foreigners, catamarans, and ferries coming to the island.

Lucija (Hvar, around 40): “...we used to attentively watch those catamarans, ferries, the travelers on them... I would say that the people who usually are sort of... I wouldn't say xenophobic but

averse; it suited them. The fear was enormous. Even people were writing, 'Report it, report it, it is a moral act.'” (mother died in March 2021)

Jure (Hvar, around 40): “She was studying abroad, and she came to Hvar a few days before the lockdown; she was reported to the police three times, anonymously. That she came to Hvar; that she was freely strolling around... that is horrendous, makes you understand certain things from the history when you experience something like this...” (several relatives died in 2021)

Recent research conducted in 2020 on Croatian residents (islanders vs. mainlanders) about the behavioral immune system (BIS) during the COVID-19 pandemic confirms our findings<sup>23</sup>. The BIS-related variables (pathogen disgust, germ aversion, and perceived infectability) contributed significantly to preferred interpersonal distances, negative emotions toward strangers, and willingness to punish those who did not adhere to COVID-19 preventive measures. Islanders showed a significant amount of variance in preferred social distances and negative emotions toward foreigners compared to mainlanders. Islanders were shielded within their small communities and likely felt threatened by the possibility of outsiders carrying the disease into their, at the time, relatively closed communities.

Most interviewees emphasize that anti-epidemic measures particularly affected the elderly islanders, especially those in retirement homes. In the first two waves of the epidemic, retirement homes were closed, all visits were banned, and only employees of institutions and officials were allowed to enter the retirement home for regular activities. Vaccination in retirement homes began on 27<sup>th</sup> December 2020, after which the retirement homes were opened for visiting and outings.

Stanko (Krk, around 50): “There were again these restrictions in the retirement home, you know, so it all depended on what kind of period it was if one could even enter it. For a very long time, you couldn't even enter it, then not to enter, but to remain outside with masks on and distancing, and the retirement home prescribed all this. So, we acted as was possible, as the home specified; there you have it...” (father died in July 2021)

The pandemic affected the routine, movement, and socializing of older persons. They were often prevented from socializing with younger family members and relatives who do not live on the island. Also, families deliberately distanced themselves from their older family members due to fear of infecting or endangering them in any way.

Josipa (Korčula, 50): “He had his group of eighty-year-old friends in a cafe with whom he drank coffee every day, and he missed it so much.

He kept talking to them on the phone, with those friends, I hope that these conversations have compensated for all this. That was hard for me..." (father died in April 2021)

Ivana (Lastovo, around 50): "I was in a panic when it started, so much panic that I forbid my mother and father to visit us altogether. Yes, that first Easter, I mean that was the first Easter in our lives that we didn't have lunch together... I was afraid for them." (several relatives died in 2021)

Gravedigger (island of Hvar): "People didn't move as much; it was, like, if you didn't have to, you didn't go. Because we all have, especially us here on the island, we all live with our elderly. You have your old folks at home and they get, say, a stronger flu... it goes into pneumonia or whatever, then that's already a problem."

Another vulnerable group are patients suffering from other diseases who needed medical care during the pandemic. The islanders had an additional problem with the reduced number of ferry lines. The issue of the availability of adequate health care on the islands during the pandemic was detected by Sindico et al. in their 2020 study<sup>24</sup>. Report from Croatian islands in this survey stated: "only up to 10 out of 50 inhabited islands have adequate medical facilities and staff to place the sick and take care of them. Islanders on the remaining 40 islands have to wait for medics from the mainland to take them to mainland hospitals which may cause significant delays"<sup>25</sup>. Interviewees in our study also stressed the same problem.

