

Muslim Moral Injury: Experiences of 'Funeral Poverty' in the UK

Ikraam Qureshi

21001185

Submitted to the University of Hertfordshire in partial fulfilment of the requirements of the degree of Doctor of Clinical Psychology

August 2025

Word Count: 29,833

Acknowledgments

Bismillah-ir-Rahman-ir-Rahim

In the name of God, the Most Gracious, the Most Merciful

First of all, a huge thank you to Abdullah, Hafsa, Layla, and Raheem for your participation. I am incredibly grateful for you sharing your unforgettably moving stories with me and making this research possible. Another huge thank you to the IFSC for your collaboration and assistance with this project.

Thank you Scott for your supervision, guidance, feedback and encouragement over these past two years – I have massively appreciated it. Thank you to Rania and Aminah for your assistance. Thank you Lizette for your support, warmth, and wisdom.

To Becca, Georgia, Jamie, Mitch, Natasha, Seth, and Yoni – surviving this course would have been impossible without you all. Thanks for keeping me sane and for all the laughs.

To my friends and family, thank you for your encouragement, belief, support, understanding, and everything else. This entire psychology journey would have been utterly impossible without you. Thanks to everyone who encouraged me to apply for the DCLin a final time. Thanks to all my colleagues, past and present, for your support and guidance along the way.

To Phil and Ben, you have stayed with me throughout this course and will continue to inspire me. To you, Noo Noo, Daada, Alvin, and everyone else who has passed – I dedicate this thesis to you.

Abstract

The inability to afford a funeral, known as 'funeral poverty' (FP), has been a growing problem in the UK. In a context of rising costs and systemic economic disadvantage, Muslims face unique challenges due to Islamic obligations around prompt burial and the prohibition of cremation. This study first systematically reviewed the literature on the impact of funeral costs on wellbeing. It found negative impacts across wellbeing domains, often compounded by cultural or societal expectations; support could both buffer negative effects and be its own source of distress. Ethical considerations were inconsistently reported, and researcher reflexivity was usually lacking. Subsequently, using Interpretative Phenomenological Analysis (IPA), this study examined the lived experiences of four UK Muslims who navigated FP, attending to potential moral injury (MI) in the process. Participants reported significant distress, exacerbated by institutional barriers, interpersonal conflict, and existing financial strain. Participants experienced MI, with perceived moral failures occurring at personal and systemic levels. MI was linked to the pressure to fulfil moral and religious duties under constrained circumstances, alongside the threat of non-burial. All participants were supported by an Islamic funeral charity to ultimately secure a burial, which provided relief, resolution, a sense of pride, and emboldened identity. Significant growth was also reported, despite the adversity participants faced. The findings point to a need for culturally competent, grief- and trauma-informed services. The study underscores how structural inequality underpins FP – responsibility cannot lie with charity provision. Clinically, recognising the psychological and moral impact of FP may inform more effective, faith-integrated support for Muslim service-users and potentially beyond.

Table of Contents

Acknowledgments	2
Abstract.....	3
List of Tables.....	8
List of Figures.....	9
List of Abbreviations.....	10
1 Introduction.....	11
1.1 The Cost of Dying.....	11
1.2 Funeral Poverty	13
1.3 Impact on Wellbeing	15
1.4 UK Muslims in Context	16
1.5 State-Enforced Cremation and Religious Conflict.....	17
1.6 Moral Injury.....	19
1.7 The Islamic Funeral Support Charity	21
1.8 The Present Study	21
2 Systematic Review of Relevant Literature	23
2.1 Introduction.....	23
2.2 Search Strategy.....	23
2.3 SLR Results	29
2.4 Description of Included Studies.....	52
2.4.1 Publication Years and Countries of Origin	52
2.4.2 Methodologies.....	53
2.4.3 Primary Focus of Studies.....	53
2.5 Critical Evaluation of Quality	54
2.5.1 Quality Appraisal Tools.....	54
2.5.2 Aims, Samples, Findings, and Contributions	59
2.5.3 Data Collection.....	59
2.5.4 Data Analysis.....	60
2.5.5 Mixed-Methods Studies.....	60
2.5.6 Researcher-Participant Relationship	61
2.5.7 Ethical Considerations.....	62
2.5.8 Summary.....	62
2.6 Synthesis of Findings	63
2.6.1 Overview	63

2.6.2	Theory of IFCW	64
2.6.3	Types and Aspects of Wellbeing.....	64
2.6.4	Financial Burden.....	65
2.6.5	Emotional and Psychological Impact	66
2.6.6	Families and Relationships	68
2.6.7	Pressure and Expectations	69
2.6.8	Support	70
2.6.9	Regional Comparison.....	72
2.7	Critique of Review	73
2.8	Conclusion	75
2.9	Rationale for the Present Study.....	75
2.10	Research Questions.....	76
3	Methodology.....	77
3.1	Study Design	77
3.2	Interpretative Phenomenological Analysis	77
3.3	Consideration of Other Methodologies	78
3.4	Epistemological Stance.....	79
3.5	Researcher Position	80
3.6	Recruitment	81
3.6.1	Inclusion and Exclusion Criteria	82
3.6.2	Sample Size.....	83
3.6.3	Participation and Non-Participation	84
3.7	Experts by Experience Consultation.....	86
3.8	Ethical Issues	86
3.8.1	Managing Distress	89
3.8.2	Compensation.....	89
3.9	Participants	89
3.10	Data Collection.....	93
3.10.1	Questionnaire.....	93
3.10.2	Interview Guide.....	95
3.10.3	Interviews.....	95
3.11	Data Analysis.....	96
3.11.1	Questionnaire Analysis	96
3.11.2	Interview Analysis	96

3.11.2.1	Individual Level Analysis.	97
3.11.2.2	Group Level Analysis.....	97
3.12	Reflective Process	98
3.13	Quality Assurance.....	99
4	Results	101
4.1	MI Questionnaire	101
4.2	Group Experiential Themes	104
4.3	GET 1: Undertaking Obligations: Burial Under Pressure	105
4.3.1	Moral and Religious Centrality of Islamic Burial.....	106
4.3.1.1	Believing Islamic Burial to Be Obligatory.	106
4.3.1.2	Believing Cremation to be Islamically Prohibited.	106
4.3.2	Powerless vs Powerful: Facing Systemic Barriers and Institutional Injustice	108
4.3.3	Emotional Distress Under Pressure	110
4.3.3.1	Shocked, Surprised and in Disbelief.....	110
4.3.3.2	Fearful, Anxious and Overwhelmed.	112
4.3.3.3	Saddened by Circumstances, Angry at Others.....	114
4.3.3.4	Ashamed, Guilty and Embarrassed.....	115
4.3.3.5	Constricted by Constraints.....	116
4.3.4	Disorientation and Existential Questioning.....	120
4.3.5	“Unforgivable”: MI and Betrayal.....	122
4.3.5.1	Holding on to Belief in Moral Rightness.	122
4.3.5.2	Anticipating MI.....	123
4.3.5.3	Morally Hurt by Others.	124
4.3.5.3.1	Wounded by Family.....	125
4.3.5.4	Morally Hurt by Systems.....	128
4.3.5.4.1	Institutional Moral Hurt.	130
4.4	GET 2: Growth, Protection, and Laying to Rest.....	133
4.4.1	Being Driven by Belief.....	133
4.4.2	Sensing God’s Presence.....	135
4.4.3	Qadr, Appreciation, and Acceptance	136
4.4.3.1	Qadr.	136
4.4.3.2	Appreciation.....	137
4.4.3.3	Acceptance.	138
4.4.4	Fulfilment in Burial, Peace and Resolution in Life	139

4.4.5	Embodied Solidarity and Pride in Muslim Identity	142
4.4.6	Growing Through Adversity	144
5	Discussion.....	149
5.1	Summary of findings	149
5.1.1	FP Entangled with Bereavement	149
5.1.2	Burial as Obligatory.....	149
5.1.3	Distress and MI	150
5.1.4	Family Conflict	152
5.1.5	Experiences of Institutions	152
5.1.6	Lack of Power, Choice, and Capacity	153
5.1.7	Growth	154
5.1.8	Systemic and Structural Issues	156
5.1.9	'Funeral Poverty' Concept	156
5.1.10	Minority Subjectivity.....	157
5.2	Questionnaire Review	158
5.3	Limitations and Methodological Reflection	159
5.4	Study Implications	161
5.4.1	MI Theory.....	161
5.4.2	Directions for Future Research	162
5.4.3	Clinical and Policy Implications.....	163
5.5	Conclusion.....	168
5.6	Concluding Reflections.....	169
	References	170
	Appendix A: SLR: PROSPERO Registration.....	187
	Appendix B: SLR: Search Terms, Subject Headings, and Synonyms Table	193
	Appendix C: SLR: Final Search Strategies for All Databases.....	195
	Appendix D: SLR: Explicit and Non-Explicit Terms at Title/Abstract Screening Stage	197
	Appendix E: SLR: Evidence for Implied and Explicit IFCW in Reviewed Papers.....	201
	Appendix F: SLR: Critical Appraisal Skills Programme UK Qualitative Studies Checklist.....	208
	Appendix G: SLR: Mixed Methods Appraisal Tool Version 2018	214
	Appendix H: Ethical Approval for Research.....	216
	Appendix I: Research Supervision Contract.....	218
	Appendix J: Research Advertisement	224
	Appendix K: Online Registration Form	225

Appendix L: Participant Information Sheet	226
Appendix M: Participant Consent Form	230
Appendix N: Protocol for Participant Distress	232
Appendix O: Moral Injury Exposure and Symptom Scale-Civilian Items.....	234
Appendix P: Moral Injury Symptom Scale-HP (MISS-HP; Mantri et al., 2020)	235
Appendix Q: Construction of New Moral Injury Outcome Measure Used in this Study.....	237
Appendix R: Moral Injury Outcome Measure Used in this Study	238
Appendix S: Interview Guide	241
Appendix T: Participant Debrief Document	243
Appendix U: Questionnaire Results.....	246
Appendix V: Constituent PETs for GETs.....	249
Appendix W: Interview Transcript Example	254
Appendix X: Reflective Log Extracts.....	258
Appendix Y: Reflection on Identity and Minority Subjectivity	263

List of Tables

Table 1: Funeral Types, Funeral Costs, and the Cost of Dying	12
Table 2: Key Constituents of 'Funeral Poverty'	13
Table 3: Observations During Initial Scoping and Piloting Stages, with Actions for the Final Review.....	24
Table 4: Disaggregated Funeral Cost Components	26
Table 5: Inclusion and Exclusion Criteria for Studies.....	29
Table 6: Procedure for the SLR.....	29
Table 7: Summary of Reviewed Studies.....	31
Table 8: Distribution of Included Studies by Region and Country	52
Table 9: Methodologies of Included Studies	53
Table 10: Quality Ratings for Included Studies.....	56
Table 11: Other Qualitative Methodologies Considered and Reasons for Rejection.....	78
Table 12: Inclusion and Exclusion Criteria for Participants	83

Table 13: Ethical Considerations and Actions at Each Stage of this Research Project.....	89
Table 14: Demographics and Contextual Information for Research Participants	92
Table 15: Summary of New Moral Injury Questionnaire	94
Table 16: Principles and Applications of Quality Assurance	99
Table 17: GETs and Subthemes / Sub-GETs.....	104
Table 18: Transcription Formatting Guide.....	105
Table 19: Clinical and Policy Implications	168

List of Figures

Figure 1: PRISMA Flow Diagram for SLR	30
Figure 2: Participation and Non-Participation at Each Stage of the Research Project.....	85
Figure 3: MI Total & Subgroup Scores with Medians – Raw Scores	102
Figure 4: Raw Scores, Normalised Scores, and Percentages Across Moral Injury Domains – Participants.....	103
Figure 5: Raw Scores, Normalised Scores, and Percentages Across Moral Injury Domains – Participants.....	103
Figure 6: Reflective Log Extract (06/06/25) – Constraint, Compounding Stress, and Emotional Activation.....	120
Figure 7: Reflective Log Extract (14/06/25) – Raheem’s Rationalisation and Potential Bias	135
Figure 8: Reflective Log Extract (11/06/25) – Abdullah and Islamic Narratives	155
Figure 9: Reflective Log Extract (06/06/25) – Retrospective Clarity and Iterative IPA Process..	160

List of Abbreviations

ACT: Acceptance & Commitment Therapy	MISS-C: Moral Injury Exposure & Symptom Scale-Civilian
AGN: Anglophone Global North	MISS-HP: Moral Injury Symptom Scale – Healthcare Professionals
CFT: Compassion-Focused Therapy	MMAT: Mixed Methods Appraisal Tool
COL: Cost of living	NHS: National Health Service
CR: Critical realism	ONS: Office for National Statistics
CASP: Critical Appraisal Skills Programme	PET: Personal experiential theme
DLUHC: Department for Levelling Up, Housing & Communities	PHF: Public health funeral
DWP: Department for Work & Pensions	PHQ-9: Patient Health Questionnaire-9
EBE: Expert by experience	PIS: Participant information sheet
FD: Functional disability	PMIE: Potentially morally injurious experience
FEP: Funeral Expenses Payment	PRISMA: Preferred Reporting Items for Systematic reviews and Meta-Analyses
FP: 'Funeral poverty'	PTG: Post-traumatic growth
GET: Group experiential theme	PPIE: Public & patient involvement in engagement
GS: Global south	QR code: Quick-response code
HIVAH: HIV-affected households	QSA: Quaker Social Action
ICG: Inventory of Complicated Grief	R&R: Restore and Rebuild
ICU: Intensive care unit	RQ: Research question
IFCW: Impact of funeral costs on wellbeing	SLR: Systematic literature review
IFSC: Islamic Funeral Support Charity	TOI: Times of India
IPA: Interpretative Phenomenological Analysis	TWD: Traumatic work-related death
LA: Local authority	UH: University of Hertfordshire
LGA: Local Government Association	UN: United Nations
MCB: Muslim Council of Britain	WHO: World Health Organisation
Mdn: Median	
MI: Moral injury	

1 Introduction

1.1 The Cost of Dying

Funeral costs in the UK are at an all-time high (SunLife, 2025). In 2024, the average cost *of dying* – the total cost of a person's 'send-off' – was £9,797, increasing from 2023. The average cost of simple, attended funerals¹ also rose to £4,285, another all-time high. Indeed, this marked a 126% increase over 20 years, a rate outpacing inflation, wages, or even house prices (Mace, 2024).

Direct burials and *direct cremations* are substantially the cheapest options. However, direct cremation costs have still risen, and at a higher rate than all other funeral types (SunLife, 2025). Table 1 displays definitions and costs for each funeral type.

An estimated 13-20% of people in the UK cannot afford funerals (Pena, 2024; Williams, 2014). Many who can afford still experience notable financial concerns (SunLife, 2025). Covering costs commonly involves using savings, credit cards, borrowing from others, or selling belongings (SunLife, 2025).

The UK Cost of Living (COL) crisis (Hourston, 2022) has compounded this issue. One survey found over a third of people not planning to have a funeral were worried about inadequate savings to live comfortably, especially given the rising COL (Pena, 2024). Another found 33% of people said the COL crisis impacted funeral organisation – cutting back on the service, reducing personal savings, applying for government funding, or increasing stress (SunLife, 2025). Moreover, 22% said funeral costs affected their standard of living; 6% struggled with bills or rent; and 8% cut back essential items including food (SunLife, 2025).

¹ See Table 1

Table 1*Funeral Types, Funeral Costs, and the Cost of Dying*

Term	Definition & Included Costs	Average Cost	Change in 1 Year
Cost of dying	The total cost of a person's 'send-off'. Includes professional administrative fees, a simple funeral service, and all optional extras, such as a party, wake, flowers, order sheets, memorial, catering, limousine hire, and funeral notice	£9,797	+1.4%
Simple funeral	Simple funeral with attendees. Includes a burial or cremation, a service, all funeral director fees, a midrange coffin, one funeral limousine, plus doctor and celebrant fees	£4,285	+3.5%
Direct cremation	Basic cremation without service or attendees.	£1,597	+6.7%
Direct burial	Basic burial without service or attendees Burial plot and third-party fees NOT included in cost	£1,527	-7.8%
Public health funeral	Basic funeral provided by local authorities for deceased individuals without next-of-kin, or when funeral arrangements cannot be made. Local authorities are likely to recoup costs from the deceased's estate; if insufficient, all or remaining costs are covered by the state.	£1600 ^a	+6.7% ^a

Note. Unless otherwise stated, figures refer to 2024 and information is from the SunLife (2025) *Cost of dying 2025 report*.

^a Figure refers to 2023 and comes from the Local Government Association (2024) *Public health funerals 2024 report*.

Additionally, 50% of surveyed UK councils felt the rising COL had a moderate to great impact on *public health funerals* (PHFs) (Local Government Association [LGA], 2024). PHFs are very basic funerals provided by local authorities (LAs) when funeral arrangements cannot be made, for example due to lack of funds or next-of-kin (Department for Levelling Up, Housing &

Communities [DLUHC], 2020). In 2022/23, approximately 4,400 PHFs occurred, around a 13% increase from 2021/22 (LGA, 2024).

Separately, the Funeral Expenses Payment (FEP) offers government support for funeral costs (UK Government, n.d.). However, applicants must receive a qualifying benefit, and be a close friend or relative – their definition of which (Department for Work and Pensions [DWP], 2024) may be Westernised (e.g., no aunts, uncles, cousins). Costs are recovered from the deceased's estate, with the remainder written off (DWP, 2025). The government acknowledges the payment "will not usually cover all of the costs of the funeral" (UK Government, n.d., *What you'll get* section); SunLife (2025) found the FEP covered approximately 46% of total funeral costs on average.

1.2 Funeral Poverty

'Funeral poverty' (FP) refers to the problem of funeral costs being unaffordable. The term apparently first emerged in 2012 (Sunlife Direct, 2012, as cited in Corden & Hirst, 2016); however, Corden and Hirst (2016) identified no definition nor general agreement on its meaning, despite widespread use. Their exploratory study found that complexity around FP made a single definition difficult, although they identified four key constituents (see Table 2). Notably, financial, psychological, and emotional impacts were considered intrinsic in FP.

Table 2

Key Constituents of 'Funeral Poverty' (Corden & Hirst, 2016)

-
- Expectations of a 'funeral', what the person who takes responsibility wants to provide, and why
 - Inability to pay the costs
 - Economic impact of lack of affordability, particularly problematic indebtedness
 - Negative psychological and emotional constituents, including the impact on grief and experience of bereavement
-

Note. Wording is as stated in the original paper.

FP is seemingly rising in the UK, and in the COL crisis context (R. Jones, 2024; Veselinovic, 2024). The growing popularity of direct cremations (R. Jones, 2024; SunLife, 2025) and increase in PHFs (Jones, 2024; LGA, 2024) partly evidence this. Direct cremation numbers swelled during the COVID-19 pandemic, through necessity, but have grown and remained popular since, possibly partly due to COL pressures (SunLife, 2025, p. 18). FP has been predicted as the next social crisis for families in the UK, USA, and beyond (R. Jones, 2024; Katan et al., 2019).

Down to Earth, a service run by Quaker Social Action (QSA; see *Down to Earth*, n.d.), supports people struggling with funeral costs. In 2023, they submitted a report to the UN outlining how FP denies people the rights to an adequate standard of living and the highest attainable standard of health – the government is required to ensure these under the International Covenant on Economic, Social and Cultural Rights (Mace, 2024).

Crossley et al. (2019) argued that poverty is becoming increasingly fragmented within UK policy, with FP among several “new classifications to describe the manifestations of lacking sufficient financial income to meet essential needs” (Crossley et al., 2019, p. 1). While categorisation may help co-ordinate and provide support across poverty manifestations, including FP (Patrick et al., 2020), it also risks presenting the issue as solely economic and/or individual, neglecting wider structural factors (Crossley et al., 2019; Hansford et al., 2023; Kettel et al., 2025).

Additionally, Corden & Hirst (2016) reported that bereaved individuals rarely, if ever, used the term ‘funeral poverty’. Some participants were concerned that one definition was unlikely to cover all complexities and individual differences involved in FP; some also saw the terms as negative, stigmatising, divisive, and/or overly emotive.

However, participants reportedly felt that advancing debate, research, and public awareness counterbalanced these issues, and agreed to contribute towards a definition for FP. Additionally, the term allows consistency with existing literature and policy, and usefully

captures a specific, increasingly recognised dimension of poverty. For these reasons, the present study tentatively adopts the term 'funeral poverty', while remaining aware the term is imperfect, possibly even problematic (Corden & Hirst, 2016; Crossley et al., 2019) – the title's use of inverted commas reflects this position.

1.3 Impact on Wellbeing

Being unable to pay for a funeral brings "severe economic implications and psychological distress" (Corden & Hirst, 2016, p. v). Feelings of shame impact help-seeking behaviour, including around welfare support (Thomas et al., 2018). Globally, poverty frequently causes deep shame around unmet personal aspirations or societal expectations (Walker, 2014). It follows that poverty around funerals, which are both deeply personal and carry strong societal and cultural weight, would cause shame and other distress. Societal moralising narratives around individual responsibility for one's circumstances, and/or around claiming or receiving benefits (Thomas et al., 2018), may compound this.

The process of claiming a FEP may impact grief and overall health (Woodthorpe et al., 2013). Poverty-associated stigma and shame may compound this: one participant said authorities "make you feel like you are a beggar" (Woodthorpe et al., 2013, p. 616).

Furthermore, some perceive PHF services as inadequate, and that one does not "get a proper funeral"; moreover, it reportedly "makes people's mental health worse. You can't lay your loved ones to rest, you feel worthless, you feel a failure" (Veselinovic, 2024). Being prohibited from attending or receiving ashes back is also "very distressing" ('Cutting the Cost of Dying', 2024).

SunLife (2025) found 75% of respondents reporting notable financial concerns said funeral costs impacted their mental health; 60% reported impacted physical health. This, alongside financial hardship, reduced living standards, and cuts to essentials, underscores funeral costs' impacts on wellbeing. Mace (2024) reported actively working with SunLife to highlight the health and wellbeing impacts of unaffordable costs.

More explicitly, reported instances exist of relatives “having to survive on toast because they’re desperately trying to scrape together a funeral deposit[,] or having crushing anxiety[,] or waking up sweating because of the sheer worry of how they’re going to pay for a family member’s funeral” (‘Cutting the Cost of Dying’, 2024).

1.4 UK Muslims in Context

Funerals pose a significant financial risk, especially for people on basic or low incomes (Mirza et al., 2020). Muslims, 6.5% of the England and Wales population (Office for National Statistics [ONS], 2022), disproportionately experience poverty and deprivation. Half are in poverty, compared to 18% of the general population, making Muslims the religious community most likely to experience poverty in the UK (Heath et al., 2018). 61% of Muslims in England and Wales live in the lowest 40% of deprived areas; 39% live in the most deprived areas (Mohdin, 2022). Muslims have the highest rates of economic inactivity, and lowest earnings and employment rates across UK religious communities (ONS, 2020).

Islam has mandatory funeral rites, including washing and shrouding the body, the funeral prayer (*janāzah*), and prompt burial; cremation is forbidden (Philips, 2005). Islam considers these not preferences but a communal obligation (*farḍ kifāyah*) (Al-Dawoody et al., 2021). Attending the *janāzah*, procession, and burial is religiously recommended and carries significant spiritual reward (Ekpo & Is’haq, 2016). The need for prompt burial may clash with the processing time naturally involved in FEPs, highlighting a structural disadvantage for Muslim applicants.

Woodthorpe et al. (2022, p. 557) state that religious ritual and the “importance in the fate of the body” are declining in UK funerals. They argue such shifting attitudes and practices mean funeral services no longer necessarily “derive psycho-social benefit or social support for organisers and attendees” (p. 569). Consequently, they argue there is a “waning need for social support” (p. 557). While this may reflect dominant cultural trends, it neglects the Muslim minority, and indeed other groups, whose funeral practices are ritually prescribed and largely

unchanged. Muslim death rituals do provide psychosocial benefits (Koroglu & Durat, 2025), and UK Muslim burial grounds serve as enduring spaces of community identity and spiritual continuity (Ahmed, 2016; Ansari, 2007).

Research on FP among Muslims has generally come from South-East Asia (e.g., Ashhuri et al., 2024; Katan et al., 2019; Mirza et al., 2020), with limited transferability to UK contexts. Moreover, this research lacks a psychological, wellbeing, or lived-experience focus.

Furthermore, Muslims are both underrepresented and misrepresented in psychology literature (Qasqas & Jerry, 2014). Research has also shown that “Muslims receive less help with mental health problems than those of other faiths, and there is a lack of understanding in terms of the type of support they need” (Youngman, 2024, p. 1).

Islam considers Muslims one community, or *ummah* (Yongbao, 2024). Simultaneously, Muslims, British or otherwise, are diverse, including in ethnicities and denominations (Ehsan & Scott, 2024). Moreover, intra-Muslim discrimination and conflicts inevitably exist (Nurein & Iqbal, 2021). Treating Muslims as a monolith can be problematic or even entrench Islamophobia (Ehsan & Scott, 2024; Townsend, 2024). Thus, the present study uses the term ‘Muslim communities’ instead of ‘Muslim community’, aligning with Ehsan and Scott’s (2024, p. 62) recommendation. This usage aims to acknowledge the above complexities, but seemingly diverges from the authors by viewing ‘community’ as unproblematic if preferred by participants themselves.

1.5 State-Enforced Cremation and Religious Conflict

In PHFs, LAs must respect the deceased's wishes regarding burial or cremation; but “Beyond the method of committal, . . . are not legally required to accommodate any requirements the deceased may have had in relation to their religion or belief” (DLUHC, 2020). This implicates Muslim funerals, which have mandatory elements including the nature of the burial itself.

During the COVID-19 pandemic, the draft Coronavirus Act 2020 gave authorities power to decide upon burial or cremation. Urgent appeals for amendments were made – one organisation stated:

Cremation is forbidden in Islam and Judaism . . . , therefore, the possibility of forcing a cremation upon the loved ones of these communities would add further anguish and trauma to bereaved families, who themselves may be in self-isolation. (Mend, 2020)

Parliament amended the legislation to require consideration of the deceased's wishes, religion, or beliefs (Coronavirus Act 2020, sch. 28, pt. 4, 13[1]). However, personal choice is respected only "as far as possible" and, if deemed necessary, the prohibition on cremation against the wishes of the deceased is still disapplied" (UK Parliament, 2020, p. 62, para. 511). With multiple future pandemics predicted (Broom, 2020), such legislation remains relevant.

Internationally, the Muslim Council of Britain (MCB; 2020) criticised the Sri Lankan government's "insistence to enforce cremations" – despite the positions of the World Health Organisation (WHO) and "prevailing scientific opinion" – as "state-sponsored Islamophobia". The government reportedly claimed that an infected body "could be used as a biological weapon", which MCB (2020) claimed was "entirely conspiratorial . . . [,] deeply divisive and serves only to stigmatise and marginalise Sri Lankan Muslims".

In 2024, Sri Lanka's government formally apologised (TOI World Desk, 2024). A spokesperson for the Muslim Council of Sri Lanka said "the entire community remains traumatised by the experience" of enforced cremations, and described "the distress of a young Muslim couple who endured severe emotional trauma when their 40-day-old infant was cremated by the state against their wishes" (TOI World Desk, 2024). This highlights an issue of not just religious disapproval, but state violence that can traumatise and further demonise and isolate communities, reinforcing Islamophobia.

1.6 Moral Injury

Perhaps the first to use the term, Shay (1994, p. 20) defined “moral injury” as “a betrayal of what’s right . . . by someone who holds legitimate authority”. Litz et al. (2009, p. 700) contested the legitimate authority aspect, focusing instead upon the individual and feelings of self-betrayal – they stated MI occurs when one is “perpetrating, failing to prevent, bearing witness to, or learning about acts that transgress deeply held moral beliefs and expectations.” Potentially morally injurious experiences (PMIEs) involve “transgression that severely and abruptly contradicts an individual’s personal or shared expectation about the rules or the code of conduct, either during the event or at some point afterwards” (Litz et al., 2009, p. 700). MI presents as “a syndrome of shame, self-handicapping, anger, and demoralization” (Gray et al., 2012, p. 408).

Spiritual impacts are included within some MI frameworks (e.g., Litz et al., 2009). However, research on MI among Muslims, across populations, remains limited. Studies tend to group Muslims into broader discussions around spiritually/religiously oriented care (Brémault-Phillips et al., 2019; Koenig & Al Zaben, 2021; Wang et al., 2021; Wortmann et al., 2017). Muslims may experience MI in healthcare (Wang et al., 2021), war (e.g., Hosein, 2019), and normative community contexts (e.g., Irfaeya et al., 2008). In war contexts, religiosity has been inversely related to MI, in studies with exclusive (Shahid et al., 2023) and non-exclusive (Volk & Koenig, 2019) focuses on Muslims. No known studies attend to MI in the context of Muslim funerals.

Both authority- and self-based accounts of MI are relevant to FP in Muslim communities. State authorities have powers to uphold and enforce decisions around funerals and body disposition. A Muslim who bears witness to, learns about, is involved in, or is unable to prevent the confirmed or potential cremation, or non-Islamic burial, of a deceased Muslim may experience this as a transgression of their deeply held moral beliefs and expectations (Litz et al., 2009, p.700).

Furthermore, Honneth (2014, as cited in Jakobsen, 2015) argues that denial of rights, social exclusion, “violation of honour”, and “denigration of ways of life” (p. 9) cause MI.

Furthermore, an action becomes a MI if:

The person affected has no choice but to view it as an action that intentionally disregards an essential aspect of his or her well-being; it is not merely bodily pain as such, but the accompanying consciousness of not being recognized in one's own self-understanding that constitutes moral injury. . . . As in the case of a symbolic offense or humiliation, it is the disrespect of personal integrity that transforms an action or utterance into a moral injury. (Honneth, 2014, p. 134)

Integrity is widely regarded as a priority in bereavement and funerals. Honneth highlights that perceived disrespect of personal integrity can lead to MI, perhaps also perceived as offense or humiliation. Preventing Islamic burials might be experienced this way – an intentional disregard of an essential aspect of one's wellbeing, namely deeply held religious beliefs.

Honneth (2014) also discusses the fundamental human need for recognition from others; misrecognition can cause MI. N. Meer (2007) claimed Taylor (1994) argued that systematised misrecognition or disapproval constitutes a MI. While Taylor (1994, p. 25) never explicitly mentioned MI, he did say “Nonrecognition or misrecognition can inflict harm, can be a form of oppression, imprisoning someone in a false, distorted, and reduced mode of being”. He framed misrecognition as social and political injustice, and his language throughout was morally charged. Thus, misrecognition of UK Muslims' religious requirements around funerals may lead to wide-ranging harm, including MI.

Vaknin and Ne'eman-Haviv's (2025, p.1) very recent model proposes MI “arises not only from traumatic experiences but also from conflicts between moral ideals and reality.” Moreover, they argue MI can be conceptualised “in terms of disrupting moral expectations, not necessarily in terms of a moral violation”, and introduce the concept that MI “can occur even in situations where the person acted well or made moral decisions” (p. 5). This may be relevant in

the present context – non-Islamic burials or cremations are not readily considered traumatic experiences, especially in traditional MI models; and Muslims experiencing FP may ultimately secure the desired burial, thereby 'acting well'.² Nevertheless, this model holds that MI may still occur.

No standardised treatment for MI-related mental health problems currently exists (Griffin et al., 2019; Maguen et al., 2010). *Restore and Rebuild* (R&R), a piloted UK-based intervention designed to address this, shows promising results for military veterans (V. Williamson et al., 2023, 2024). The authors propose adapting R&R to involve a spiritual leader and to investigate its suitability for non-military populations (V. Williamson et al., 2023).

1.7 The Islamic Funeral Support Charity

This study collaborated with the Islamic Funeral Support Charity³ (IFSC): a standalone charity that assists and supports Muslims to meet burial costs and, as they explicitly state, to prevent the possibility of cremation. They assist through advice, advocacy, loans, or grants. Funding comes directly from the charity or via IFSC-supported access to state aid. Eligibility requires any of the following: receiving welfare benefits, limited savings, little or no family support, or being a Muslim revert⁴ in need. Despite PHF guidance, IFSC has publicly claimed losing over 25 Muslims to cremation or non-Muslim burial.

1.8 The Present Study

Given the above, the present study addresses several clear gaps in the literature:

- 1) Academic research exploring lived experiences of FP in the UK
- 2) Research focusing on FP among Muslims (specifically UK Muslims)

² See 5.4.1 *MI Theory* for further elaboration and relevance to this study's findings.

³ Pseudonym to protect participant confidentiality and anonymity. IFSC quotes, citations, and references are omitted from this thesis for the same reason. Information in this section was sourced from IFSC's website, documentation, and consultations with staff.

⁴ Revert is a term often used to refer to converts to Islam. This is rooted in the Islamic idea that every human being's *fitrah*, or primordial nature (Wadud, 1999), is belief in and obedience to God; thus, converting to Islam is considered a return or reversion (Casey, 2019). IFSC used 'revert' and never 'convert', hence 'revert' being used here.

3) Research attending to potential MI in the context of FP

The present study explores UK Muslims' experiences of FP, attending to potential MI. Conducted in collaboration with IFSC, its participants were IFSC service-users, some of whom may not qualify for FEP. Thus, the study addresses two key gaps raised by Hansford et al. (2023). First, it allows insight into experiences of FP for "those who do not qualify for state support"; second, it facilitates exploration around how the "stress and trauma" of FP affect grief and "attitudes towards death and dying" (p. 614). It also responds to Thompson et al.'s (2024, p.13) call for "further research on more minoritized religious, cultural and racial perspectives in UK funerals", addressing the "dearth of research on these perspectives".

This study presents a systematic review of the literature, followed by an empirical study exploring UK Muslims' lived experiences of FP.

2 Systematic Review of Relevant Literature

2.1 Introduction

To lay the groundwork for exploring experiences of FP, including potential distress and MI, this review more broadly examines the impact of funeral costs on wellbeing (IFCW). Literature scoping revealed sufficient articles and no existing systematic literature reviews (SLRs) in this area. It also revealed several studies discussed macro-level impacts only,⁵ therefore this review focuses on *individuals'* wellbeing. Thus, the research question (RQ) for this SLR is: *What does the existing empirical literature say about the impact of funeral costs on individuals' wellbeing?* This review is registered on PROSPERO.⁶

2.2 Search Strategy

Five databases were searched in February 2025, selected for their large size, breadth, and clinical relevance: Cinahl Plus, Medline, Pubmed, Scopus, and Google Scholar.

Initial scoping and pilot searches revealed several factors that directly influenced the final review (see Table 3). Based on these findings and the RQ, the search strategy and screening stages focused on three core components: 1) funerals, 2) costs, and 3) wellbeing. To ensure all were represented, the search combined them with an AND Boolean operator. Only primary findings were sought, not secondary references.

Corden and Hirst's (2016) four definitional constituents of FP⁷ indicate the term inherently covers this review's three core components, so FP was included as a search term. To retrieve papers not using this term, an OR operator combined "funeral poverty" with an AND search for funerals, costs, and wellbeing.

⁵ See Table 3

⁶ Ref: CRD42025629312. See Appendix A for Prospero Registration.

⁷ See Table 2 in 1.2 *Funeral Poverty*

Table 3*Observations During Initial Scoping and Piloting Stages, with Actions for the Final Review*

Review Stage	Observation	Actions for final review
Initial scoping	<p>Several papers discussed:</p> <ul style="list-style-type: none"> • Funeral costs without discussing wellbeing • Funerals' impact on wellbeing without reference to funeral costs. • Non-funeral death-related costs only (e.g. losing a partner's income), with inconsistent reference to wellbeing. <p>Few studies integrated all three key components – 1) funerals, 2) costs, and 3) wellbeing.</p>	<p>Search strategy and screening stages focused on 1), 2) and 3) all being present.</p> <p>Search joined the three components with an AND Boolean operator, to address the issue of only one or two components being covered.</p>
Initial scoping	<p>Few papers had funeral costs, with or without their impact on wellbeing, as their primary focus.</p> <p>Funeral costs and/or wellbeing were discussed with varying or minimal detail.</p>	<p>Searching and screening strategies kept broad enough to accommodate this possibility, but narrow enough to stay within this review's scope.</p> <p>Only primary findings were sought, not secondary references.</p>
Initial scoping	<p>Academic journal papers discussing IFCW were in the minority.</p> <p>No existing systematic reviews.</p>	<p>Justified a SLR to consolidate and evaluate the current academic research and identify existing gaps.</p> <p>Focused on peer-reviewed empirical studies published in academic journals.</p>
Initial scoping	<p>Several papers mentioned only non-funeral death-related costs in the abstract; inconsistently, some also mentioned funeral costs in the body.</p>	<p>Kept search strategy broad enough to accommodate this possibility.</p> <p>During title/abstract screening, any death-related cost met the inclusion criteria. The full-text screening stage would subsequently reveal any mention of funeral costs.</p>
Initial scoping	<p>Many papers only implied one or more key themes rather than explicitly discussing them.</p>	<p>Accommodated implied IFCW in both abstract and full-text screening stages.</p>
Initial scoping	<p>Some studies focused only on macro-level impacts of funeral costs (e.g., on government spending or institutional financial wellbeing).</p>	<p>Focused on individual-level impacts of funeral costs.</p>

Review Stage	Observation	Actions for final review
Initial scoping	Several studies from Africa and other non-UK settings	Included all countries, allowing opportunity for valuable comparison and insights.
Pilot searches	Many grey literature papers originated from commercial organisations, such as insurance corporations. Many non-empirical studies, such as archival, conceptual or theoretical studies, did not involve participants' experiences.	Excluded grey literature due to high risk of bias. Excluded non-empirical studies, to focus on research directly reporting participants' experiences of funeral costs.
Pilot searches	Combining the three key components on Google Scholar retrieved a volume of results beyond the scope of this review; but searching the exact term "funeral poverty" yielded a manageable number. Google Scholar returned relevant articles unlisted in other databases. Google Scholar included all articles from the other databases.	Google Scholar was utilised alongside bibliographic databases, to include every paper mentioning 'funeral poverty'. To retrieve papers not using the term 'funeral poverty', an OR operator combined "funeral poverty" with an AND search for funerals, costs, and wellbeing.
Pilot searches	Cinahl, Medline and Pubmed offered subject headings and expanders. In Google Scholar and Scopus, the terms 'death' and 'dying' produced a very large volume of irrelevant results	Used subject headings and expanders to maximise relevant results; adjustments made for differences in terminology. In Cinahl, Medline and Pubmed, included the terms 'death' and 'dying' under available headings. 'Death' and 'dying' omitted from Google Scholar and Scopus searches.
Pilot searches	Few papers explicitly linked (any) death-related costs to wellbeing in the abstract. Many papers mentioning 'funeral poverty' in the abstract did not mention wellbeing in the abstract or body.	Kept search and screening strategies broad enough to accommodate possibility of wellbeing being mentioned in a paper's body, without being mentioned in its abstract.

Scoping found academic journal papers were a minority among studies discussing IFCW. This justified conducting a SLR to consolidate and evaluate the current academic

research and identify gaps. Accordingly, this review focuses on peer-reviewed empirical studies published in academic journals.

Royal London (2015) identified common components of funeral costs (see Table 4). This review considered all, plus any other directly funeral-related expenses. Memorials were only considered when mentioned alongside funeral costs, since subsequent memorial expenses are generally distinct from those of the initial funeral. Incurred, forthcoming, and anticipated funeral costs were all included.

Table 4

Disaggregated Funeral Cost Components

Burial/cremation fee	Funeral notice
Funeral Director costs (including coffin)	Flowers
Minister's fee	Venue hire
Doctor's fee	Catering
Order sheets	Additional Limousine hire
Obituary	Memorial

Note. Adapted from *Rising Funeral Costs: The Elephant in the Room. The systemic and interrelated problems contributing to rising funeral costs responsible for funeral debt. The Royal London National Funeral Cost Index Report 2015*, by Royal London, 2015, p. 25 (https://www.iccm-uk.com/iccm/wp-content/uploads/2020/09/iccm_10299-Funeral-Report-52pp-FINAL-2.pdf).

Only financial funeral costs were considered; non-financial 'costs' (e.g., time, health) were only considered insofar as they related to wellbeing. The Oxford English Dictionary (2024) defines wellbeing as ". . . the state of being healthy, happy, or prosperous; physical, psychological, or moral welfare." During searches and screening, 'wellbeing' included this exact term and/or terms directly related to physical or mental wellbeing (e.g., stress, grief, physical health).

Financial burden was treated as inherently related to wellbeing, in line with Lee and Cagle's (2022) conceptual framework which includes coping and subjective distress. Since FP

may inherently involve wellbeing (Corden & Hirst, 2016), the latter's explicit mention in abstracts mentioning FP may be unnecessary. Furthermore, scoping showed many studies implied this review's core themes rather than explicitly discussing them. Thus, implied IFCW was accommodated.

However, for consistency, and manageability at full-text screening, abstracts had to explicitly reference: a) funeral/death, b) death-related costs,⁸ and c) wellbeing. This allowed inclusion of papers where IFCW was not explicitly in the abstract, but was discussed or implied in the body, while narrowing the focus enough to avoid including excessive irrelevant papers. During full-text screening, papers implicitly or explicitly addressing IFCW were included for review; all others were excluded.

This review focused on individual-level impacts of funeral costs, including for the bereaved, other family members, and professionals (e.g., funeral directors and healthcare staff). Families were considered individual-level for this review. Macro-level impacts⁹ were excluded.

There were no restrictions on methodology, country, or year of publication. Inclusion of all countries allowed opportunity for valuable comparison and insights. Due to limited time and resources for translation, English language papers were included only.

Lastly, reference lists of all papers that passed full-text screening were searched for further relevant studies. Titles/abstracts then full-texts were screened using the same inclusion/exclusion criteria⁹ and included for review. The procedure for this SLR is summarised in Table 6.

In summary, the final search strategy searched all three key components – funerals, costs, and wellbeing – using subheadings and synonyms. This was combined with a search for “funeral poverty” using an OR operator. At the title/abstract screening stage, explicit mentions of

⁸ Not necessarily funeral costs

⁹ See Table 5

funeral/death, death-related costs, and wellbeing were all required. The full-text screening stage required explicit or implicit reference to IFCW.¹⁰

Table 5

Inclusion and Exclusion Criteria for Studies

Inclusion criteria	Exclusion criteria
Published in the English language	Not published in the English language
Explicit mention of funeral/death ^a	No explicit mention of funeral/death ^a
Explicit mention of death-related costs ^a	No explicit mention of death-related costs ^a
Explicit mention of wellbeing ^a	No explicit mention of wellbeing ^a
Empirical study	Non-empirical study (e.g., theoretical/conceptual papers, systematic reviews, archival studies)
Peer-reviewed study published in academic journals	Not a peer-reviewed study published in academic journals (e.g., books, grey literature, commentary/editorial articles)
Explicit/implied reporting of the impact of funeral costs on wellbeing ^b	No explicit/implied reporting of the impact of funeral costs on wellbeing ^b
Study reporting funeral costs ^b	Study reporting death-related costs without including funeral costs (e.g., loss of income, healthcare bills, separate memorials) ^b
Study reporting the impact of funeral costs on individuals ^b	Study reporting the impact of funeral costs at the macro level only (e.g., impact on government spending, impact on financial 'wellbeing' of institutions) ^b

^aApplicable at the title/abstract screening stage

^bApplicable at the full-text screening stage

¹⁰ See Appendix B-E for the full search strategy for each database; all terms found in abstracts considered explicit mentions of a), b) and c); and evidenced justification for considering IFCW implicit or explicit.