Josipa (Korčula, around 50): "...my husband had a displacement of his prosthetic hip. And this was exactly when we were all scared the most that he had to go to the hospital urgently. The ambulance was working, but I couldn't go with him, nor could I see him off or even visit him; I physically couldn't do it because there was no transport available." (father died in April 2021)

Lucija (Hvar, around 40): "Once, we asked for a sanitary vehicle to take her to Split for the therapy because, being an oncological patient, she was entitled to it, but one day we were told that it was not possible because they were driving a COVID patient. So, everything that was related to COVID had priority over everything else. (...) For instance, I know a woman who had breast cancer... Thank God that's all OK now, but she used to go to radiation and therapies during the most severe quarantine. So, the catamaran and ferry lines were reduced and mostly served for daily supplies: newspapers, groceries, and such. The wretched woman had to go to Split for therapy traveling all the way via Sućuraj" (cca 180 kilometres Hvar-Sućuraj-Drvenik-Split by car and ferry). (mother died in March 2021)

In addition to changes and disruptions in everyday life, the pandemic strongly affected the ways of dying and leaving this world and bidding a final farewell to the deceased. Changes or absences of the usual funeral ceremonies, customs, traditions, and practices in island communities led to confusion and the inability of the entire community to participate in bidding a final farewell to its members. Our respondents especially emphasize that not informing about the death, omitting information about the time and location of the funeral, as well as not allowing more people to attend the funeral, the inability to make contact with the mourners, provide comfort and express grief means an irreparable loss for the whole family, but also the community.

Lucija (Hvar, around 40): "Since the time for offering condolences was not announced anywhere or anything; we went literally at random. (...) So, we found the members of her family, and there were maybe 10 of us, which seemed maybe a bit sad..." (mother died in March 2021)

*"Behind the rope" – funerals and memorial services during the COVID-19 pandemic*

All funerals were held according to the prescribed rules, with a limited number of people, with a ban on expressing condolences, and without any flowers and music. Similar practices of separating the bereaved at funerals occurred on the islands.

Stanko (Krk, around 50): "... a rope was set very low to make a sort of a barrier, so that it could be seen, not to approach... Then people were just getting in because the coffin was set, but there was no contact, so nobody was coming to us, just a glance, so to speak, and this... basically without approaching." (father died in July 2021)

Jure (Hvar, around 40): "They made it that way, the mourners on the one side, coffin in the middle, and then they put the ropes so everyone could pass through there because you can't stop people. And that was about it; they would basically just pass by the coffin and go away." (several relatives died in 2021)

Recommendations included a silent funeral within the closest family circle and mourning in isolation. All the interviewees are aware of the cases of COVID-19 deaths on the island. The difference between the funerals of those who died of COVID-19 and those who did not die of that disease is in the enhanced anti-epidemic measures (the undertakers wear protective equipment, there is no proper funeral, and the coffin is closed). On the islands, the absence of people at such funerals is even more obvious than on the mainland. We bring the narratives of a gravedigger and a Roman Catholic priest on the island of Hvar; the only participants, along with five grieving family members (who, in this case, were in self-isolation because of coronavirus infection) were allowed to attend such a funeral.

Gravedigger (island of Hvar): “Without a single family member. Right, so the priest was there... me, the priest and this person from the funeral company. The three of us... and the priest lent a hand because no one else would, which is when someone hears it's due to Corona, no one wants to turn up, everybody is scared, and you don't have... it's a bit harsh, really, so the three of us did the burial. Truth be told, the family didn't like it that no one came, but it couldn't be done, I and the priest, we did everything required by the Church, all needed to be done, and we bid a final farewell to the gentleman, and that was it.”

Priest (island of Hvar): “When these funerals took place, the COVID-19 funerals in full. It's the whole impression when you see this sort of, like, spacesuit the gravedigger is wearing and that, it creates negative emotions and when you see such a small number of people, it creates negative emotions, so that you don't have, you don't have an impression that this is a funeral. You don't have an impression at all of a ceremony which speaks to a person, because there is constantly this impression of – it has to be done quickly.”

The greatest impact of the measures on funeral customs was observed among the inhabitants of smaller island towns and villages. They used to have two ceremonies: funerals in the place where the deceased had actually lived and burials in their hometown, where they usually have their family graves/tombs. Because funerals were not allowed, the dead only had burials in their hometowns, which the mourning family members often pointed out as something they regretted and felt guilt over.