Table 6*Procedure for the SLR*

-
- Search results exported from bibliographic databases
 - Exported results uploaded to systematic review management platform Rayyan
 - Duplicates removed
 - Titles and abstracts screened using inclusion/exclusion criteria
 - Full-text articles screened using inclusion/exclusion criteria
 - Reference lists searched and compiled
 - (Reference list) titles and abstracts screened using same inclusion/exclusion criteria
 - (Reference list) full-text articles screened using same inclusion/exclusion criteria
 - Quality appraisal of all included papers
 - Narrative synthesis
-

2.3 SLR Results

112 duplicates were removed, leaving 1357 articles in total for screening. 1341 articles were excluded at the title/abstract screening stage, with 16 articles remaining for full-text screening. From these, 2 articles were excluded and 14 included for review. Subsequently, the reference lists of all 14 articles were searched, totalling 551 references. These were screened at the title/abstract level, with 7 remaining for full-text screening. All 7 met criteria for inclusion, creating a final total of 21 articles included in the present review. To minimise bias, a second reviewer screened the abstracts of these 21 articles against the inclusion/exclusion criteria; there were no contested inclusions.

This process is displayed using a PRISMA flowchart in Figure 1. Table 7 displays a summary of the studies included in the SLR.

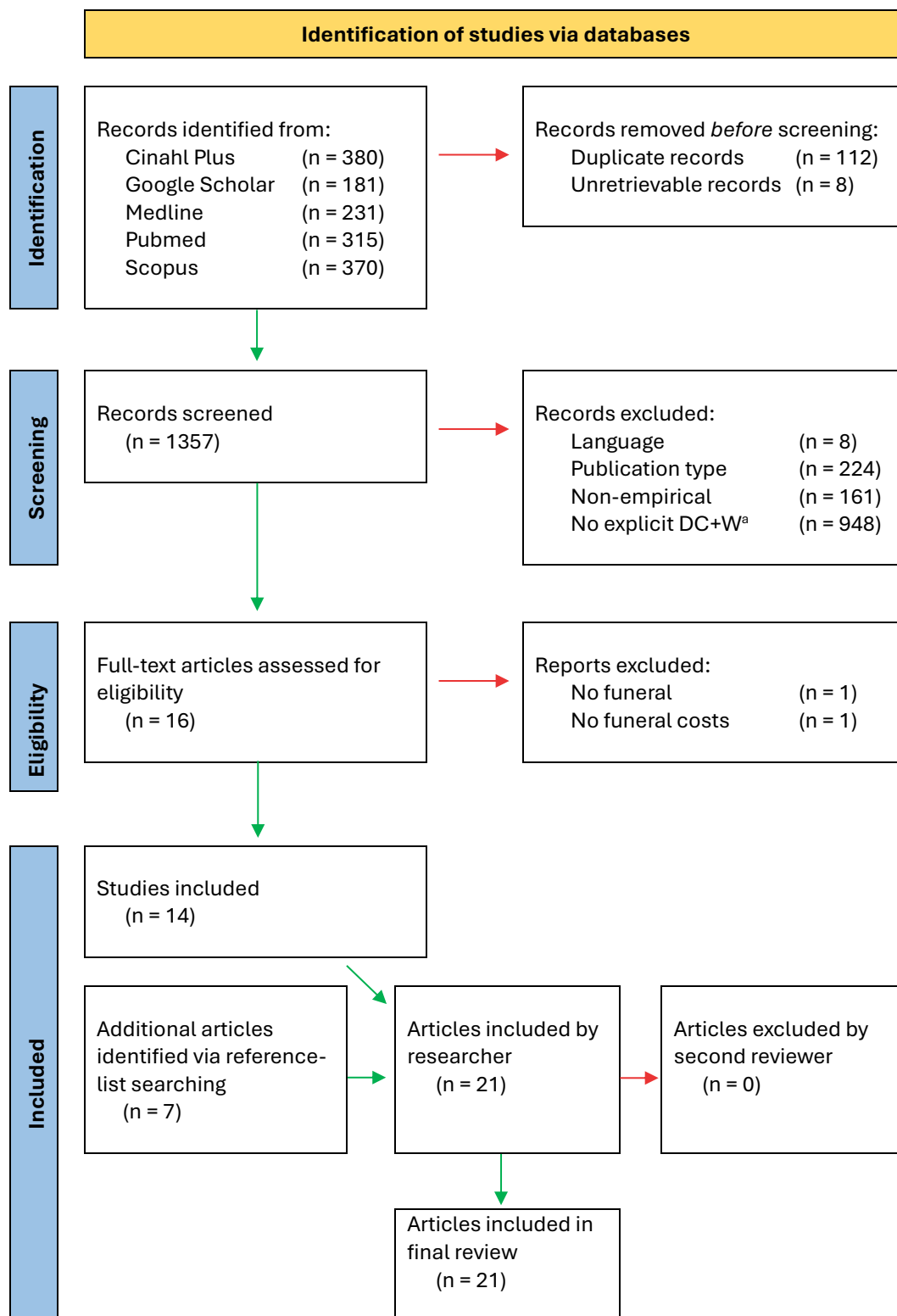
Figure 1*PRISMA Flow Diagram for SLR*^a Death-related costs and wellbeing (both required)

Table 7*Summary of Reviewed Studies*

No. Authors (Year)	Title	Country	Aims	Primary Topic Focus	Methodology	Participants	Implied / Explicit IFCW	Key Findings	Implications	Strengths & Limitations ^a
1. Aldashev, A. (2023)	Ceremonial expenditures, informal networks and economic consequences: Evidence from Kyrgyzstan	Kyrgyzstan	To examine the effects of ceremonial spending on various economic outcomes, including household debt, food consumption, and children's education, and to explore the role of social networks as informal insurance	Ceremonial expenditures	Quantitative Data collection: Longitudinal individual survey (Life in Kyrgyzstan Study, 2010-2016) Data analysis: Instrumental variable (IV) framework and control function approach	Households surveyed in the Life in Kyrgyzstan Study (approx. 3,000 households and 8,000 individuals). Ethnicities: Kyrgyz, Uzbek, Russian. No stated age range.	Implied	<ul style="list-style-type: none"> • Ceremonial spending reduces household expenditure on food. • Higher ceremonial spending correlated with higher likelihood and duration of school absenteeism, due to illness and work. • The financial burden of ceremonial spending leads to indebtedness. • Higher ceremonial spending leads to larger social networks. • Uzbeks spend less on intertemporarily inflexible events but more on flexible events; Russians spend less on festivities but more on inflexible events. 	<ul style="list-style-type: none"> • Funerals (and other intertemporarily inflexible events) may present the biggest financial stress to households. • Increased ceremonial spending pushes children to the labour market. • Increased likelihood and duration of school absenteeism may have long-lasting implications for educational attainment and future labour market prospects of these children • Ceremonial spending could be a mechanism of maintaining households' social networks • Spending on festivities possibly serves as a social insurance mechanism. 	Not stated

No. Authors (Year)	Title	Country	Aims	Primary Topic Focus	Methodology	Participants	Implied / Explicit IFCW	Key Findings	Implications	Strengths & Limitations
2. Alkenbrack Batteh, S. E., Forsythe, S., Martin, G., & Chettra, T. (2008)	Confirming the impact of HIV/AIDS epidemics on household vulnerability in Asia: the case of Cambodia	Cambodia	To explore the effects of HIV and AIDS on household economics and the social wellbeing of children in HIV- affected families in Cambodia.	HIV/Aids Economic and social impacts of HIV/AIDS, particu- larly the effects on household vulnerabil- ity and child wellbeing.	Quantitative Data collection: Interviews and surveys con- ducted with 1,000 house- holds, using a case- comparison design (HIV- affected vs. nearest- neighbour households). Data analysis: Compared case and control households; statistical tests to examine differences in spending, income effects, and child wellbeing; multiple regression exploring how expenses and income effects relate to household income. Qualitative interview data used in informal, non- systematic way.	1,000 households (500 HIV- affected and 500 comparison households), with 1,000 adults and 1,443 children aged 6-17 years. Survey respondent age range: 22-30 to 51+ Interviewee age range: 6-51+ No ethnicity data.	Implied	<ul style="list-style-type: none"> • HIV-affected households (HIVAH) faced more frequent funerals and higher spending on funerals and medical care. • HIVAH were more likely to sell assets, borrow, take loans, and cut spending on healthcare, food, children, and leisure. • Children in HIVAH reported more hunger, fewer meals, and greater household and work responsibilities. • Children in HIVAH were not significantly more likely to be chronically ill or less likely to attend school. • HIV-affected children and adolescents may face greater educational disruption and scored lower on a quality-of-life measure. 	<ul style="list-style-type: none"> • Services to HIVAH stopped short of mitigating the economic and social impact. • This population is forced to live beyond its economic means, especially true for HIVAH facing catastrophic expenditures like funeral costs and medical care • Survival strategies may come at the expense of longer-term investments in the household. 	<p>Strengths:</p> <ul style="list-style-type: none"> • Contributed to evidence-informed planning of policies and programmes. <p>Limitations:</p> <ul style="list-style-type: none"> • Case and comparison households were not perfectly matched, differing in age and roles of women in households. • Groups may differ on unmeasured characteristics. • Much of the data was based on self-reported current and retrospective information. • Purposive sample of HIVAH limits representativeness and generalisability.

No. Authors (Year)	Title	Country	Aims	Primary Topic Focus	Methodology	Participants	Implied / Explicit IFCW	Key Findings	Implications	Strengths & Limitations
3. Ardington, C., Bärnighausen, T., Case, A., & Menendez, A. (2014).	The economic consequences of AIDS mortality in South Africa.	South Africa	To quantify the impact of adult AIDS-related deaths on household economic wellbeing	AIDS mortality Economic wellbeing	Quantitative Longitudinal data analysis using demographic surveillance and socioeconomic surveys	11,000 households, with approx. 87,000 individuals in a rural demographic surveillance area No age or ethnicity data for respondents	Explicit	<ul style="list-style-type: none"> • Funeral expenses borne by the deceased's household can explain some of the impoverishing effects of death in the household. In contrast, the loss of an employed member cannot. • Considerable funeral expenses and associated borrowing play an important role in the impact of deaths on household wellbeing. These consequences of funeral expenses are likely to manifest shortly after the death. • Households often borrow money to finance an appropriate funeral. This was more likely when the death was due to AIDS. • Borrowing money for funerals negatively affects household asset holdings. 	<ul style="list-style-type: none"> • Funeral-related costs could strain a household's resources well into the future. • A household may become permanently poorer after a member's death, partly due to cultural / societal obligations around status-appropriate funerals, and their associated costs. • Lower asset holdings in AIDS-affected households is not adequately explained by drawing down assets to care for sick members • Funeral expenses may be the main reason why poor households become even poorer following an AIDS-related death. • Worsened household / economic wellbeing implies stress and distress. 	Not stated

No. Authors (Year)	Title	Country	Aims	Primary Topic Focus	Methodology	Participants	Implied / Explicit IFCW	Key Findings	Implications	Strengths & Limitations
4. Bailey, T. (2010).	When commerce meets care: emotion management in UK funeral directing.	UK	To explore the conflict of commerce and care in funeral directing, from the theoretical perspective of emotion management	Emotion management in funeral directing	Qualitative Data collection: Semi-structured in-depth interviews with funeral arrangers from two large funeral firms in southern England. Data analysis: Thematic analysis using Bolton's fourfold typology of emotion management.	Six female funeral arrangers (aged 24-53), with 6 months to 7 years of experience. Age range: 24-53 No ethnicity data	Explicit	<ul style="list-style-type: none"> Discussing money was seen to be a major threat to clients grieving properly. Funeral arrangers struggled with the timing of cost discussions, fearing it may seem insensitive, come as a shock, and/or heighten distress. Asking families for disbursements can cause dread, anxiety and overwhelm for funeral arrangers. One arranger encouraged clients to "have a chat" with them when coming in for the bill or after paying, as it "helps your grieving". One arranger felt their fee included the expectation to conceal feelings of grief and tearfulness. 	<ul style="list-style-type: none"> Societal norms, rules and tastes can create pressure and distress for arrangers who need to discuss costs with grieving families. Discussion of funeral costs can be distressing for grieving people. Funeral costs and their payment can be opportunities to gain a supportive relationship and talk with arrangers, which may help with the grieving process. Suppressing emotions, due to perceived expectations inherent in funeral fees, may negatively impact funeral arrangers' wellbeing. 	<p>Strengths:</p> <ul style="list-style-type: none"> First study to draw on emotion management theory in the funeral directing literature. Contributes to literature by highlighting the complex interplay between commerce and care in a funeral context. Challenges assumptions and stereotypes about profit superseding care in the funeral industry <p>Limitations:</p> <ul style="list-style-type: none"> Effects of gender in the findings cannot be easily assessed. Small exploratory study offers only a partial view of emotion management in funeral directing. Funeral arrangers in this study were salaried, which may have impacted their interactions with clients, compared to smaller firms who may rely on clients' payments for their livelihood.

No. Authors (Year)	Title	Country	Aims	Primary Topic Focus	Methodology	Participants	Implied / Explicit IFCW	Key Findings	Implications	Strengths & Limitations
5. Becker, C. B., Taniyama, Y., Kondo-Arita, M., Sasaki, N., Yamada, S., & Yamamoto, K. (2022a).	How funerals mediate the psycho-social impact of grief Qualitative analysis of open-ended responses to a national survey in Japan	Japan	To determine what aspects of funerals the Japanese bereaved feel psycho-socially valuable or conversely problematic, and for what reasons.	Psycho-social impact of grief	Qualitative Data Collection: 288 recently bereaved individuals provided 353 open-ended responses, part of a broader anonymised nationwide survey conducted from 2019 to 2020. Collected at 2 time-points: T1, 2-12mo after bereavement; and T2, 14-24mo after bereavement. Data Analysis: Categorisation of responses into positive, regrets, vacillations, and negative aspects using text-mining and thematic analysis.	288 chief mourners from diverse regions of Japan, who had recently conducted funerals. At T1, 240/1078 (22%) responses included free-form comments; at T2, 48/190 (25%). Age range: 20s to 90s Ethnicities: Japanese; no further data	Explicit	<ul style="list-style-type: none"> • Funeral expenses mainly seen negatively, sometimes a huge financial burden. • Distrust & anger towards funeral homes offering only fixed, non-transparent packages. Worries about proper spending allocation. Regrets about attendee donations very insufficiently reimbursing expenses. • Attendants praising the funeral made the cost bearable for some. • Advance planners glad to have planned, but most felt overwhelmed, wishing they had planned much earlier, economically & psychologically. • Difficult to balance family/friends demands, community customs, appearances, religion and politeness with costs. • Concern with expenses almost disappeared at T2. 	<ul style="list-style-type: none"> • Inviting more friends & relations to funerals fosters psycho-social support & avoids regrets about honouring the deceased. • Social & cultural norms pressure people to spend more on funerals than they might prefer. • While patients are still alive & coherent, medical professionals should help families prepare psychologically & financially for funerals; and families should discuss funeral plans & social networks. • Social support & psychological preparedness may reduce grief-related burdens and reliance on medical interventions. • Naturally available communication and activating social networks should be prioritised; psychiatric counselling remains appropriate for severe grief. 	<p>Strengths:</p> <ul style="list-style-type: none"> • First English report of the open-ended responses to a nationwide survey asking bereaved Japanese to reflect on close relatives' funerals. <p>Limitations:</p> <ul style="list-style-type: none"> • Not stated

No. Authors (Year)	Title	Country	Aims	Primary Topic Focus	Methodology	Participants	Implied / Explicit IFCW	Key Findings	Implications	Strengths & Limitations
6. Becker, C. B., Taniyama, Y., Kondo-Arita, M., Yamada, S., & Yamamoto, K. (2022b).	How grief, funerals, and poverty affect bereaved health, productivity, and medical dependence in Japan.	Japan	To examine how grief, funerals, and poverty interact to affect health, productivity, and dependence on medical and social services among bereaved individuals in Japan.	Bereaved health and productivity.	Quantitative Data Collection: Pilot survey distributed to 240 bereaved families by Buddhist priests, with 165 completed responses. Questions covered grief, funeral satisfaction, economic changes, and post-bereavement health/social service use. Data Analysis: Quantitative correlations of grief indicators with productivity loss and medical/social costs.	165 bereaved individuals, primarily aged 50-79, from Buddhist funeral practices. Ethnicities: Japanese; no further data	Explicit	<ul style="list-style-type: none"> • 48%, 43% and 12% felt funeral expenses were no burden, a mild burden, or severe / burdensome respectively. • Low-income families reported funeral costs as less burdensome; higher-earners did not report financial burden for the funeral itself. • Those with lower incomes used counselling & psychological support services more; reported reduced social activity due to health problems; required more time off work; increased pharmacy use; but showed no increase in hospital or medical appointments. • Funerals felt economically burdensome not for the poorest, but for those dissatisfied with abbreviated funerals. 	<ul style="list-style-type: none"> • Funeral dissatisfaction can lead to a greater felt sense of financial burden than low income. • Providing satisfying funeral experiences, plus safety nets for those with plummeting incomes, may reduce later public costs in terms of lost productivity and increased dependency on public services. 	<p>Strengths</p> <ul style="list-style-type: none"> • Vast majority of sample had conducted funerals, which is representative of population. <p>Limitations:</p> <ul style="list-style-type: none"> • Potential sampling bias by asking Buddhist priests to distribute questionnaires. • Insufficient statistical power to analyse people who avoided or abbreviated funerals. • Unable to statistically document whether funeral satisfaction buffers the adverse effects of grief. • Sample size too small for statistical modelling and regression analyses. • Respondents thought questionnaire was too long. • Data gathered pre-COVID, prohibiting drawing conclusions about funerals cancelled for pandemic-related reasons.

No. Authors (Year)	Title	Country	Aims	Primary Topic Focus	Methodology	Participants	Implied / Explicit IFCW	Key Findings	Implications	Strengths & Limitations
7. Brooten, D., Youngblut, J. M., Charles, D., Roche, R., Hidalgo, I., & Malkawi, F. (2016).	Death rituals reported by White, Black, and Hispanic parents following the ICU death of an infant or child.	USA	To explore the ritual practices (e.g., dealing with remains, wakes, funerals) of White, Black, and Hispanic parents following the ICU death of an infant or child	Death rituals	Qualitative Data collection: Semi-structured interviews conducted with parents at 7 and 13 months after the death of an infant or child in ICU. Data analysis: Thematic coding using an inductive approach with Atlas.ti software	63 parents (44 mothers, 19 fathers) from White (non-Hispanic), Black (non-Hispanic), and Hispanic / Latino ethnic backgrounds Mean age for mothers: 32.8; 41.4 for fathers.	Explicit	<ul style="list-style-type: none"> Many parents were in shock and struggling with decisions, including about burial or cremation and associated costs. Recent immigrant parents with language barriers found things, including disposition cost options, stressful to navigate, feeling isolated without local family support. Deciding between burial and cremation was a major stressor; burial was often unaffordable, while cremation conflicted with some parents' religion, traditions, or culture, causing distress. 	Having a list of religious leaders representing the cultures in the community and funeral service providers who may provide lower-cost burials / cremations can be very helpful to parents during this stressful time.	Not stated

No. Authors (Year)	Title	Country	Aims	Primary Topic Focus	Methodology	Participants	Implied / Explicit IFCW	Key Findings	Implications	Strengths & Limitations
8. Corden, A., Sainsbury, R., & Sloper, P. (2002).	When a child dies: money matters	UK	To explore the financial impact of a child's death on bereaved families	Financial impact of child death	Mixed methods Data collection: Interviews with bereaved families who received support from a children's hospice. Group discussions with key staff from health and social services and the hospice. Postal survey to all children's hospices in the UK. Data analysis: Content analysis of interview transcripts and survey responses.	17 families who recently lost a child; supported by a children's hospice. Lone- & two-parent families; range of income and areas of residence. Key professionals in touch with bereaved parents in the area served by the hospice. Postal survey replies from 18/21 of UK children's hospices, and other organisations providing services to bereaved parents. No participant age or ethnicity data.	Explicit	<ul style="list-style-type: none"> Some parents reported significant, long-term psychological impact of financial arrangements for paying for funerals. People initially appreciated help from charities or public assistance, but receipt could prove unhelpful in the longer term. Being unable to fund their child's funeral privately could cause parents deep regret and pain. A charity-funded headstone could be a permanent, bitter reminder of being unable to bury their child without asking for help. For some parents, help received in paying for funerals and headstones brought further emotional problems that were hard to resolve. 	<ul style="list-style-type: none"> It might be useful for professionals to think more deeply about their policy for helping parents access charities and trusts to meet immediate financial needs, taking into consideration more long-term implications. There may be a place for money in bereavement counselling and how bereaved parents are best helped to deal with financial and employment matters, which are already complex in terms of practical decision making and outcomes but which also have profound psychological significance in resolution of grief and loss. 	Not stated

No. Authors (Year)	Title	Country	Aims	Primary Topic Focus	Methodology	Participants	Implied / Explicit IFCW	Key Findings	Implications	Strengths & Limitations
9. Corden, P., & Hirst, M. (2013a).	Economic components of grief	UK	To investigate the nature, context and impact of economic stressors associated with loss	Economic components of grief	Mixed methods Data collection: Qualitative: In-depth interviews with 44 bereaved individuals in England and southern Scotland. Quantitative: Secondary analysis of British Household Panel Survey data (1991-2004) from 756 couples. Data analysis: Thematic analysis of qualitative data using the Framework approach. Logistic regression and longitudinal modelling of survey data to analyse financial changes and psychological distress.	44 bereaved participants (13 men, 31 women) for qualitative data. 756 couples analysed for quantitative data. 'All age groups' No ethnicity data.	Implied	<ul style="list-style-type: none"> Some people recognised in retrospect that organising a funeral turned into 'a treadmill' of things that had to be done, obstructing their grief. Having to deal with unwelcome family interventions about funerals, such as disagreements about cost, was not wanted at a time of such grief. Feelings of financial insecurity were common in the days and weeks after a partner died. Funerals happening and people dealing with bills meant this restoration-oriented stressor went away with the passage of time. 	<ul style="list-style-type: none"> The funeral cost aspect of organising a funeral may be part of the 'treadmill' that obstructs grief. Disagreements about funeral costs being unwanted at a time of such grief implies this could increase distress and/or interfere with grief. Funeral expenses may have contributed to feelings of financial insecurity. 	<p>Strengths:</p> <ul style="list-style-type: none"> Findings are sufficiently strong to suggest implications for current policy and practice. Study contributes to theoretical dual process model and provides basis for theory building. Findings point to new lines of enquiry in modelling the coping process. <p>Limitations:</p> <ul style="list-style-type: none"> Convenience sample from a general-purpose household survey limits inferences & their practical application Successive interviews were not conducted at predetermined intervals Bereavement-specific measures of health & financial well-being were not included in the survey Information was lacking on factors that might moderate / mediate the effect of financial decline on psychological distress, e.g. quality of personal relationships, and circumstances of a death.