Jure (Hvar, around 40): “There are cases, but there are a lot of those from the outside, those who come over to other places from Hvar and so. There are quite a few of those from the rest of the island, then usually the funeral takes place here, but there were cases when there was no funeral for those, but only the burial there, in their town.” (several relatives died in 2021)

Lucija (Hvar, around 40): “...but he didn't have a funeral in Hvar because he was from Zastrazišće, and so he had a burial up there.” (mother died in March 2021)

Josipa (Korčula, around 50) “...my dad wanted his funeral to be held in Korčula, where he had lived for 40 years, and since his family tomb was in Blato, the burial to be held in Blato (...) And so we couldn't arrange a funeral in Korčula because they said they didn't arrange funerals. It was only

us from the family who came to collect the coffin and take the hearse and then went to Blato, and it was so strict and weird there that we were shocked, completely shocked.” (father died in April 2021)

The absence of funeral customs, traditions, and mourning practices resulted in feelings of insecurity and even guilt among the bereaved because they could not secure a funeral for their loved ones they deserved.

Josipa (Korčula, around 50): Mum was very, very upset because of it. She kept on saying: “Why, did he really deserve this? Did he really deserve this?” Well, now, for me it wasn't that much of a... I felt bad because of her, mostly because of her. (father died in April 2021)

Lucija (Hvar, around 40): “... a few of the singers from our choir died; these were the people who had dedicated decades of their lives to the choir... and yet singing was not allowed at their gravesites, or the memorial service. (...) Now, the families probably still live with this kind of sense of guilt and unfulfillment and sadness because those people did not have a decent funeral like the one they really deserved.” (mother died in March 2021)

Ivana (Lastovo, around 50): “I keep saying that you can't, you can't describe that feeling at all. You know, you're accompanying your mother at her funeral, and there is no one else at the graveyard...” (several relatives died in 2021)

## Conclusion

To summarize, in all of the narratives about the pandemic, dying and funerals on the island, and those on the mainland, four adjectives appear most often: strange, terrible, surreal, and inhumane. This feeling of strangeness will continue to follow us for a while yet. Since our initial research on dying and mourning in quarantine, when it seemed that the pandemic would be suppressed quickly, we were living with daily reports on the number of infected and deceased for almost two years.

The absence of closeness and contact was even harder for the inhabitants of smaller islands and island settlements where community ties and closeness are essential for everyday life. Faced with frequent replies from the interviewees on the impact of the pandemic on everyday practices and with emotional reactions to making difficult choices caused by these changes, we can conclude that there have been adaptations to the restrictions imposed. That the islanders, confronted with distance and isolation, as many times in history, have found ways to maintain their ties and closeness.

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## SMRT, SPROVODI I TUGOVANJE NA HRVATSKIM OTOCIMA U VRIJEME PANDEMIJE BOLESTI COVID-19

### SAŽETAK

Na otocima i u otočnim zajednicama, posebno onim manjim i izoliranijim, epidemije su često bile jačega intenziteta te ostavljale znatne posljedice. Otočne posebnosti (veličina, udaljenost, izolacija, male populacije i jednostavno kontrolirane pristupne točke) utjecala su na prijenos epidemija s kopna i na njihovu učestalost. Trenutačna pandemija bolesti COVID-19 prilika je za istraživanje kako su zaraza i protuepidemijske mjere utjecale na život i smrt otočnih zajednica. U ovome radu prikazana su iskustva i osjećaji ljudi tijekom pandemije bolesti COVID-19 na hrvatskim otocima, s fokusom na umiranje, sprovode, tugovanje i gubitak članova obitelji. Zbog nemogućnosti provođenja uobičajenih praksa vezanih za pogreb, bili su otežani procesi tugovanja i nošenje s gubitkom bliskih osoba. Otočne zajednice prihvatile su nova pravila i prilagodile se novim okolnostima, ali su istaknule da je tijekom ove zdravstvene krize trebalo primijeniti otočno specifičnije i fleksibilnije upravljanje krizom. Neke epidemiološke mjere, kao što su fizička udaljenost, ograničena putovanja unutar otoka i smanjenje broja ljudi na javnim okupljanjima, otočani su naveli kao izazovne i katkad nepotrebno stroge za pojedine otoke i njihove specifične situacije. Članovi obitelji onih koji su umrli od bolesti COVID-19 imali su dodatne čimbenike i izazove koji su komplicirali gubitak. Digitalni i društveni mediji korišteni su za povezivanje ljudi i pomogli su u suočavanju s izazovima tugovanja u samoći i izolaciji. U ovoj globalnoj pandemiji otočne zajednice odgovorile su na utjecaje pandemijskih kriza i prilagodile se novim okolnostima novoga normalnog.