No. Authors (Year)	Title	Country	Aims	Primary Topic Focus	Methodology	Participants	Implied / Explicit IFCW	Key Findings	Implications	Strengths & Limitations
10. Corden, P. A., & Hirst, M. A. (2013b).	Financial constituents of family bereavement.	UK	To examine the economic and financial transitions experienced by families following bereavement	Financial impact of bereavement on families	<p>Mixed methods</p> <p>Data collection: Quantitative: Analysis of longitudinal data from the British Household Panel Survey. Qualitative: 44 interviews with people whose partner had recently died.</p> <p>Data analysis: Integration of qualitative and quantitative data to explore changes in income, expenditure, and financial responsibilities.</p>	<p>44 qualitative inter-viewees alongside panel survey data from bereaved individuals across all age groups and a range of personal and economic circumstances in the UK.</p> <p>No ethnicity data.</p>	Explicit	<ul style="list-style-type: none"> Funeral expenses were not an issue for families who were financially secure; for many others, funerals were an immediate financial concern, generating anxieties and practical difficulties at a time of grief. Economic disruption compounded the emotional shock of death in the family, and there was impact on quality of life, and strain on parental relationships. Funeral payment by a partner's previous employer was seen as deeply supportive; whereas compensation payments from violent or tragic deaths were often too emotionally painful to use and were set aside for years. 	<ul style="list-style-type: none"> Workplace bereavement support can help bereaved people maintain links with employment. Financial support for family carers, through social assistance or insurance products, can protect savings and cushion the economic impact for families. 	Not stated

No. Authors (Year)	Title	Country	Aims	Primary Topic Focus	Methodology	Participants	Implied / Explicit IFCW	Key Findings	Implications	Strengths & Limitations
11. Gentry, J. W., Kennedy, P. F., Paul, K., & Hill, R. P. (1995).	The vulnerability of those grieving the death of a loved one: implications for public policy.	USA	To investigate how griever's interface with the marketplace, particularly in relation to funerals, insurance, and medical services; and how services can socially and ethically help those in grief through the liminal state.	Vulnerability of grieving individuals	Qualitative Data collection: In-depth interviews with bereaved individuals. Interviews with professionals who regularly interact with grieving individuals (morticians, insurance salespeople, clergy, etc.). Data analysis: Thematic qualitative analysis using phenomenological inquiry.	38 bereaved individuals who had lost a loved one (e.g., spouses, parents, children). Additional interviews with professionals (e.g., morticians, insurance agents, counsellors). No age range or ethnicity data.	Explicit	<ul style="list-style-type: none"> Most informants found the symbols of forced funeral purchases to be positive factors helping with acceptance. 1 participant was thankful & "touched" by free / reduced-charge funeral services for children. 2 participants felt disappointed & "used" at poorly presented cost alternatives. 1 insurance seller advised quick contact to reassure survivors about their financial futures & money availability. Experiences with insurance firms could be negative, including litigation, "very irresponsible" & upsetting actions. 1 participant felt "burned" by an unanticipated funeral bill. Evidence of insensitivity & over/mis-charging at a time when consumers' ability & desire to monitor transactions is very low. 	<ul style="list-style-type: none"> Forced purchases can be seen as helpful symbols aiding acceptance and wellbeing. Reduced funeral costs can moderate distress. Survivors can be anxious / distressed about financial futures and money availability Misrepresented / misunderstood costs can cause distress even 1y+ later. Dealing with insurance to cover costs can be distressing. Impaired attentiveness immediately after bereavement can mean delayed realisation and longer-term distress from over/mis-charged funeral costs. 	<p>Strengths:</p> <ul style="list-style-type: none"> Not stated <p>Limitations:</p> <ul style="list-style-type: none"> Interviews mostly of White middle-class participants in one Midwest city: may not capture grief differences found across races, class, and geographical subcultures. Participants mainly recruited from a grief centre: sample potentially biased towards help-seeking individuals with less perceived social support. Variability in time since informants' bereavement may affect the reliability of grief assessment tools, and group together people at quite different stages of grief and reconciliation processes. Cause and nature of death create different grief experiences; however this sample was quite heterogenous regarding cause of death.

No. Authors (Year)	Title	Country	Aims	Primary Topic Focus	Methodology	Participants	Implied / Explicit IFCW	Key Findings	Implications	Strengths & Limitations
12. Jones, D., Harvey, J., Giza, D., Rodican, C., Barreira, P. J., & Macias, C. (2003).	Parental death in the lives of people with serious mental illness.	USA	To determine the prevalence of loss due to death of a close other, and to assess to what degree parental bereavement in particular affects the lives of people with serious mental illness.	Parental death and serious mental illness	Mixed methods Data collection: Retrospective interviews conducted 3-5 years after enrolment in a mental health project. Participants reviewed life timelines and rated the impact of key life events, including deaths. Self-ratings of event impacts used a Likert scale ranging from 3 (much better) to -3 (much worse). Data analysis: Content analysis of life stories and situational factors contributing to complicated grief. Pre-post death event t-test comparison of participants' ratings of their overall life functioning.	33 participants with serious mental illness who reported a significant death event, of whom 21 experienced parental loss. Age range: 18-75 Ethnicities: White, Black, Hispanic; other ethnic minorities implied	Implied	<ul style="list-style-type: none"> In all instances of severe or prolonged grief, there was no preparation for the parental death, including practical plans for funeral arrangements and financial repercussions. For one person, recent and approaching parental deaths led to financial difficulties; his family members were unsupportive as they now wanted to sell their parents' house he lived in. His quality of life reduced and he began heavily drinking. Grief severity and ability to cope with parental loss is dependent not simply on personal characteristics, but on the absence or presence of complicating situational factors surrounding the death event. Parental deaths are traumatic when complicating factors are present. 	<ul style="list-style-type: none"> Lack of preparation or practical plans for funeral arrangements and financial repercussions may be a factor in severe or prolonged grief. Better preparation for parental death and provision of practical and compassionate help can improve the lives and wellbeing of people with severe mental illness. Financial difficulties, a complicating situational factor, might include those around funeral costs. Such financial difficulties can worsen mental health and cause distressing family difficulties. 	Not stated

No. Authors (Year)	Title	Country	Aims	Primary Topic Focus	Methodology	Participants	Implied / Explicit IFCW	Key Findings	Implications	Strengths & Limitations
13. Kes, A., Ogwang, S., Pande, R. P., Douglas, Z., Karuga, R., Odhiambo, F. O., Laserson, K., & Schaffer, K. (2015).	The economic burden of maternal mortality on households: evidence from three sub-counties in rural western Kenya	Kenya	To understand and measure the economic and social impacts of maternal mortality	Maternal mortality	Quantitative Data collection: Surveys conducted in households experiencing maternal deaths, with control households for comparison. In-depth interviews with household members. Focus group discussions with affected families. Data analysis: Descriptive statistics on household expenditures. Thematic analysis of qualitative data.	Adult household member aged 18+, from 67 households that experienced maternal mortality and 92 control households. No participant age range data. Ethnicities: Kenyan; no further data.	Explicit	<ul style="list-style-type: none"> • The burden of health care related costs was further exacerbated significantly by the costs incurred by households in funeral expenses. • Very few households had insurance for costs, particularly healthcare, forcing them to dissave, borrow money, or liquidate assets; community support was more common for funeral costs. • Most households sought financial help from family (87%) and the community (65%), with 27% selling assets and nearly 15% turning to moneylenders for funeral expenses. 	<ul style="list-style-type: none"> • Already financially burdened people selling assets and gaining debt implies strain, stress, and negative impact on wellbeing. • Feeling supported by family, church, and others may ease some distress; and/or compound distress if there is shame, embarrassment, indebtedness, or if this puts strain on the supporters / community. 	<p>Strengths:</p> <ul style="list-style-type: none"> • The immediate disruption maternal death has on households 'emerge[s] clearly' from the results. <p>Limitations:</p> <ul style="list-style-type: none"> • The analysis of financial shock and immediate productivity impacts is limited by some gaps in the data.

No. Authors (Year)	Title	Country	Aims	Primary Topic Focus	Methodology	Participants	Implied / Explicit IFCW	Key Findings	Implications	Strengths & Limitations
14. Lawrence, E. R., Appiah-Kubi, A., Lawrence, H. R., Lui, M. Y., Owusu-Antwi, R., Konney, T., & Moyer, C. A. (2022).	"There is no joy in the family anymore": a mixed-methods study on the experience and impact of maternal mortality on families in Ghana.	Ghana	To explore the impact of maternal mortality on the physical and emotional wellbeing (including depressive symptoms and complicated grief), financial stability, and caregiving structure of families, and to identify how and from whom individuals receive support and how this support could be improved.	Maternal mortality	<p>Mixed methods</p> <p>Data collection: Surveys and validated scales (PHQ-9 for depressive symptoms, ICG for complicated grief) administered to 51 family members. Semi-structured interviews to assess impacts on wellbeing.</p> <p>Data analysis: Quantitative data analysed in SPSS; thematic analysis of qualitative data using NVivo.</p>	<p>51 participants (26 husbands, 5 parents, 12 siblings, 8 second-degree relatives) of women who died during pregnancy or postpartum.</p> <p>Age range not stated; 29-69 at least.</p> <p>Ethnicities: Ghanaian; no further data.</p>	Implied	<ul style="list-style-type: none"> The majority of participants cited that funeral and burial costs placed a significant strain on their finances. Health insurance did not cover many of the costs, and participants had to rely on their salaries, life savings, loans, or working extra hours. One participant^b believed without family support, including financial support around funeral and other costs, he "would be dead by now". Many families came together to collectively fund the funeral (and hospital) costs. Some participants experienced continued support; however, many expressed disappointment that support waned over time. Support and resources were not predictive of depression or complicated grief. 	<ul style="list-style-type: none"> Immense economic strain on already struggling families, large debt, depleting life savings, and working extra hours all imply stress and distress. Support, including around funeral costs, can be seen as lifesaving. Feeling supported by family, church, and others may ease distress; support ending after the funeral may repeat or exacerbate previous distress levels. The development and awareness of formal mental health and financial support systems should be a priority to mitigate the devastating ways in which maternal death affects the entire family unit. 	<p>Strengths:</p> <ul style="list-style-type: none"> Mixed-methods design provides a comprehensive view of a nuanced topic. Use of validated psychological scales fills a gap in the literature by quantifying depression and complicated grief in a clinically actionable way. Study setting was appropriately targeted. Participants represented the geographic and sociodemographic diversity of central Ghana. <p>Limitations:</p> <ul style="list-style-type: none"> Single-hospital setting limits generalisability to other regions. Including both husbands and other heads of household could complicate direct comparison between participants' roles. Small sample size limits inferential statistical analyses. Interviews were 6-12 months post-death, introducing variability in time since death across participants. Unknown whether mental health declined across time.

No. Authors (Year)	Title	Country	Aims	Primary Topic Focus	Methodology	Participants	Implied / Explicit IFCW	Key Findings	Implications	Strengths & Limitations
15. Liu, Y., Li, H., & Fang, X. (2024).	Who should the elderly borrow money from under formal financial exclusion? Evidence from China.	China	To explore, focusing on the life-cycle pattern of households' borrowing decisions in China, the deep-seated reasons behind the informal borrowing needs of elderly households.	Financial borrowing	Quantitative Data collection: Data from the China Family Panel Studies (CFPS), covering approx. 25 provinces, collected between 2010 and 2018. Data analysis: Age-Period-Cohort model to identify life-cycle borrowing patterns. Probit regression to analyse determinants of informal borrowing.	20,663 households, focusing on elderly households aged 54 and above. Ethnicities: Chinese; no further data.	Explicit	<ul style="list-style-type: none"> • Influenced by traditional Chinese cultural customs, households tend to make large arrangements for major events, e.g. funerals, thus imposing a heavy financial burden on households. • Household spending on major events positively correlates with community averages, but these averages do not directly influence borrowing decisions; this "transforms into real pressure" only when the household faces a major event. • Exogenous shocks from major events are an important reason for the increased demand for informal borrowing by elderly households. • Elderly households are less resilient to exogenous shocks due to their low income and high uncertainty. 	<ul style="list-style-type: none"> • Heavy financial burden and borrowing money implies possible stress and distress, especially when part of a vulnerable demographic. • Societal / cultural pressure implies feeling pressured, and possible anxiety or shame around failing to meet norms and expectations. • Funeral costs may cause elderly households to feel they cannot cope without borrowing money. 	Not stated

No. Authors (Year)	Title	Country	Aims	Primary Topic Focus	Methodology	Participants	Implied / Explicit IFCW	Key Findings	Implications	Strengths & Limitations
16. Matthews, L. R., Bohle, P., Quinlan, M., & Rawlings-Way, O. (2012).	Traumatic death at work: consequences for surviving families.	Australia	To explore the experiences and health, social, and financial consequences of traumatic work-related deaths on surviving families.	Traumatic work-related death (TWD)	Qualitative Data collection: In-depth semi-structured interviews with 7 family members who had experienced TWD 1-20 years prior (mean: 3 years). Data analysis: Thematic analysis of interview transcripts using NVivo software.	7 family members (including widows, siblings, parents, and children) of workers who died in traumatic work-related incidents. No age range or ethnicity data.	Implied	<ul style="list-style-type: none"> • The TWD had an immediate financial impact on participants, with one highlighting the burden of unexpected funeral costs ("we didn't even have money to bury [the deceased]"), which required support from colleagues, while also raising two young children and having a house. • All participants reported financial hardship following the TWD. Delayed or lacking workers' compensation added to financial strain, exacerbated stress, with some reporting extreme financial adversity and long-term reliance on social security support. • All participants said the financial impact of the death continued over time, with various long-term consequences. 	<ul style="list-style-type: none"> • Referencing raising two young children and having a house may imply existing financial limitations, exacerbated by funeral costs. • The phrase "didn't even" (see Key Findings) may carry a tone of disappointment or implied judgment, perhaps highlighting a perceived inadequacy in meeting expected responsibilities, such as covering funeral costs, and the emotional weight of such challenges. • Funeral costs might have been a contributory factor in financial strain, exacerbated stress, extreme financial adversity, long-term reliance on social security, and various long-term consequences. 	Not stated

No. Authors (Year)	Title	Country	Aims	Primary Topic Focus	Methodology	Participants	Implied / Explicit IFCW	Key Findings	Implications	Strengths & Limitations
17. McManus, R., & Schafer, C. (2014).	Final arrangements: Examining debt and distress.	New Zealand	To understand funeral debt by examining meanings and emotions associated with arranging a funeral across different social grouping,	Funeral debt / costs and distress.	Mixed methods Data collection: Online survey (129 responses, 105 completed) with open-ended and closed questions; 12 interviews with participants (including professionals like funeral directors). Ethnicities: Surveys – NZ European (Pakeha), Māori, Chinese. Interviews – Māori, Pacific Islander, Malawian, NZ European (Pakeha).	105 survey respondents: mix of gender, occupations, and age groups (from <18 to 75+); included professionals and general public. 12 interview participants from diverse socio-economic and cultural backgrounds	Explicit	<ul style="list-style-type: none"> • Funeral costs lead to stress, guilt, and feeling sick. • Participants felt pressure to provide the best funeral possible, with guilt and threatened pride around not being able to do so. • Debt was preferable to regretting an inappropriate funeral. • No significant pattern between gender, religion, or ethnicity, and going into debt to pay for a funeral. • Younger individuals, with less experience arranging funerals, particularly those in manual and clerical occupations, were more likely to go into funeral debt. • Debt is a stress for families and can lead to many difficulties 	<ul style="list-style-type: none"> • Funeral debt can further entrench cycles of poverty. • Those with limited resources take on personal responsibility, depleting their capital and reinforcing their status as debtors, while those with greater sociocultural capital expand and externalise responsibility, further replicating and accumulating their sociocultural status and wealth. • Emotions shape funeral decisions towards seeing oneself as responsible, but achieving responsibility is uneven and for financially vulnerable groups it can be economically crippling. 	Not stated

No. Authors (Year)	Title	Country	Aims	Primary Topic Focus	Methodology	Participants	Implied / Explicit IFCW	Key Findings	Implications	Strengths & Limitations
18. Molla, M., Mitiku, I., Worku, A., & Yamin, A. E. (2015).	Impacts of maternal mortality on living children and families: a qualitative study from Butajira, Ethiopia	Ethiopia	To explore the far reaching consequences of maternal deaths on families and children	Maternal mortality	Qualitative Data collection: In-depth interviews with family members of deceased women. 10 focus group discussions with 87 participants 13 interviews with stakeholders. Data analysis: Thematic analysis using NVivo 10 software.	Interviews: 28 family members of deceased women; 13 stakeholders (government officials, civil society, and a UN agency) Focus groups: 87 community members and leaders. No participant age range data. Ethnicities: Ethiopian; no further data.	Implied	<ul style="list-style-type: none"> Several male caregivers often delayed seeking health care for their children, since loss of income and funeral expenses made costly medical treatments more challenging to afford. One participant^a stopped farming and rented his land, citing their life "condition" and financial struggles, noting life became harder to manage alone after his partner's death, as they once supported each other. Half of the family members interviewed described receiving critical support from relatives or the community, including material goods and money, though this often strained the supporters' own resources. 	<ul style="list-style-type: none"> Delaying seeking medical treatment due to increased financial challenges may compromise children's (and the family's) health and wellbeing. Funeral costs can contribute to worsened life conditions and economic positions, and may exacerbate the detriments to wellbeing that come with losing a partner. Funeral costs may engender support from family and community, which may benefit the wellbeing of the bereaved but decrease the wellbeing of the supporters. 	<p>Strengths:</p> <ul style="list-style-type: none"> First study of its kind in Ethiopia. Study findings are consistent with other emerging evidence. <p>Limitations:</p> <ul style="list-style-type: none"> Findings not generalisable outside of the study population. Small sample size and study design eliminate ability to examine questions of causality.

No. Authors (Year)	Title	Country	Aims	Primary Topic Focus	Methodology	Participants	Implied / Explicit IFCW	Key Findings	Implications	Strengths & Limitations
19. Ohemeng, F. N. A., & Tonah, S. (2015).	"I want to go gently": How AIDS patients in Ghana envisage their deaths.	Ghana	To explore how AIDS patients in an urban town in Ghana envisage and plan towards their deaths.	AIDS patients' views and plans around death.	Qualitative Data collection: In-depth interviews with 25 AIDS patients recruited from an HIV clinic in Koforidua, Ghana. Semi-structured and open-ended interview guide. Data analysis: Transcriptions translated from Twi to English, coded, and analysed thematically.	25 participants (76% women, mean age: 37.5 years), primarily of low economic status. Ethnicities: Ghanaian; no further data.	Implied	<ul style="list-style-type: none"> Some patients saw church assistance as ensuring families could provide a befitting funeral and without burdensome funeral costs. Patients could be indifferent to their funeral, instead focused on their spiritual state. Participants did not plan for their funerals because in Ghana the performance of funeral rites is the duty of the extended family. Some participants feared being abandoned by their relatives, which could be for financial reasons. 	<ul style="list-style-type: none"> Funeral costs may burden families whose deceased had not made church contributions and/or was ineligible for a church welfare scheme. Anticipated funeral costs may compromise care spending. Some AIDS patients may be abandoned by families unwilling to spend on a sick person they think will die anyway, choosing instead to save for a lavish funeral, to meet societal expectations and showcase the family's social and economic status. To ease AIDS patients' apprehensions about funeral rites, governments or NGOs should establish a fund for dignified funerals when families lack resources or willingness. 	Not stated

No. Authors (Year)	Title	Country	Aims	Primary Topic Focus	Methodology	Participants	Implied / Explicit IFCW	Key Findings	Implications	Strengths & Limitations
20. Pande, R. P., Ogwang, S., Karuga, R., Rajan, R., Kes, A., Odhiambo, F. O., Laserson, K., & Schaffer, K. (2015).	Continuing with "...a heavy heart": consequences of maternal death in rural Kenya.	Kenya	To examine the consequences of maternal death for surviving household members, including children, in an impoverished rural part of western Kenya	Maternal mortality	<p>Mixed Methods</p> <p>Data collection: Demographic surveillance system data on births and deaths (2003-2011). Surveys of 59 households with maternal deaths. 8 qualitative group discussions with 3-7 household members each. 3 in-depth interviews with surviving husbands.</p> <p>Data analysis: Quantitative: Descriptive statistics and bivariate analysis. Qualitative: Thematic analysis using NVivo.</p>	<p>59 households experiencing maternal death; discussion participants included husbands, mothers-in-law, and other relatives, from a poor rural part of western Kenya.</p> <p>No participant age range data.</p> <p>Ethnicities: Luo; other Kenyan implied.</p>	Implied	<ul style="list-style-type: none"> • A quarter of households were compelled to sell assets, and about 15% resorted to money lenders, to meet funeral costs. • The church, family members, friends, and neighbours provided material goods, food, labour and financial support for the deceased's funeral and during the mourning period. • Financial and emotional support waned after the mourning period. Surviving household members thus had to cope largely unaided with the post-mourning aftermath of reorganising their households and providing for their children. 	<ul style="list-style-type: none"> • Already impoverished people selling assets and gaining debt implies strain, stress, and negative impact on wellbeing. • Being supported by family, church, and others may ease distress; support ending after the funeral may repeat or exacerbate previous distress levels 	<p>Strengths:</p> <ul style="list-style-type: none"> • The study 'illustrates vividly' that maternal death has detrimental consequences that ripple out, affecting the woman's spouse, children, entire household, and across generations. <p>Limitations:</p> <ul style="list-style-type: none"> • Being based on a small sample from one area in Kenya, the study may not be generalisable. • Reporting of household functioning pre-maternal death was retrospective, so theoretically it could be idealised post-death. • No data collected from comparison households.

No. Authors (Year)	Title	Country	Aims	Primary Topic Focus	Methodology	Participants	Implied / Explicit IFCW	Key Findings	Implications	Strengths & Limitations
21. Sefasi, A. P. (2010).	Impact of HIV and AIDS on the elderly: A case study of Chiladzulu District.	Malawi	To understand the socio-economic impacts of HIV/AIDS on lives of older people following the death of their productive children, and to examine how the elderly struggle to take care of HIV/AIDS orphans.	Socio-economic impact of HIV/AIDS on older adults.	Mixed methods	116 elderly participants (aged 60+), including caregivers for HIV/AIDS patients and orphans. Ethnicities: Malawian; no further data.	Implied	<ul style="list-style-type: none"> • 44% of respondents indicated having sold property to get money for meeting expenses both for medication and for the funeral ceremony. • One participant^b reported the illness and eventual death of her son exhausted all available financial resources and now she had nobody to ask for help and support. 	<ul style="list-style-type: none"> • Selling property indicates funeral costs being a financial burden, implying negative impact on individuals' wellbeing. • Death of participants' son contributing to exhausted financial resources implies funeral costs being a factor and a financial burden. • Having nobody to ask for help and support implies negative impacts on one's wellbeing. • Diverse stakeholders should take an active role in alleviating the burdens being carried by older people in Malawi because of HIV/AIDS. • Access to subsidies and amenities should not be age-based, as this excludes elderly caregivers. • More research is needed in this area to begin influencing policy change with Government. 	<p>Strengths:</p> <ul style="list-style-type: none"> • The study established that older people commonly have multiple sexual partners, challenging a prevalent misconception that people become sexually inactive when they grow old, and consequently advocates for older people's inclusion in preventative messages on HIV/AIDS. <p>Limitations:</p> <ul style="list-style-type: none"> • Not stated

^a Strengths and limitations extracted are those identified by the authors.

^b Participant's example singled out of the larger sample as it was the only instance of that specific IFCW-relevant finding. This is in the context of reviewing studies that may not focus primarily on IFCW and/or only discuss it briefly.

2.4 Description of Included Studies

2.4.1 Publication Years and Countries of Origin

The included studies (N = 21) were published between 1995 and 2024 (*Mdn* = 2014). The most frequently occurring publication year was 2015, with four papers. While not an absolute majority, most papers (n = 9) came from the Anglophone Global North. Papers from Africa were the next most frequent (n = 7) and represented the greatest diversity of countries (n = 5), albeit no studies were from North Africa. The remaining papers (n = 5) were from four countries in Asia, including Japan. Table 8 displays all countries included in this review.

Table 8

Distribution of Included Studies by Region and Country (N = 21)

Anglophone Global North	n	Africa	n	Asia	n
UK	4	Ghana	2	Japan	2
USA	3	Kenya	2	Cambodia	1
Australia	1	Ethiopia	1	China	1
New Zealand	1	Malawi	1	Kyrgyzstan	1
		South Africa	1		
Total	9		7		5

Note. While Japan is generally considered part of the Global North, it was the only non-Anglophone country in that group represented in the included studies. For this reason, and due to significant cultural differences – particularly relevant given this review's focus on funerals – Japan was grouped with Asia instead. All other Global North papers were from English-speaking countries and were grouped under 'Anglophone Global North'. Although this is the only non-geographical grouping used, it was considered a clearer and more appropriate option than creating three separate continent-based geographical groupings for these countries. The Africa and Asia groupings reflect broad geographic regions and are not intended to imply cultural homogeneity within them.

2.4.2 Methodologies

A slight majority of papers (n = 8) were mixed-methods. Table 9 displays all methodologies of the included studies.

Table 9

Methodologies of Included Studies (N = 21)

Methodology	Frequency
Mixed methods	8
Qualitative	7
Quantitative (total)	5
Descriptive	1
Non-randomised	4

Note. 'Quantitative randomised controlled trial' is included in the MMAT (2018) but not included in this table, since none of the studies used this methodology. All mixed methods studies had a quantitative descriptive arm; none used a quantitative non-randomised component.

2.4.3 Primary Focus of Studies

Only one paper (17)¹¹ had IFCW as its primary focus. Other papers discussed this topic within studies with a different primary focus. These included grief's impact on funerals more broadly (beyond just costs) (5); or bereavement's financial components more broadly (5, 6, 8-10), including non-funeral costs. The latter included medical bills, and reduced productivity and/or income, which was also seen in several studies, all from Africa, whose primary focus was maternal mortality (13, 14, 18, 20). One USA paper also focused on parental death not limited to maternal mortality (12). Four papers – three from Africa (3, 19, 21) and one from

¹¹ For readability, study numbers are shown in parentheses and refer to their numbering in Table 7.

Cambodia (2) – had a primary focus around HIV/AIDS, three of which explicitly aimed to examine the economic (3) or socio-economic (2, 21) impacts.

The reviewed papers discussed IFCW either explicitly (n = 11) or implicitly (n = 10). For example, paper 7 (p. 135) mentioned “the significant, long-term psychological impact of financial arrangements for paying for funerals”, so was categorised as explicitly discussing IFCW. Paper 1 discussed wellbeing related to ceremonial spending, within which funerals were grouped but not disaggregated – it was therefore treated as implicitly discussing IFCW.¹²

2.5 Critical Evaluation of Quality

2.5.1 Quality Appraisal Tools

Studies included in this review were appraised using the Critical Appraisal Skills Programme (CASP; 2024) UK Qualitative Studies Checklist, and the Mixed Methods Appraisal Tool Version 2018 (MMAT; Hong et al., 2018).¹³ The MMAT has sections with criteria to evaluate the qualitative or quantitative (three separate types) study components, followed by a section evaluating it as a mixed-methods study specifically.

The CASP tool has more comprehensive criteria (six more items) for qualitative studies than the MMAT. Unlike the MMAT, it also has dedicated sections and prompts for ethical issues and the researcher/participant relationship. These areas are highly important to consider, especially in sensitive qualitative research topics involving bereavement and potentially vulnerable participants. The MMAT, while suitable for appraising qualitative, quantitative, and mixed-methods studies (Hong, 2022, Section 5), does not explicitly assess ethical or relational issues. Therefore, the CASP was selected for qualitative studies to ensure these aspects were thoroughly evaluated.

For quantitative and mixed-methods studies, the MMAT was selected to allow a more uniform and coherent appraisal across different study designs. While the mixed-methods

¹² See Appendix E for the key extracts used as evidence to determine whether IFCW was discussed implicitly or explicitly in all included studies.

¹³ See Appendix F-G for both appraisal tools.

studies included qualitative elements – where relationship and ethics remain important – the MMAT's integrated structure enabled coherent evaluation. Ethical and relational considerations were still reviewed, accounting for the MMAT's limitations.

A table was created listing all papers alongside all MMAT and CASP criteria. Similar items from both tools were grouped to enable quality comparison across papers, items, and domains, both individually and overall. See Table 10 for quality appraisal results.

Table 10

Quality Ratings for Included Studies

Domain	Tool	No.	Criteria	Paper																				
				1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
				Methodology																				
				NR	NR	NR	QL	QL	QD	QL	MM	MM	MM	QL	MM	QN	MM	QN	QL	MM	QL	QL	MM	MM
Aims/RQ	CASP	1.	Clear aims				Y	Y		Y				Y				Y		Y	Y			
	MMAT	S1.	Clear RQs	Y	Y	Y			Y		Y	Y	Y		Y	Y	Y	Y		Y		Y	Y	
	MMAT	S2.	Data address RQs	Y	Y	Y			Y		Y	Y	Y		Y	Y	Y	Y		Y		Y	Y	
Appropriate methodology	CASP	2.	Qualitative appropriate				Y	Y		Y				Y				Y		Y	Y			
	CASP	3.	Appropriate research design				Y	C		Y				Y				Y		Y	Y			
	MMAT	1.1.	Qualitative appropriate								Y	Y	Y		Y		Y		Y			Y	Y	
Recruitment	CASP	4.	Appropriate recruitment				Y	C		Y				Y				Y		Y	Y			
	MMAT	4.1.	Relevant sampling strategy						Y		C	Y	Y		Y		Y		C			Y	Y	
	MMAT	4.4.	Low nonresponse bias						Y		Y	Y	Y		N		C		C			C	C	
Representative participants	MMAT	3.1.	Representative participants	Y	Y	Y										C		C						
	MMAT	4.2.	Representative sample								C	Y	Y		Y		Y		N			C	C	
Data collection	CASP	5.	Appropriate data collection				Y	C		Y				Y				Y		Y	Y			
	MMAT	1.2.	Appropriate data collection								Y		Y		Y		Y		Y			Y	Y	
	MMAT	3.2. ^a	Appropriate measurements	Y	Y	Y									Y		Y							
	MMAT	4.3. ^a	Appropriate measurements								Y	Y	Y		Y		Y		Y			Y	Y	
	MMAT	3.3.	Complete outcome data	Y	Y	Y										C		C						

Domain	Tool	No.	Criteria	Paper																				
				1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
				Methodology																				
				NR	NR	NR	QL	QL	QD	QL	MM	MM	MM	QL	MM	QN	MM	QN	QL	MM	QL	QL	MM	MM
	MMAT	3.5.	Intervention administered (or exposure occurred) as intended?	Y	Y	Y											Y							
Relationship	CASP	6.	Considered R-P relationship				N	N		N			C		Y			C		N	N			
Ethics	CASP	7.	Considered ethical issues				C	Y		Y			C				Y		Y	C				
Analysis	CASP	8.	Rigorous data analysis				Y	Y		Y			Y			Y		Y		Y	C			
	MMAT	1.4.	Appropriate interpretation								Y	Y	Y		Y						Y	Y		
	MMAT	3.4.	Confounders accounted for	Y	Y	Y											Y							
	MMAT	4.5.	Appropriate statistical analysis								Y	Y	Y		Y		Y		Y			Y	Y	
Findings	CASP	9.	Clear statement of findings				Y	Y		Y			Y			Y		Y		Y	Y			
	MMAT	1.3.	Findings adequately derived									Y	Y		Y				Y			Y	Y	
Coherence	MMAT	1.5.	Coherence between data stages								Y	Y	Y		Y		Y		Y			Y	C	
Value	CASP	10.	Valuable research				Y	Y		Y			Y				Y		Y	Y				
Mixed Methods	MMAT	5.1.	Mixed-methods rationale								Y	C	C		Y		C		Y			C	N	
	MMAT	5.2.	Effective integration								Y	Y	Y		Y		Y		Y			Y	N	
	MMAT	5.3.	Integration interpretation								Y	Y	Y		Y		C		Y			C	N	
	MMAT	5.4.	Divergences addressed								C	C	C		C		N		Y			N	N	
	MMAT	5.5.	Adherence to quan/qual criteria								Y	Y	Y		Y		Y		Y			Y	Y	

		Paper																				
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
		Methodology																				
		NR	NR	NR	QL	QL	QD	QL	MM	MM	MM	QL	MM	QN	MM	QN	QL	MM	QL	QL	MM	MM
Total Yes ^b		7	7	7	8	6	4	9	13	14	15	8	15	4	13	5	9	13	9	7	12	10
Total Items		7	7	7	10	10	4	10	16	16	16	10	16	7	16	7	10	16	10	10	16	16

Note. See Appendix F-G for full wordings for CASP and MMAT items. Methodology abbreviations: MM = Mixed methods; NR = Quantitative non-randomised; QD = Quantitative descriptive; QL = Qualitative. Criteria abbreviations: R-P = Researcher-participant; RQ = Research question. Ratings abbreviations: Y = Yes; N = No; C = Can’t Tell.

^aItem rates the same criteria but appears on different sections of the MMAT depending on methodology.

^bIndicates how many items were rated ‘Yes’, i.e. clearly present, in each paper. Both CASP and MMAT discourage using scoring alone to ascertain paper quality.

2.5.2 Aims, Samples, Findings, and Contributions

All papers (n = 21) had clearly stated aims, often with clear and specific research questions. Each had clearly stated findings which were adequately derived from the data. All studies made valuable contributions to existing knowledge and understanding, sometimes with dedicated sections for clinical implications (e.g., 5, 7), funeral practice (5), public policy (e.g., 11, 16), practical recommendations for families and support networks (e.g., 5), and some with clear directions for future research (e.g., 11, 16).

No studies including a quantitative approach used randomised controlled trials, instead using a non-randomised or descriptive approach. In these studies (n = 14), only seven had a sample representative of the target population (1-3, 9, 10, 12, 14); paper 17 acknowledged its sample may be unrepresentative, and the remainder did not present information to ascertain representativeness (8, 13, 15, 20, 21).

2.5.3 Data Collection

All (non-qualitative) studies used appropriate measurements. It was indeterminate whether two of the five quantitative non-randomised studies had complete outcome data (13, 15). Nearly all studies had adequate overall data collection, except paper 5 (qualitative and lower-quality) where this was indeterminate. It appeared to be a post-hoc qualitative study of data from an original quantitative/mixed study, where participants had been able to add – optional – free-form reflections in a section of a survey they completed; however, these were “one-line comments” (5, p.3). The qualitative data obtained, since optional, were not guaranteed in the initial survey/study and introduces potential self-selection bias too. Moreover, qualitative research emphasises rich data, yet participants only provided one line. These points raise questions as to whether this method of data collection was most appropriate to address this issue, thus it seems important for the researchers to have provided justification for this approach, which they did not.

2.5.4 Data Analysis

All quantitative and mixed-method studies adequately addressed all data analysis appraisal criteria. It was indeterminate whether one qualitative study (19) had sufficiently rigorous data analysis, since it provided no in-depth description of the analysis process, stating only “[t]he data were then coded and common themes identified for analysis” (19, p. 398). Among the other qualitative papers, analysis rigour was adequate but still typically lacked thorough descriptions of the analysis process. No qualitative studies critically examined role, bias, or influence, specifically around data selection or analysis (CASP, 2024, p. 4), potentially undermining findings.

2.5.5 Mixed-Methods Studies

All mixed-methods studies (n = 8) involved a quantitative descriptive component. Yet, most did not explicitly state their rationale for using a mixed-methods approach (n = 5). While justifications could usually be inferred, these were not considered adequate without clear articulation, since MMAT guidance states “[t]he reasons for conducting a mixed methods study should be clearly explained” (Hong et al., 2018, p. 7). Those papers were classified as indeterminate regarding their rationale for mixed-methods, since it was inferably justified but not stated. The exception was paper 21, whose brevity made even inferring an adequate rationale impossible – thus, the rationale for mixed-methods was considered inadequate.

All but paper 21 had adequate integration of quantitative and qualitative components. However, these studies more frequently used the different data types to demonstrate support and alignment, rather than engaging in the deeper integration outlined in the MMAT guidance (Hong et al., 2018, p. 7). Paper 21, though, presented the two data types sequentially with minimal connection, and was therefore rated as inadequate in data integration.

Aside from paper 17, mixed-methods studies addressed inconsistencies between quantitative and qualitative findings in either indeterminate (8–10, 12) or inadequate (14, 20, 21)

ways. Such papers either overlooked discrepancies or gave no indication of whether any existed, focusing instead on areas where qualitative and quantitative findings aligned.

All mixed-methods papers adequately adhered to the quality criteria of each tradition of the methods involved, although more robustness could have been possible.

2.5.6 Researcher-Participant Relationship

Of the qualitative studies ($n = 7$), only paper 13 adequately considered the relationship between researcher and participants, clearly acknowledging positionality, the sensitivity of grief, and outlining steps taken to navigate this. The remaining papers had either minimal or no information around considering the researcher/participant relationship.

This is significant firstly because:

Qualitative research considers the positionality of both the researcher and the researched as core aspects of inquiry to understand how knowledge and experience are situated, co-constructed, and historically and socially located.

This methodological expectation for reflexivity does not just allow for richer data, but also requires researchers to consider power within and surrounding the research process and to employ an ethic of care for their subjects and for the overall work of qualitative research. (Reich, 2021, p. 575)

These core aspects were inadequately covered by all but paper 13, potentially undermining findings due to bias. Indeed, while paper 13 did consider the researchers' role, there was still no critical examination of their "potential bias and influence" (CASP, 2024, p. 3) in the study.

Secondly, the sensitive subject matter of bereavement, with potentially vulnerable participants, further underscores the importance of adequately considering the researcher/participant relationship. Reflexivity requires researchers to consider power and employ an ethic of care (Reich, 2021), especially in research areas like these, where researchers may hold even more power due to participant vulnerability, and where participants may have a higher risk of exposure to harm due to the sensitivity of the topic.

2.5.7 Ethical Considerations

Similarly, ethical issues were not thoroughly stated by any of the qualitative papers. Only four of the qualitative papers stated they obtained approval from an ethics committee (5, 7, 16, 18). This was taken to be demonstrative of sufficient ethical consideration, with the remaining four papers marked as indeterminate here. However, even among the papers with committee approval, they lacked thorough coverage of ethical issues. Paper 5, for example, had committee approval and mentioned anonymity, but did not outline how the research was explained to participants, and there was no information on consent – particularly pertinent as participant personal data was retained by a data management corporation.

Likewise, while paper 13 was the only (qualitative) paper that adequately considered the researcher/participant relationship,¹⁴ it lacked information on a) committee approval, b) research explanation to participants, c) informed consent, d) confidentiality (CASP, 2024, p. 3); and e) anonymisation – indeed, names used appeared to be real first names and initialled surnames. None of the seven qualitative papers reported consideration of *all* ethical issues a) to e).

Like reflexivity, sufficient consideration of ethical issues is crucial in qualitative research (indeed, in all research with human participants), and is further underscored in research topics around bereavement, where participants may be sensitive and/or vulnerable. All qualitative papers lacked thorough, and sometimes sufficient, ethical considerations.

2.5.8 Summary

This review's studies generally demonstrated clear aims, appropriate data collection methods, and findings that contributed meaningfully to the field. None fell below an adequate threshold, however many exhibited limitations, particularly regarding ethical considerations, reflexivity, and explicit rationales for mixed-methods approaches. A higher standard of

¹⁴ See 2.5.6 *Researcher-Participant Relationship*

methodological and ethical rigour would have further strengthened the quality of many studies, especially given the sensitive nature of bereavement-related research.

The limited ethical and relational considerations of the reviewed papers, in particular, highlights the important need to consider these for the present thesis' empirical study, which also involves sensitive topics and potentially vulnerable participants.

The limited reflexivity suggests biases may be present in the reviewed studies, perhaps most commonly in the presentation and interpretation of data, which may compromise the findings. This again highlights the need to remain conscious of this in the empirical study to minimise bias and influence, for example through critically examining the researcher's "role, potential bias and influence" (CASP, 2024, p. 3), particularly as participant sensitivity and vulnerability may be involved.

2.6 Synthesis of Findings

2.6.1 Overview

This narrative synthesis explores IFCW¹⁵ across diverse cultural, economic, and methodological contexts. Narrative synthesis provides a systematic and transparent approach to summarising and explaining patterns and divergences within included studies, particularly where statistical meta-analysis is inappropriate (Popay et al., 2006).

This review followed Popay et al.'s (2006) narrative synthesis guidance. A theory of how funeral costs impact wellbeing was inductively developed after reviewing the data. The data extraction table represented the 'tabulation' stage. Thematic content was grouped, and relationships within and between studies explored. The findings are presented narratively, and the robustness of the synthesis was assessed in the above quality appraisal and the *Critique of Review* section below.

¹⁵ See 2.2 *Search Strategy* for this review's understanding of the terms 'funeral costs', 'individuals', and 'wellbeing'.

The included studies (N = 21) span 13 countries and employ qualitative, quantitative, and mixed-method designs, synthesised here to assess IFCW.

2.6.2 *Theory of IFCW*

High funeral costs can trigger immediate financial strain (i.e., unaffordability, debt, savings depletion, and asset sales), which in turn can cause emotional distress (e.g., anxiety, stress, guilt, and depression) and disrupt family dynamics (e.g., increased work responsibilities and strained relationships). Support from social networks, including financial support, can moderate these effects, while societal and cultural pressures often amplify them, sometimes by demanding spending beyond one's means.

2.6.3 *Types and Aspects of Wellbeing*

Funeral costs were found to impact individuals' wellbeing in various ways across the reviewed studies. The nature of this relationship was presented to different extents, explicitly and implicitly. These wellbeing impacts may be grouped into seven domains: economic, physical, psychological, social, spiritual, educational and occupational. Each domain involved some reference to individual-level subjective wellbeing; papers reporting in economic terms alone, for example, were excluded during screening.

Economic wellbeing included financial burden (e.g., 1, 5, 6), debt or borrowing (e.g., 1, 3, 13-15), depleting savings (e.g., 14), asset loss (2, 3, 13, 20, 21), and exacerbation of existing costs or strain (e.g., 13, 18-21). Several studies also mentioned receiving financial support (e.g., 10, 13, 14), a somewhat positive impact on economic wellbeing in contrast.

Psychological wellbeing involved severity (12), obstruction (4, 9, 10), and support (4) of grief; plus anxiety and fear (e.g., 4, 10, 19), guilt (e.g., 7, 15, 17), regret (5, 8, 17), and embarrassment or shame (e.g., 8, 13, 15). It also involved experiencing pressure – whether personal or from family, community, culture, religion, or society (1, 3-5, 7, 15, 17).

Physical wellbeing covered illness (1), hunger or less food (1, 2), and compromised health care (1, 18). Social wellbeing involved both positive (e.g., 1, 4) and negative (5, 9)

interpersonal relationships. Spiritual wellbeing referred to religious conflicts (7) and spiritual peace (19).

Occupational wellbeing included reduced productivity (e.g., 6, 13) and children potentially entering the labour market (1). Educational wellbeing referred to school absenteeism (1) and disrupted adolescent education (2). Notably, children-specific wellbeing impacts were found across several domains in papers 1 and 2, and similarly implied in other studies (e.g., 13, 20, 21).

Some factors appeared to moderate IFCW: funeral guests' contributions (5), support from others (e.g. 5, 14), and time since bereavement (5).

2.6.4 Financial Burden

Predictably, in nearly all studies, funeral costs caused significant financial burdens. Some participants considered these burdens "severe" (6, p. 677) or "huge" (5, p. 6). The burden was often due to "the immediate financial concern" (10, p. 4) of incurring funeral expenses, with many people borrowing money (e.g., 3, 13) and/or selling assets (e.g., 20, 21) to meet costs, more frequently in the Global South¹⁶ (GS).

Funeral costs sometimes compounded pre-existing costs: one Kenya study found they significantly exacerbated the "burden of [existing] health care related costs" (13, p. 9).

Additionally, the financial burden could persist beyond the funeral itself, with borrowed money creating ongoing debt, or families in the GS potentially needing to cut spending on food, children, and leisure (1, 2) to compensate for funeral expenses. Indeed, funeral costs contribute to further strain and impoverishment of already-poor households (3, 20). Furthermore, misunderstood or misrepresented costs can cause distress over a year after the funeral – one USA participant felt "burned" by an unexpected large funeral bill (11, p. 137).

¹⁶ While Japan is not in the Anglophone Global North grouping, nevertheless as a Global North country it is not included in the GS.

In this review, financial burden was treated as inherently related to wellbeing (see Lee & Cagle, 2022). Moreover, the financial burden's impact on wellbeing was explicated in some studies, "generating anxieties" (10, p. 4) for some participants, and causing others to experience guilt and feel "sick" (17, p. 387). One high-quality study (10) explicitly found economic disruption compounded the emotional shock of death in the family and impacted quality of life. Additionally, indebtedness, fewer assets, and reduced spending on food, children and leisure all imply potential effects on individuals' and families' wellbeing.

For organisers, funeral costs included many secondary costs, like meal expenses, livestock slaughter, gifts for attendees, and donations to priests (1, 5). Additionally, 'funeral costs' can be interpreted to include costs borne by guests, who are expected to donate to the bereaved or provide gifts (5). Such contributions might potentially strain contributors' finances, subsequently having implications for their own wellbeing.

One medium-quality study found guest contributions may help reimburse funeral expenses, but sometimes attendees' donations "lagged woefully" (5, p. 6) below organisers' actual costs. One may infer that sufficient guest contributions could help buffer the negative impact of funeral costs on organisers and, potentially, their wellbeing; while insufficient contributions might maintain or exacerbate existing financial strain, with potential impacts on wellbeing.

The study also found that concern over funeral expenses "almost disappeared" (5, p. 3) 14 to 24 months after bereavement, suggesting time might be a moderator.

2.6.5 Emotional and Psychological Impact

Funeral costs often significantly impacted individuals' psychological wellbeing. One high-quality UK study found the inability to privately fund a funeral could "become and remain a matter of deep regret and pain" (8, p. 135). Similarly, in a USA study, "what hurt [one participant] the most" (7, p. 7) was having to cremate their child, unable to afford burial. Deciding between burial and cremation was a major stressor: burial was often unaffordable, while cremation

sometimes conflicted with religion, traditions, or culture, causing distress. Both studies focused on parents arranging funerals for their children.

Anxiety linked to funeral costs was referenced in some studies (all high-quality; 4, 10, 11, 17). One insurance worker in a USA study explained that company policy involved contacting the bereaved very quickly to reassure them about money availability and their “financial futures” (11, p. 137). This highlights how funeral costs can trigger short- and long-term financial anxiety, and implies such anxiety is common enough to shape business practices.

Guilt and threatened pride also emerged around the potential inability to pay for a suitable funeral, if at all; entering debt was preferable to regretting an inappropriate funeral (17). Across regions, studies referenced pressures around funeral expectations (1, 3-5, 7, 15), potentially implying that failing to meet expectations could lead to guilt, shame, or other distress.

In Japan, some participants experienced worry about proper spending allocation for funerals; distrust and anger towards funeral homes offering only fixed, non-transparent packages; and/or regret over insufficient reimbursement from attendees' donations (5).

A USA study found, in all instances, severe or prolonged grief following parental death co-occurred with a lack of practical plans for funeral arrangements and financial repercussions (12). This suggests preparation around funeral costs moderates severe or prolonged grief.

Paper 4 (pp. 215-216) found, for UK professional funeral arrangers, discussing money was seen as potentially disruptive to clients' “emotional equilibrium”, and a major threat to clients' ability to properly grieve; another UK study (9) supported the latter finding. Arrangers struggled with the timing of funeral cost discussions, fearing it may cause shock and/or heighten clients' distress. Moreover, asking families for disbursements could cause arrangers themselves feelings of dread, anxiety and overwhelm. One arranger felt their fee included the expectation to conceal their own grief and tearfulness. Thus, Paper 4 showed that funeral costs

could harm the wellbeing of both clients and arrangers, through the strain of cost discussions and, potentially, through the emotional suppression arrangers may feel is expected.

2.6.6 *Families and Relationships*

Ceremonial spending was correlated with higher school absenteeism due to illness and work (1). It was unclear how much this related to funeral spending specifically, since different ceremonial spending was combined. Nevertheless, this finding may suggest funeral costs negatively impact children's wellbeing, suffering costs to their health, educational and future work prospects, perhaps even being pushed into child labour to help compensate (1).

Similarly, a Cambodia paper found that children in HIV-affected households reported more hunger, fewer meals, and greater household and work responsibilities; they also may face greater educational disruption and scored lower on a quality-of-life measure (2). It was unclear how much these related to funeral costs and associated borrowing, asset selling and spending cuts. However, these already-strained households experienced higher funeral expenditures, likely exacerbating their difficulties.

Several GS papers mentioned low-income households, often already strained, that entered debt, spent savings, and/or sold assets to afford funeral costs (2, 3, 13, 20, 21). Exacerbated strain and poverty implies negatively impacted wellbeing, including for children if present. Indeed, in Ethiopia, caregivers often delayed seeking health care for children, since funeral expenses (and income loss) strained affordability (18).

Funeral organisers in one Japan study found "politeness" and family and friends' "demands" difficult to balance with costs (5, p. 5). This suggests funeral costs may strain relationships, potentially impacting wellbeing. Similarly, some participants in a UK study felt family interventions, like disagreements about funeral costs, were unwelcome and unwanted during grief (9, p. 10). This suggests funeral costs may strain family relationships, obstruct grief, and exacerbate existing distress.

2.6.7 *Pressure and Expectations*

While their relationship to wellbeing was not explicated, several papers referenced personal, family, cultural, and societal pressures and expectations around funerals, and, to varying extents, their costs (1, 3-5, 7, 15, 17).

Individuals sometimes pressured themselves, wanting to not “skimp on anything” (17, p. 387), to provide an appropriate funeral, and honour the deceased’s wishes, entering debt if necessary: “if [the deceased] wanted expensive then they should get it” (17, p. 389).

Aldashev (2023, p. 577) said funerals in Kyrgyzstan “*require* [emphasis added] enormous ceremonial spending”, driven by “the social norm to spend big on an important occasion”. Moreover, he outlines “benefits [organisers] may lose” (1, p. 577) if they fail to uphold these norms, such as weakening a social network that provides crucial financial and non-financial benefits in a context of underdeveloped formal markets. Thus, while funeral expenses may be high, spending insufficiently may entail even greater perceived longer-term costs.

Similarly, adherence to traditional Chinese customs contributed to financial overextension (15), while in Japan, “demands” from family and friends were present alongside community customs (5, p. 5).

For already-stressed households – like those impacted by child or maternal mortality, HIV/AIDS, or low income – the intersection of grief and economic obligation often resulted in cumulative and compounding hardships, sometimes extending beyond the immediate aftermath of the death (3, 16, 21).

In addition, UK societal norms, rules and tastes could create pressure for arrangers tasked with discussing costs with grieving families,¹⁷ but who thought requesting money from the bereaved is publicly viewed as distasteful (4).

These findings suggest that pressures and expectations may drive individuals to spend more on funerals than they might otherwise prefer. Such spending can cause financial strain

¹⁷ See 2.6.5 *Emotional and Psychological Impact*

and harm wellbeing.¹⁸ Furthermore, the pressure itself may negatively impact wellbeing. However, the studies also seemingly implied that adherence to funeral-related norms and spending expectations was seen by organisers as providing longer-term wellbeing benefits, such as avoiding guilt, shame, or funeral dissatisfaction, or by strengthening social networks.

2.6.8 Support

Support for people needing to meet funeral costs can be seen as lifesaving: one participant in Ghana believed without family support, which included financial support around funeral and other costs, he “would be dead by now” (14, p. 8). In Japan, attendants praising the funeral made the cost bearable for some bereaved individuals (5). These findings suggest that support might moderate the negative impact of funeral costs on individuals’ wellbeing. Indeed, one Ethiopian study reported that financial and/or emotional support was often “critical to the health and well-being” of bereaved families (18, p. 4).

Some other papers (all African) also generally implied that support, financial or otherwise, had a somewhat positive and/or moderating effect on the wellbeing of individuals facing funeral costs (14, 19, 20). It might be inferred that even simply feeling supported by one’s family, religious group, or community could help buffer the negative impact of funeral expenses. However, these papers did not explicitly examine the relationship between support and wellbeing, and it was often unclear to what extent the support related specifically to funeral costs.

Aldashev (2023) suggests that in Kyrgyzstan, spending on ceremonies like funerals helps households maintain and expand their social networks, with higher spending linked to larger networks. Although acknowledging the “apparent negative effect on [participants’] well-being” (1, p. 578) and inferring that households may borrow to finance such events, he argues that ceremonial spending acts as an “insurance mechanism” (1, p. 572) by strengthening informal support systems. Thus, while ostensibly detrimental to wellbeing, funeral spending may be

¹⁸ See 2.6.4 *Financial Burden*

seen as offering potential longer-term benefits – including, possibly, to wellbeing – through expanded and maintained social networks.

Similarly, a high-quality UK paper highlighted that funeral costs and their payment could be opportunities for supportive relationships (4), potentially supporting wellbeing. One professional funeral arranger encouraged clients to “have a chat” with them when coming in for the bill or after paying, as it “just helps [their] grieving” (4, p. 218). Notably, however, the study inadequately considered its own researcher-participant relationship.

Receiving support for funeral costs did not always positively impact wellbeing. A study on maternal mortality in Ghana found that support, resources, and income changes were not predictive of depression or complicated grief in surviving heads of household (14).

Additionally, some parents in the UK felt a charity-funded headstone became a “permanent, bitter reminder” of being unable to bury their child without asking for help; others reported further, hard-to-resolve “emotional problems” following assistance with headstones and funeral costs (8, p. 135).

Given this, in the GS studies mentioned earlier, it is possible that support from family and community may also have negatively affected the wellbeing of individuals facing funeral costs, rather than the buffering effects inferred. Dissatisfaction with having received support was not reported, though, in any GS paper, perhaps reflecting different social and cultural meanings attached to assistance. However, two African studies reported that emotional and financial support waned over time, about which many participants expressed disappointment (14, 20). In contrast, a UK study showed that painful emotions arose from the longer-term experience of *having received* help (8, p. 135).

Finally, Molla et al. (2015) reported that while Ethiopian families received critical support (financial included) from relatives or the community, this often strained these supporters' own resources. This indicates that funeral expenses might indirectly affect the wellbeing of individuals who materially support those who incur funeral costs.

2.6.9 Regional Comparison

In the Anglophone Global North (AGN) and Japan, studies found notable impacts on financial, psychological, and spiritual wellbeing. Impacted physical, educational, and occupational wellbeing were reported in the GS only. The most severe impacts across all domains of wellbeing appeared to be in the GS too (e.g., 1, 14, 18).

Availability of institutional assistance for funeral costs was primarily found in the AGN (e.g., 8, 10, 17). Several GS papers recommended introducing such support (e.g., 14, 19). Understandably, therefore, informal wider-community support was more common in the GS (13, 14, 18, 20) – paper 1 explicitly suggested that informal support networks were critical when formal markets are underdeveloped. Some AGN participants received financial support from their immediate social network (e.g., 16, 17) and/or workplace (10, 16); Japan did not report financial support.

Receipt of help was explicitly related to distress only in the UK (8). However, other papers possibly implied this, for example through the contrast of having received help and it then waning shortly after the funeral (14, 20).

While AGN studies mentioned debt, the GS alone saw significant asset loss, cuts to essentials, and family impoverishment. This may simply reflect the significant differences in objective poverty between regions; it may also suggest a powerful willingness to properly honour the deceased in the GS. Alternatively, relevant pressures are perhaps greater in the GS, as people spend on funerals despite significant detriment to themselves. Although present in the AGN (e.g., 4, 17), social pressures and specific funeral expectations appeared greater overall in Japan and the GS, and their influence on funeral spending was often clearer (e.g. 1, 19).

The strength and influence of such pressures and expectations was perhaps most powerfully highlighted in paper 19. The authors referenced Van der Geest's observation that funerals in Ghana are an opportunity "to showcase [the family's] social and economic status"

(as cited in 19, p. 407). Furthermore, they cited that some families are unwilling to spend money on a sick relative “who they think will die anyway”, sometimes abandoning them yet “rush[ing] to perform a lavish funeral when they die” (as cited in 19, p. 400). Patients with AIDS who feared abandonment “echoed this sentiment” (19, p. 400). This highlights how financial, cultural, and societal pressures around one’s funeral can eclipse care for one’s life.

2.7 Critique of Review

This review was interested in IFCW, yet this was rarely the primary focus of included studies. Separating funeral costs from other costs was also frequently unclear. IFCW was often discussed briefly, and/or within broader topics such as bereavement or maternal mortality. The often brief, embedded, and fragmented nature of IFCW data limited its depth. Paper 8 acknowledged:

Emotional and psychological issues were not the main focus of our study, and we can provide illustrative examples rather than depth [sic] analysis What is important is that most of our [findings] included some examples of the emotional impact of what might otherwise be seen as financial practicalities and that the effect could be deep and long lasting. (Corden et al., 2002, p. 134)

This review mirrors this idea – by including papers where IFCW was not the primary focus and/or not explicit, it highlighted impacts on wellbeing that otherwise may have been overlooked.

The embeddedness of IFCW was accounted for by broadening the screening criteria at the title/abstract stage. However, it is possible papers were excluded that discussed IFCW in the body, without meeting this review’s abstract screening criteria. Future research could screen abstracts using even broader criteria, beyond the scope of this review. This may capture studies discussing IFCW missed here.

The above also highlights a need for further research specifically focusing on funeral costs. Future reviews could search additional databases to identify any uncaptured studies, thereby broadening understanding of IFCW.

This review considered implied IFCW. This allowed inference in extracting relevant findings, without needing explicit statements around wellbeing. While transparency was provided in this review's classification of IFCW as implicit or explicit, judgments were not independently verified. Reporting only explicit findings may be considered more objective and replicable. Future research seeking to do this should screen a high number of papers, as less than 0.01% of this review's screened studies explicitly mentioned IFCW. Researchers should also be aware that IFCW may not be explicit in the abstract but in the body only.

A second reviewer was not available at the title/abstract screening stage. Future reviews could utilise a second screener during this stage to improve screening reliability.

Several papers in this review originated from the GS, often with participants facing significantly greater absolute poverty, and weaker or absent institutional support. In these ways, it is difficult to treat GS findings as applicable to this project's empirical UK study. However, most UK Muslims have GS ethnic origins, and cultural elements may be shared with, or similar to, those reported in this review. Moreover, the community and religiously led support reported appears relevant to an empirical study with a Muslim sample.

Excluding grey literature and non-English studies meant other relevant studies may have been missed. Future reviews including grey literature should assess bias, since many papers originated from, for example, insurance companies.

Narrative synthesis offered a rich account of IFCW, bringing together findings across methodologies, regions, and contexts. However, narrative synthesis also involves subjectivity in interpretation, especially when sources vary in relevance and quality. Moreover, the format may convey equal weighting between findings that varied in depth, especially given that IFCW discussions were often brief and fragmented. Future reviews may utilise other synthesis methods or conduct a meta-analysis.

2.8 Conclusion

This review used a systematic, structured approach to literature searching, screening, and appraisal. CASP and MMAT tools allowed consistent and comparative quality assessment across diverse studies. Including studies from 13 countries broadened the global scope and reduced Western research bias. Findings showed funeral costs negatively impacted individuals across domains of wellbeing, often compounded by cultural or societal expectations, particularly in the GS. Support sometimes buffered negative effects but could also create distress or strain. Most studies were high quality, but ethical considerations were inconsistently reported, and researcher reflexivity usually lacking. The review highlighted gaps in the literature which the present study aims to address.

2.9 Rationale for the Present Study

This review revealed only one study with IFCW as its primary focus – not from the UK – highlighting a clear literature gap. An exploratory study on lived experiences around funeral costs may not impose a wellbeing focus, but can create space for rich data on funeral-cost-related wellbeing to emerge, alongside other valuable insights.

This review mirrored Corden & Hirst's (2016) observation: bereaved people¹⁹ did not use the term 'funeral poverty'. The present study tentatively adopts the term,²⁰ remaining aware it is imperfect, possibly even problematic (Corden & Hirst, 2016; Crossley et al., 2019).

No reviewed papers reported Muslim participants. Only paper 1 was from a Muslim-majority country (Kyrgyzstan), yet did not mention Muslims or religion. This demonstrates a major literature gap around Muslims, not only on IFCW but more broadly, given the studies' various primary topics.

Centring UK Muslim identity addresses this gap in several novel ways: by focusing on Muslim lived experiences of FP; doing so in the Global North and, it follows, in a Muslim-

¹⁹ There were no reported usages of the term from other participants either.

²⁰ See 1.2 *Funeral Poverty*

minority context; offering insights around UK Muslims specifically; and conducting the first known academic qualitative study around FP experiences in the UK.

While not explicitly named, MI may be inferred from several studies. Guilt was explicitly mentioned in paper 17; shame was implied in several others, including in the UK (8). Failure to uphold societal and cultural funeral norms may also imply MI.

Paper 7 found cremation conflicted with some participant's religion, traditions, or culture, causing distress. This not only implies MI, but is particularly relevant for Muslims, whose religion prohibits cremation, in a UK context where cremation is de facto the state's default disposition method.²¹

Given this, an exploratory study around funeral costs, attending to MI (without imposing it), appears relevant. The present study is the first to explicitly consider MI around FP, and contributes to the sparse literature on MI among Muslims.

Corden et al.'s (2002, p. 134) UK study mentioned that "Emotional and psychological issues were not the main focus." This clinical psychology qualitative thesis can both centre such issues and offer the in-depth analysis they identified as lacking. They highlighted "the emotional impact of what might otherwise be seen as financial practicalities" (p. 134) – attending to MI can highlight the moral impact of what might otherwise be seen as emotional issues.

2.10 Research Questions

Following on from the above rationale, the RQs for the current study are:

- 1) What are the experiences of Muslims, specifically IFSC staff and service-users, who have experienced 'funeral poverty'?
- 2) How does the concept of MI manifest within the context of Muslim 'funeral poverty'?

²¹ See 1.5 *State-Enforced Cremation and Religious Conflict*

3 Methodology

3.1 Study Design

This study used a qualitative approach, since it allows detailed exploration of human experiences (Brinkmann & Kvale, 2008), to explore the experiences of UK Muslims facing FP.

This study used a novel questionnaire alongside qualitative data from semi-structured interviews to contextualise the findings. However, the questionnaire served a limited, contextual role, and was not analysed inferentially. The presence alone of both quantitative and qualitative data is insufficient to consider a study mixed-methods (Creswell & Clark, 2007), therefore the present study remains a qualitative research design.

3.2 Interpretative Phenomenological Analysis

This study's primary methodology was Interpretative Phenomenological Analysis (IPA; J. A. Smith et al., 2022). *Phenomenology*, one of IPA's foundations, studies human "experiences and ways of viewing the world" (Barker et al., 2002, p. 76); IPA is thus interested in lived experiences and sense-making (J. A. Smith et al., 2022).

IPA allows both thorough exploration of individual experience and identification of themes across multiple perspectives. However, these concern specific phenomena in particular contexts, as IPA is *idiographic*; broad generalisations are not inferred from the data.

IPA recognises that meaning is not static but dynamic. The participant makes sense of their experiences, in turn made sense of by the researcher – this is known as the *double hermeneutic*. Subsequently, the reader makes sense of the researcher's findings, which forms part of a *hermeneutic dialogue* (J. A. Smith et al., 2022). The researcher plays an active interpretative role, but recognises interpretations are not direct conduits to the 'truth' of participants' experiences. Instead, interpretation arises both from the data and the researcher's own perspective.

Additionally, IPA uses interpretation to “make manifest what is normally hidden” (Wagstaff et al., 2014, p. 2). Given the possible shame and stigma involved in MI and FP, IPA is thus a fitting methodology, by also enabling interpretation of what is *not* said.

Several recent studies have adopted IPA in MI research (e.g., Shaw-Mendez, 2025; Tapson et al., 2022); however, this is the first known study to use IPA in research explicitly on FP.

3.3 Consideration of Other Methodologies

Other qualitative methodological approaches were considered for this research, as displayed in Table 11. However, for the reasons described above, IPA was the most suitable methodology.

Table 10

Other Qualitative Methodologies Considered and Reasons for Rejection

Methodology	Summary and reasons for rejection in favour of IPA
Discourse Analysis (Kaplan & Grabe, 2002)	<p>Focuses on language, discourses, and power structures. Uses a range of data sources. These aspects could be valuable as discourse around FP include diverse sources, e.g. insurance companies, the news, charities, and government reports.</p> <p>Discourse Analysis is valuable for exploring cultural norms but has less emphasis on individual lived experiences. Also has less room for how individuals may differ from prevailing discourses, cultural or otherwise.</p>
Grounded Theory (Glaser & Strauss, 2017)	<p>Generates a new theory based on concepts and grounded in data.</p> <p>Relies on larger and less homogeneous samples.</p> <p>The present study is not primarily interested in creating a theory, but in the in-depth exploration of individual lived experiences and sense-making, within a smaller and homogeneous sample.</p>
Narrative Analysis (Bamberg, 2012)	<p>Examines how people construct meaning through stories. Similar to IPA in its focus on individual meaning-making. Could be useful in FP narratives, including because there are stages, processes, and the</p>

Methodology	Summary and reasons for rejection in favour of IPA
	<p>passing of time involved. Also, construction of meaning might be dominated by a one-sided narrative around FP, as the bereaved may not be privy to institutional workings.</p> <p>Emphasises structure and form of stories over in-depth phenomenological interpretation.</p>
Thematic Analysis (Braun & Clarke, 2006)	<p>Identifies and evaluates themes and patterns across data, through a systematic process.</p> <p>Less emphasis on individual lived experiences. Also does not involve the 'double hermeneutic' and recognition of the researcher's interpretative role.</p>

3.4 Epistemological Stance

This project's self-report MI questionnaire highlights a tension between measuring moral harm²² and the human subjectivity of such measurement. Jameton's (1984, p. 6) definition of moral distress is "when one knows the right thing to do, but institutional constraints make it nearly impossible to pursue the right course of action", highlighting the central role of external realities. Similarly, FP involves institutional and structural realities, such as costs and laws; even if socially constructed, these inescapable 'objective' realities impede subjective will and meaning around funerals.

Given this, I adopted an epistemological stance of critical realism (CR), which posits an objective reality but multiple interpretations of it (Bhaskar, 2008). It also "does not conflate the measurement of reality with reality" (Botha, 2025, p. 9), appropriate for this project's novel questionnaire, used to contextualise rather than entirely quantify MI. CR also acknowledges the

²² As well as questionnaire understandability and relevance, functional disability; and human experiences more broadly.

historical, cultural, and socially situated nature of knowledge (Maxwell, 2012), and has been adopted in several IPA studies (e.g., Robinson & Smith, 2010; I. Williamson, 2019).

Furthermore, CR may be well-suited for research with Muslim populations. Other approaches may paradoxically fail to capture the subjective experience of Muslim beliefs, by considering them socially constructed and subjective. Wilkinson's (2013) 'Islamic critical realism' argues that Islam holds ontological realism: a God-created, mind-independent reality; alongside epistemic relativism, through the fallibility of human knowledge.²³ Moreover, CR can, remaining consistent, acknowledge that others do not accept Islamic ontology, while allowing for diversity of interpretation by both Muslims and non-Muslims.

3.5 Researcher Position

Critical reflection and positionality are important in IPA (J. A. Smith et al., 2022) and qualitative research generally (Gurr et al., 2024). Since many studies in the SLR did not adequately consider researcher role or influence (CASP, 2024), I aimed to avoid this omission for the present study.

My position as a Muslim, male, Trainee Clinical Psychologist necessarily shaped this study. Lived experience as a Muslim fostered some empathy and familiarity with participants. Moreover, familiarity with Islamic concepts influenced my engagement. However, critical reflection helped to avoid assumptions and over-identification, especially given IPA's idiographic approach.

My experiences, including of Islamophobia and institutional marginalisation, have made me aware that minority difference is often only tolerated when performed in acceptable ways to dominant norms,²⁴ even in inclusive spaces. I remained mindful of this dynamic throughout, allowing me to attune to what is *not* said, in line with IPA guidance (J. A. Smith et al., 2022).

²³ Wilkinson's Islamic critical realism also includes 'judgmental rationality', another key concept in Bhaskar's (2008) critical realism, which is a "process of deciding between the accuracy and validity of competing accounts of phenomena according to sets of scientific and experiential criteria" (Wilkinson, 2013, p. 15).

²⁴ See 5.1.10 *Minority subjectivity*

Additionally, prior to beginning training, two of my friends died in their 30s. I attended their funerals and the *janāzah* of a colleague who died in her 20s. These and further bereavements during the project, involving attending another Muslim funeral, deepened my emotional engagement with the topic.

However, the many differences between myself and participants also necessarily shaped this research. For example, I have no lived experience of the intersection of female and Muslim identities. Additionally, I recognise my financial privilege, confident in the availability of family, savings, and credit cards to pay for a funeral if required. Moreover, credit cards – even ‘interest-free’ – are not accessible or religiously acceptable (Balarabe & Abdullah, 2020) to all Muslims. Furthermore, representing a university and the NHS, I was potentially more of an institutional ‘insider’ than participants. These and other differences highlighted my distance from participant experiences, of FP and beyond.

Gentry et al. (1995, p.131), in their grief research, took “steps intended to ground [themselves] in the problem area”. I visited an IFSC-affiliated cemetery to try and ground myself in a physical space and context associated with this research topic.

While this study aimed to explore lived experiences, its interest in MI may have meant I was biased in my identification of it. Critical reflection, supervision, and methodological processes helped to navigate this and remain open to the absence of MI in participant experiences.

Given the above, I approached this IPA research using Gadamer’s (2004) *fusion of horizons* concept, where my own knowledge, history, and lived experiences informed and shaped my engagement and interpretation.

3.6 Recruitment

Purposive sampling involves selecting participants based on their relevance and/or characteristics for a research question (Patton, 1990). It is particularly useful for research that seeks in-depth understanding of specific areas (Palinkas et al., 2015). Furthermore, it “can yield

detailed insights into the phenomenon being studied” (Tajik et al., 2025, p. 3), which strongly aligns with IPA principles (J. A. Smith et al., 2022). Therefore, purposive sampling was utilised to recruit Muslim participants with experiences of FP.

This study collaborated with IFSC to recruit participants. As a charity assisting Muslims who cannot afford burials, inherently IFSC staff and service-users have proximity to FP. IFSC distributed the research flyer²⁵ at locations affiliated with the charity. Flyers displayed a QR code that prospective participants could scan, leading to a secure online form to register their consent for initial contact.²⁶ IFSC also advertised the study on staff group-chats, e-mails, and in person.

Additionally, IFSC notified current and historic service-users about this research during routine follow-up calls and requested consent for further contact. The contact details of those consenting were e-mailed to me. I phoned them to introduce the research and discuss eligibility. Those expressing interest consented to be e-mailed a Participant Information Sheet (PIS) detailing the study, and a consent form, to read.²⁷ A follow-up call was arranged for the following week, during which participants confirmed consent, selected an interview format (in-person, online, or phone), and an interview time was arranged.

3.6.1 Inclusion and Exclusion Criteria

This study's target sample was self-identifying Muslims with proximity to FP. This included staff and those not directly bereaved or responsible for funeral costs. IFSC stipulated inclusion criteria based on English proficiency and engagement with their referral process. Full inclusion and exclusion criteria are detailed in Table 12.

²⁵ See Appendix J

²⁶ See Appendix K

²⁷ See Appendix L-M

Table 11*Inclusion and Exclusion Criteria for Participants*

Inclusion criteria	Exclusion criteria
Identify as Muslim	Do not identify as Muslim
Experienced a public health funeral of a Muslim	No experience of this
Experienced OR faced possibility of: delayed burial and/or cremation and/or non-Islamic funeral of a Muslim	No experience OR not faced possibility of: delayed burial nor cremation nor non-Islamic funeral of a Muslim
Informed consent to participation	No informed consent to participation
18 or over	Under 18
Able and willing to be interviewed	Unable or unwilling to be interviewed
Not in crisis	In crisis; acute suicide risk as determined by disclosures during recruitment and interview stage
English proficiency at intermediate level or above ^a	English proficiency below intermediate level
Engagement throughout IFSC referral process ^a	No or minimal engagement throughout IFSC referral process

Note. These criteria applied to both IFSC staff and service users.

^a Inclusion criteria stipulated by IFSC

3.6.2 Sample Size

This project attempted to recruit 8-10 participants, both IFSC staff and service-users, to explore the lived experiences of both bereaved individuals and supporting workers, offering contrasting perspectives on FP. Following IPA's principles on sample homogeneity (J. A. Smith et al., 2022, p. 119), equal numbers from each group were sought.

However, due to persistent communication and recruitment challenges, the final research sample comprised four participants, service-users only. Smith et al. (2022, pp. 46–47) endorse 6-10 interviews²⁸ at doctorate level, but resists setting numbers for sample size, instead emphasising analysis quality over participant or interview quantity. They argue larger data sets tend to inhibit the time, reflection, and dialogue required for analysis, especially among less experienced researchers. For these reasons, alongside commitment to idiographic focus (J. A. Smith et al., 2022, p. 119), four participants was considered appropriate.

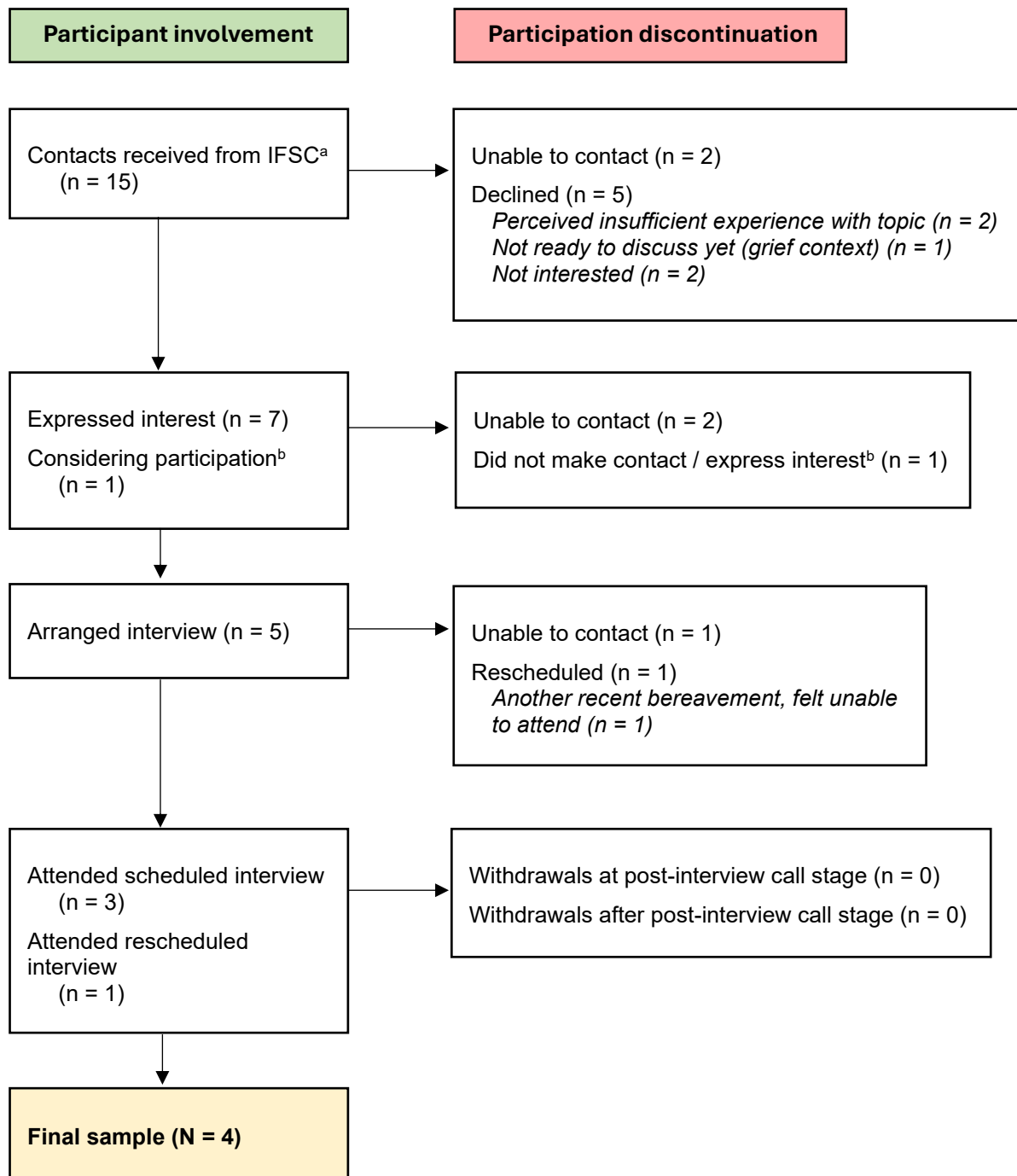
3.6.3 Participation and Non-Participation

Three participants expressed they believed this research project was a 'good cause', and were hopeful it could raise awareness and affect necessary systemic changes they perceived. The same was expressed by at least three non-participants during their initial call.

Qualitative researchers are encouraged to discuss non-participation (CASP, 2024). In total, fifteen contacts (all service-users) were sent to me by IFSC. Of these, I was unsuccessful²⁹ attempting to phone six, either initially or later. One person expressed interest but requested to phone me after she had considered; there was no further contact. Five individuals declined participation. Participation involvement and discontinuation is displayed in Figure 2.

²⁸ This refers to interviews not participants, as some IPA studies interview, say, four participants twice (J. A. Smith et al., 2022, p. 46)

²⁹ See 3.8 *Ethical Issues* for outreach protocol

Figure 2*Participation and Non-Participation at Each Stage of the Research Project*

Note. Reasons given for non-participation are shown in italics.

^a IFSC first obtained consent for initial contact. It is unknown how many declined this.

^b Refers to the same prospective participant. They requested to be given some time to consider participation, advising they would make contact if interested and declined further contact until that point.

3.7 Experts by Experience Consultation

I sought experts by experience (EBEs) from both IFSC staff and service-users. I aimed for service-user EBEs to share thoughts about the write-up, including considerations for its potential impact on others with similar experiences, and their wider communities. Their input would inform the project's development, write-up, and dissemination. I requested IFSC to consider this during their recruitment discussions. Unfortunately, no outright service-user EBEs were recruited. Additionally, all individuals declining interview participation also declined an EBE role.

However, I recruited one staff EBE who helped guide recruitment strategy, advertisement locations, networking and dissemination options, and clarification over relevant policies and procedures. He also offered reflections on FP, including moral perspectives. A consultation meeting was arranged with additional staff, to discuss summaries, presentations, and dissemination of the research.

3.8 Ethical Issues

This study received ethical approval from the University of Hertfordshire (UH) Health, Science, Engineering and Technology Ethics Committee with Delegated Authority.³⁰

Sensitivity to participants' bereavements was imperative and ethical considerations needed to reflect this. Researchers in bereavement research often only consider risks during data collection, overlooking potential risks at other stages (Butler et al., 2019). Therefore, attentiveness was maintained throughout this project. To illustrate this, ethical considerations were integrated into the various project stages displayed in Table 13.

³⁰ Protocol number 0459 2025 Apr HSET.

Table 12*Ethical Considerations and Actions at Each Stage of this Research Project*

Project stage	Ethical considerations and actions
Pitching project to IFSC	<ul style="list-style-type: none"> • Emphasised IFSC's involvement was voluntary. • Checked certainty around IFSC's capacity to assist, given potential staff and service strain.
IFSC recruitment	<ul style="list-style-type: none"> • Raised importance of minimising selection bias (Collier & Mahoney, 1996), through ensuring participants were recruited regardless of their experience of IFSC being positive or negative. • IFSC were advised participant data would be anonymised and findings would be reported accordingly. • IFSC requested consent from service users to share their details with me for initial research contact.
EBE recruitment	<ul style="list-style-type: none"> • Allowed inclusion of views from service-users who may be unwilling or unable to be interviewed. • EBEs excluded from interview participation, to prevent any interfering effects with this study's findings.
IFSC collaboration throughout	<ul style="list-style-type: none"> • Remained mindful of both potential strain and secondary traumatic stress staff may experience (Grandi et al., 2023), e.g., through supporting bereaved individuals and attending funerals.
Managing distress	<ul style="list-style-type: none"> • A distress protocol, adapted from Whitney & Evered (2022) and Haigh & Witham (2015) was created to manage participant distress (see Appendix N).
Initial contact	<ul style="list-style-type: none"> • Outreach aimed to be considerate and not excessive: after three unreturned contact attempts, these were ceased. This applied throughout the project. • Confirmed individuals' consent to be contacted; gave condolences for bereavement. • Asked service-users if they felt able to briefly talk to me about the research project, and advised they were under no obligation. • Asked those interested if they were certain, allowing space to decline without pressure. • Clarified my independence from IFSC. • Kept contact brief in consideration of potential ongoing grief. • E-mailed a Participant Information Sheet (PIS) and consent form (see Appendix L-M) to participants. Anonymity, confidentiality, informed consent, right to withdraw, potential benefits and risks, and my clinical training were explained on the PIS in plain language. • Offered assistance reading and understanding documents. • Reiterated participation was voluntary. Asked consent to re-contact after a few days.
Follow-up call	<ul style="list-style-type: none"> • Advised participants we would review the consent form before interview. • Gave participants autonomy to select in-person, online, or telephone interviews. • Kept contact brief in consideration of potential ongoing grief.

Project stage	Ethical considerations and actions
Interviews	<ul style="list-style-type: none"> • One participant missed their online interview due to a recent bereavement. I offered condolences and asked to phone them in a week, with no obligation; they agreed. During that call, I asked about their wellbeing. They confirmed willingness and certainty to attend, so we rescheduled the interview. • Participants were not required or requested to use cameras during online interviews, allowing autonomy around privacy and comfort. • Checked whether participants were in a private space, given the sensitive interview topic. • Shared the consent form onscreen, read it aloud, and obtained informed consent for each item. Permission was granted to sign on participants' behalf if required. • Checked in with participants after completing questionnaire to manage any distress. • Reminded participants of potential distress, reiterating they could freely pause or stop. • Remained attentive to signs of distress, including audible evidence for those without cameras. • Avoided imposing ideas on participants, especially given the power imbalance. • Aimed to embody an open and curious stance, in line with IPA principles (J. A. Smith et al., 2022). Aimed to maintain a gentle and sensitive approach throughout, mindful of participant vulnerability and exposure (Gentry et al., 1995).
Debrief	<ul style="list-style-type: none"> • Immediately after each interview, I asked about participants' wellbeing and experience of their interview. • Reminded participants of researcher contact information, including for complaints; their right to withdraw; and available support resources, noting these were not exhaustive. • I included all this in a debrief document (see Appendix T) e-mailed the same day. I requested permission for a follow-up phone-call in a week, to check in on wellbeing and answer any questions; I arranged a time convenient for participants.
Post-interview call	<ul style="list-style-type: none"> • Asked about participants' emotional wellbeing since the interview. I validated distress and emotional activation. • Offered summarised and full versions of the final report, with an optional phone-call to discuss these. All declined but were invited to contact me with any questions, comments, or if they changed their mind.
Compensation	<ul style="list-style-type: none"> • Offered participants a £10 shopping voucher to compensate for their time. • E-mailed vouchers promptly to avoid unnecessary delay and uncertainty; and to ensure participants did not feel obliged to withhold withdrawal requests to secure compensation. • Two participants requested their compensation be donated to the IFSC – I made the donations and promptly e-mailed receipts to these participants.
Data handling	<ul style="list-style-type: none"> • I deleted personal and contact information after three unsuccessful contact attempts or when individuals declined participation. • Stored all participant data on secure UH OneDrive storage. • Used pseudonyms for transcription, analysis, and write-up. No identifiable information was included

I remained mindful of participant vulnerability, particularly given the researcher-participant power dynamic. Throughout each stage, I attempted to facilitate participant autonomy, to try and reduce the power imbalance. This included checking certainty, emphasising choice, allowing space to decline, and being led by participants regarding interview format and time.

3.8.1 *Managing Distress*

Whitney & Evered (2022, p. 5) highlighted researchers can project their own distress onto participants, and emphasised participant agency and autonomy. Thus, the present project's protocol aimed to be participant-centred and value participant agency. It listed indicators and actions for managing possible, high, and extreme distress.³¹

3.8.2 *Compensation*

While no interviews were terminated early, I would still have issued compensation in such cases, to avoid pressuring participants to reschedule interviews for remuneration, when emotionally unready. I displayed compensation information on the PIS for transparency and it was never withheld, consistent with valuing participant agency (Whitney & Evered, 2022).

3.9 Participants

IPA emphasises that individuals' perspective and understanding of experiences are situated "in a particular context" (J. A. Smith et al., 2022, p. 24). Therefore, some contextual information for all participants is outlined below. These contexts informed participants' own experience, my interpretative engagement with their accounts,³² and now informs the reader's interpretation of the findings. This reflects IPA's double hermeneutic and hermeneutic dialogue, where meaning is not fixed but co-constructed through layered interpretative processes, including by the reader (Smith et al., 2022, pp. 17–23, 109–110).

³¹ High and extreme distress were not expected in this research. See Appendix N for full distress protocol.

³² Including how their contexts are understood and presented here.

All participants identified as Muslim. Unable to privately fund, all had accessed IFSC since 2024 to arrange a relative's burial. All received IFSC support and eventually attained an Islamic burial for their deceased. For participants, FP involved the inability to afford funeral costs for an Islamic burial, and their attempts to source funding for the funeral and burial. Details such as ethnicity and age have been broadened.

The median participant age was $Mdn = 43.8$ years, and the median time between death and burial was $Mdn = 8$ days. Participants represented a range of employment statuses. Participant information is summarised in Table 14.

Table 14

Demographics and Contextual Information for Research Participants (IFSC Service-Users)

Name	Age Group	Ethnicity	Burial For	Employment	Funding Type	Background / Context
Abdullah	40s	West African	Nephew	Unemployed	Charity	Abdullah, originally from West Africa, moved to the UK after living in France. He was the only non-native English speaker in the sample, but spoke at least at intermediate level. His late nephew Malik had lived in the UK for over 20 years. Around Malik’s death, Abdullah described a prohibitive language barrier, severe poverty, and limited community ties.
Hafsa	30s	British-East African	Husband	Full-time	Unreported	Hafsa worked in education. Her late husband Jack was a revert ^a to Islam, whose family were non-Muslim. Hafsa reported Jack had experienced severe Islamophobic abuse at work when colleagues learned he was Muslim, which she linked to the broader national climate around the 2024 UK riots (‘Explainer’, 2024). Jack’s workplace reportedly both participated in the abuse and failed to support him, culminating in a “big fight” and Jack losing his job. Hafsa reported Jack was very depressed during unemployment and felt he was being “punished by God”. This period introduced significant financial strain and a sharp decline in their wellbeing and quality of life. Jack died in his sleep a few months later. Hafsa frequently referred to his sudden, unexpected, young death as a “shock”, and described its severe impact. Hafsa said there was an inquest, and no medical conditions or causes were identified. The process delayed Jack’s funeral, but this meant Hafsa’s father, who had been facing lengthy visa issues travelling from East Africa, could attend.

Layla	40s	British-South Asian	Mother	Carer, no paid employment	Unreported	<p>Layla lived with her children and had been a full-time carer for her unwell mother.</p> <p>Layla's mother was also a revert^a to Islam and this side of her family remained non-Muslim. She described little involvement from her mother's family until her death.</p> <p>Layla described the process of sourcing and receiving support as very quick, with less than a week between death and burial.</p>
Raheem	40s	British-South Asian	Two relatives	Self-employed	State (IFSC-facilitated FEP)	<p>Raheem positioned himself as in a supportive role than directly bereaved, helping relatives navigate the system around securing aid. He described some procedural familiarity from previous bereavements. Raheem used the IFSC twice – he had received funding for one burial and was awaiting official clearance for the second. He reported attending government funeral support interviews with other family members.</p>

Note. Ages and ethnicities have been broadened to protect anonymity and confidentiality. Names of the deceased are also pseudonyms. Employment refers to prior to the funeral, not present.

^a Participants used the term 'revert' not 'convert'.

3.10 Data Collection

3.10.1 Questionnaire

Over 40 scales exist measuring moral distress or injury, varying in validity and sometimes targeting non-civilian populations or measuring exposure alone (Houle et al., 2024). This study drew upon the Moral Injury Exposure and Symptom Scale-Civilian (MIESS-C; Fani et al., 2021), a 10-item measure assessing both exposure to PMIEs, and MI-related distress in civilians. It has demonstrated good internal consistency (Lathan et al., 2023).

As religion was pertinent to the target sample, two “religious symptoms” items were incorporated from the Moral Injury Symptom Scale-Healthcare Professionals (MISS-HP; Mantri et al., 2020, p. 2324), a reliable and valid measure. Its functional disability (FD) item was also included for clinical relevance (Mantri et al., 2020, p. 2330). All other MISS-HP items were excluded due to healthcare-specific wording, in favour of the MIESS-C’s civilian-oriented wording.

This resultant new 15-item measure used a 1-6 Likert agreement scale for all but one item. Items 1-12 measured MI; items 13-14 measured questionnaire understandability and relevance;³³ and item 15 measured FD using a 1-5 Likert scale. Higher scores signified greater MI or FD; item 12 alone was negatively worded, so reverse-scored. MI subgroups were identified and named *Self / others* (items 1-6), *Betrayal* (7-10), and *Religious* (10-12). These 12 items comprised the *MI subscale*.³⁴

Mantri et al. (2020) used a cutoff score of 36 or higher for identifying clinically significant MI. While not directly applicable here, it served as a reference point; a proportionally adjusted cutoff was calculated: 25.9³⁵. This serves as a reference for comparison and information only, not as a verified cutoff.

³³ Items 1-12 maximum score = 72. Items 13-14 maximum score = 12.

³⁴ The MI subscale comprised all items assessing MI itself – hence questionnaire understandability and relevance, and FD, were excluded.

³⁵ The MISS-HP used a 10-item, 10-point rating MI scale; the present scale has 12 MI items, each 6-point ratings. Therefore: $36/(10 \times 10) = 25.92/(6 \times 12)$

As this combined measure has not been validated, only descriptive statistics are reported to contextualise the qualitative findings. Table 15 displays the subscales, subgroups, and domains of the questionnaire. See Appendix O-R for all measures.

Table 14

Summary of New Moral Injury Questionnaire

Item	Subgroup / Domain	Type
Moral Injury Subscale		
<i>Self / others</i>		
1	Witnessed moral wrongs	Exposure
2		Distress
3	Acted in violation	Exposure
4		Distress
5	Failure to prevent	Exposure
6		Distress
<i>Betrayal</i>		
7	Interpersonal betrayal	Exposure
8		Distress
9	Institutional betrayal	Exposure
10		Distress
<i>Religious</i>		
11	Punished by God	
12	Strengthened faith	
Questionnaire Subscale		
13	Understandability	
14	Relevance	
Functional Disability Subscale		
15	Functional disability	

Note. Only items 1-12 have exposure-distress pairings.

3.10.2 Interview Guide

In line with IPA, semi-structured interviews were conducted, with open-ended questions aiming to explore participants' lived experiences and sense-making around FP and PMIEs. Beforehand, an interview guide (J. A. Smith et al., 2022, p. 56) was created under supervision.³⁶ Following Held et al.'s (2019) approach, the primary questions were on: 1) the experience of the PMIE, 2) initial reaction to it, and 3) changes in reaction to it over time. Furthermore, Williamson et al.'s (2020, p. 3) interview focused on "experiences of traumatic or morally injurious events and their impact on wellbeing and daily functioning and participants." Items and adaptations from their interview guide were used as follow-up questions. Their question on spirituality or religious beliefs was adapted into a final primary question, on the experiences of Muslim identity and beliefs around the PMIE.

For transparency and orientation, the interview guide's introduction included a plain language definition of MI, without imposing MI on to participant experiences. Moreover, while mentioned in participant documents, no interview questions or follow-ups included the terms 'funeral poverty' or 'moral injury'. This allowed for "finding language that enables people facing problems paying for funerals to speak for themselves" (Corden & Hirst, 2016, p.24).

3.10.3 Interviews

Participants were given the choice to be interviewed in-person, online, or by phone. All four interviews were online and lasted between 37 and 78 minutes. One interview had participant video; the other three were audio only.

The interview schedule was followed, but flexibly rather than rigidly, aligning with Gentry et al.'s (1995) approach to interviewing grieving individuals, as identified during the SLR.³⁷ For example, the four primary questions were asked in every interview, but all prompts were not

³⁶ See Appendix S

³⁷ See Table 13 in 3.8 *Ethical Issues*

always used. Improvised questions and prompts for elaboration were also utilised. These points align with IPA guidance (J. A. Smith et al., 2022).

Before interview, I wrote down preconceptions, current thoughts and emotions, and biases I could identify. These were not treated as 'bracketed off' entirely, rather acknowledged, with conscious intent to minimise unhelpful interference and embody an open and curious stance in interview. In line with Gadamer (2004), I drew upon my own lived experience as a Muslim in interview, while aiming to avoid imposing or projecting my own experiences and meaning on to participants.

3.11 Data Analysis

3.11.1 Questionnaire Analysis

Alongside descriptive statistics, normalised scores were also calculated. Since the three MI subgroups had unequal numbers of items, subgroup scores were converted. Each subgroup was given equal weighting (one third) and a new equivalent score calculated from the raw score:

$$\text{Normalised Subgroup Score} = \frac{\text{Subgroup Raw Score}}{\text{Subgroup Total Items}} \times \left(\frac{\text{Total MI Subscale Items}}{\text{Total MI Subgroups}} \right)$$

This was calculated for *each individual*, not at the total-score or group levels. Overall normalised scores were subsequently calculated by summing the three normalised subgroup scores. These overall normalised scores were calculated at both individual and group levels. Normalisation was done to determine what scores would be if all subgroups were equally weighted. Note, this does not imply each subgroup conceptually deserves equal weighting in MI measurement.

3.11.2 Interview Analysis

IPA (J. A. Smith et al., 2022) was used to analyse the interview data and the methodology's stages are elaborated below.

3.11.2.1 Individual Level Analysis.

In this section, each step was completed for one transcript before moving to the next; transcripts were not analysed concurrently yet.

First, I watched the one video interview and created a transcript, which included pauses, elongations, emphases, gestures and speech volume changes.³⁸ I then listened to the remaining interviews' audio and individually transcribed in the same way. Subsequently, I read individual transcripts several times. To each, I added exploratory notes and reactions in a column adjacent to the transcript.³⁹ These notes were wide-ranging and included summaries, instances of repetitions, contradictions, language use, and features that were absent.

Next, I constructed experiential statements. I turned exploratory notes into statements that summarised, and aimed to understand, the lived experiences and meanings of the participant – necessarily, as interpreted by me, the researcher, reflecting the double hermeneutic.

I then sought connections across experiential statements. I copied experiential statements to a document and statements that appeared connected were moved close together. Small clusters were then moved towards others, creating larger clusters of connected statements. New smaller clusters were sometimes then created from those larger clusters. I then named these clusters, forming the Personal Experiential Themes (PETs).

3.11.2.2 Group Level Analysis.

Once PETs were formed for all participants, these were then moved and clustered as above with their transcript-based components also informing this process. I discussed this emerging analytic structure in supervision; I revised and named the clusters, forming the Group Experiential Themes (GETs).

³⁸ This list is not exhaustive. See Table 18 in *4.2 Group Experiential Themes* for transcription formatting.

³⁹ See Appendix W for interview transcript example.

Component PETs were then re-clustered, forming the final sub-GETs. I noted key participant quotes and reflective log extracts for each, alongside overlap, similarities, and contrasts to elaborate. I used supervision to finalise presentation of the findings.

Although funeral-cost experiences are intrinsically linked to the bereavement itself, I excluded experiences without a clear link to FP (e.g., the distress of the bereavement alone) in keeping with this study's RQs.

3.12 Reflective Process

Throughout this research, I kept a reflective log⁴⁰ containing notes on personal experiences, reflections, and potential biases (J. A. Smith et al., 2022). Additionally, I used another document for 'bracketing', before and after interviews, and before analysis stages. Preconceptions, potential biases, and present emotions and thoughts were all included, to acknowledge their presence and influence.

This acknowledgment was key – I never treated 'bracketing' as eliminating these factors. Instead, awareness both of their presence, and of the inability to have exhaustive awareness, would inform reflexive engagement with the interviews, data, and research more broadly. This approach was informed by Gadamer's 'fusion of horizons', described earlier. Indeed, he argued bracketing is impossible, unnecessary, undesirable, and absurd (Gadamer, 1979); preconceptions cannot be disregarded, in fact "to foreground and appropriate them" (Gyollai, 2020, p. 5) is intrinsic to interpretation of meaning.

Therefore, I drew on my own Muslim background (and more) to engage with participants' meaning-making during interviews and data analysis. For example, one participant repeatedly used the term 'luck' in interview; my cultural familiarity led me to gently probe for underlying concepts such as *qadr* (divine decree), which opened space for richer data that was closer to their lived experience. This also evidenced the utility of 'fusion of horizons' in attending to what

⁴⁰ See Appendix X. Log extracts are also presented throughout this thesis, in their original form to maximise authenticity.

is *not* said, in line with IPA principles. At the same time, I did not name *qadr*, aiming to let my horizon inform, but not impose upon, the participant's meaning. Reflexively using this approach helped me to remain open, since participants' experiences and meaning may significantly differ from my own.

3.13 Quality Assurance

Following IPA's recommendation to use quality assurance (J. A. Smith et al., 2022), this study utilised findings from two systematic reviews, alongside the CASP UK qualitative checklist, to guide this (see Table 16).

Table 15

Principles and Applications of Quality Assurance

General Principle	Application
Transparency ^{a,b}	Being candid and open about the research process. ^a No deception involved in the study design. Service-users and staff offered opportunities to inform the research in EBE roles, and feedback on analysis and findings. Participants were read an identical introductory statement pre-interview; definition of MI provided again. Disclosed my Muslim identity.
Consistency and coherence ^a	Epistemological position, lived-experience focus, data collection procedures, and analysis were consistent ^a with IPA. Interview schedule and questionnaire created from existing peer-reviewed research on MI. Used supervision to ensure consistency and coherence. Rigidity avoided ^a by semi-structured interview format with some improvised questioning. Methodological flexibility: ^a adopting 'fusions of horizons' approach and utilising MI questionnaire.
Reflexivity, consideration of researcher role and bias ^{a,b,c}	Kept reflective log. ^b Recording and reflecting on methodological decisions. ^c Self-reflection and reflection in supervision. 'Bracketing' ^a pre- and post-interview. Acknowledging biases where possible. ^{a,b,c} Attempted to address power dynamic ^a by respecting and offering participants autonomy (e.g., distress protocol, interview format). Considered role, bias and influence, ^c particularly as adopting the fusion of horizons approach.

General Principle	Application
Rigour and richness ^{a,b,c}	Appropriate target sample and sample size. ^a In-depth analysis. ^{a,c} Findings rooted in data, quotes included. ^{a,c} Questionnaire findings contextualised qualitative data.
Sensitivity to context ^a	Consideration of strain, distress and grief facing staff and service-users. Visited IFSC-affiliated cemetery. Outreach protocol created to avoid excessive contact attempts. Integrated my own understandings, identity, and aspects of insider experience. ^a
Transferability and impact ^{a,b,c}	Acknowledgment that small-sample qualitative research is not generalisable. Using policy, legislation, and news to inform research and linking findings and recommendations to these. Drawing on wider narratives, including Islamic narratives, can aid transferability. First known academic qualitative study on lived experiences of FP, UK Muslim FP, and attending to MI within FP. Addresses recommendations from other research. Policy relevance. ^c Research, clinical, policy implications and recommendations included. ^c
Ethics ^{a,b,c}	Attempted to address ethical shortcomings of studies reviewed in SLR. Thorough ethical considerations at each research stage, as outlined in <i>Ethical Issues</i> section.

IPA-Specific Principle	Application
Constructing a compelling, unfolding narrative ^a	Most appropriate quotes selected. ^a Findings ordered meaningfully, ^a e.g. in GET1, beginning with underlying beliefs and 'funneling' into final sub-GET around MI and betrayal. Themes form a coherent narrative. ^a
Developing an experiential and/or existential account ^a	Examined subjective experience, focused on lived-experience and experiential themes. ^a Existential meaning explored ^b within one sub-GET. Identity and individual agency explored ^b within themes.
Close analytic reading of participants' words ^a	Use of double hermeneutic ^a and fusions of horizons approaches. Attended to what may be unsaid. Tone and qualities of speech ^a transcribed and analysed. Interpreted imagery connoted by accounts. ^a Close analytic reading of words, presented in findings. ^a
Attending to convergence and divergence ^{a,c}	Points of similarity identified ^a in creation of GETs and sub-GETs. Differences identified, presented, and discussed. ^{a,c} Questionnaire convergence and divergence with qualitative data also presented.

Note. This table briefly summarises information elaborated in other parts of the 3. *Methodology* section above – see for further information.

^a Informed by Cena et al. (2024). ^b Informed by Reynolds et al. (2011). ^c Informed by CASP (2024).

4 Results

This section presents the results of the questionnaire and IPA analysis of this empirical study on UK Muslims' lived experiences of FP.

4.1 MI Questionnaire

Participants' combined total MI score was 104, 36.1% of the maximum. The group's median individual score was *Mdn* = 23 (range = 20-38), 31.9% of the individual maximum.

Questionnaire understandability was high (*Mdn* = 5.5, range = 3–6), and relevance had a median score of *Mdn* = 4 (maximum score = 6 each). FD (item 15; maximum score = 5) had a median rating of *Mdn* = 2, range = 1–4.

Hafsa substantially had the highest total MI subscale score (38); she was the only participant who passed the cutoff reference point of 25.9 for clinically significant MI.⁴¹ Her score was 52.8% of the maximum and she expressed moderate FD.

Items 1-10 comprised five items on MI exposure and five on related distress (maximum score = 30 each). The median exposure score was *Mdn* = 10.5, range = 7-17; median distress was *Mdn* = 8.5, range = 6-16.

Witnessed moral wrongs showed the largest exposure–distress discrepancy (*Mdn* = -1.5, range = -3 to 0), with three participants rating distress lower than exposure.

Items 1-14 each had a maximum score of 6. *Institutional betrayal* (items 9-10) had the highest median item ratings (exposure: *Mdn* = 4, range = 1-6; distress: *Mdn* = 4.5, range = 1-6). *Interpersonal betrayal* was lower (exposure: *Mdn* = 2, distress: *Mdn* = 1.5; both ranges = 1-6). *Acting in violation* and *Failing to prevent* (items 1-2) were the lowest scoring items overall, unanimously rated 1 for both exposure and distress.

Three participants strongly disagreed (rating = 1) they felt punished by God; one participant slightly agreed (4). Views on strengthened faith were mixed, *Mdn* = 3, range = 1-6.

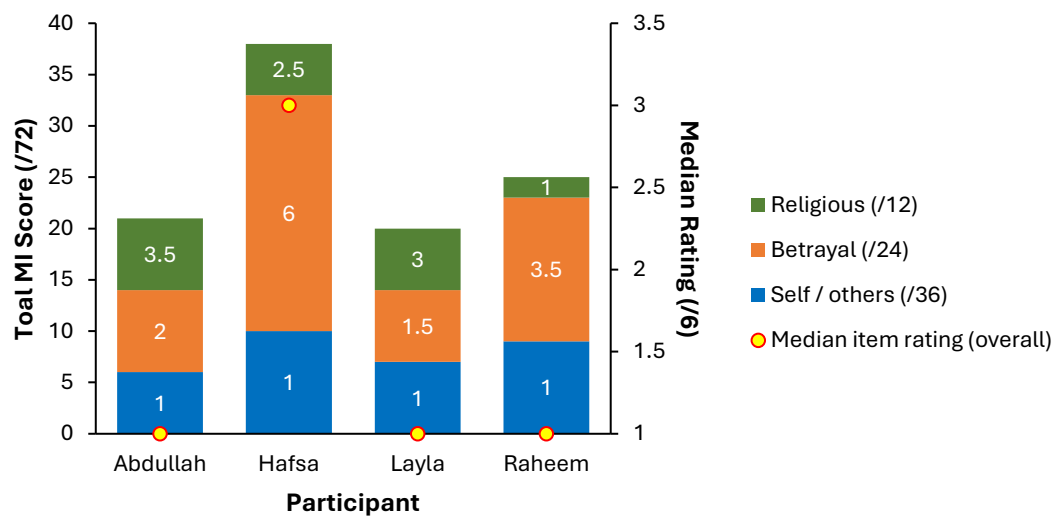
⁴¹ See 3.10.1 *Questionnaire* for precedent by Mantri et al. (2020)

Of the MI subgroups, *Betrayal* had the highest total score at 52 ($Mdn = 11$, range 7-23).

Figure 3 shows participants' overall MI raw scores, with subgroup breakdowns and median ratings.

Figure 3

MI Total & Subgroup Scores with Medians – Raw Scores



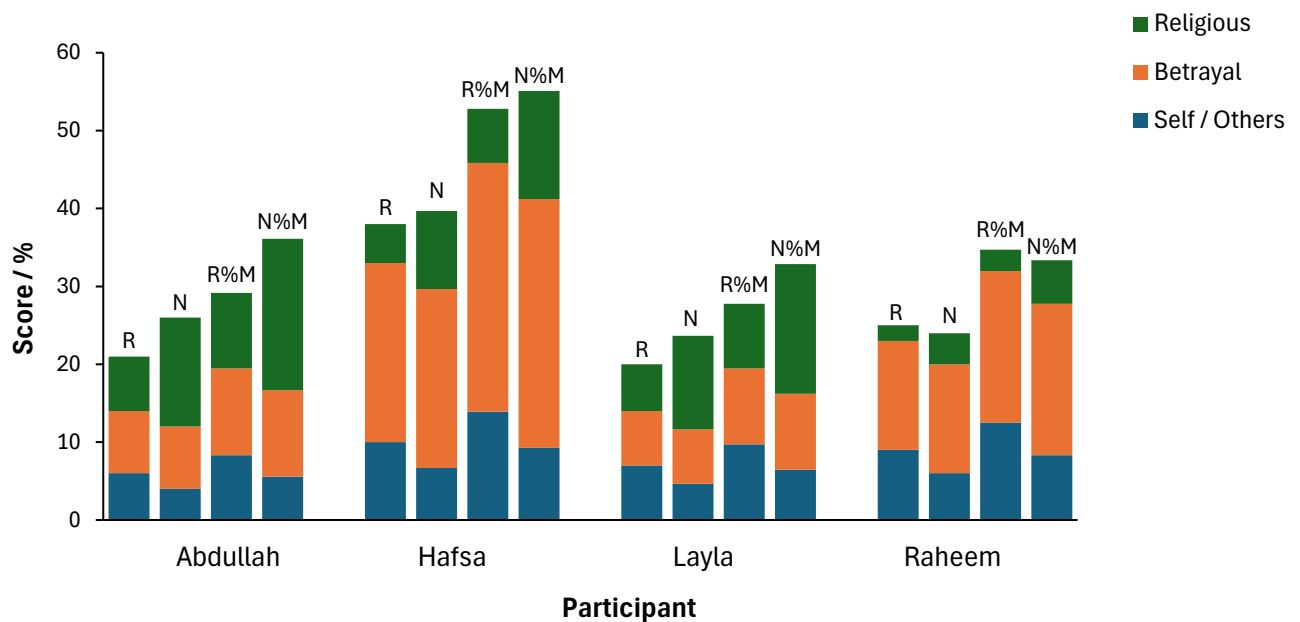
Note. Numbers displayed within subgroups are the subgroup median rating for each participant.

'Median item score (overall)' refers to the participant's median item rating in the whole MI subscale (i.e., across the 3 domains) and corresponds to the right-hand y-axis. 1 = Strongly Disagree; 2 = Moderately disagree; 3 = Slightly Disagree; 4 = Slightly Agree; 5 = Moderately Agree; 6 = Strongly Agree.

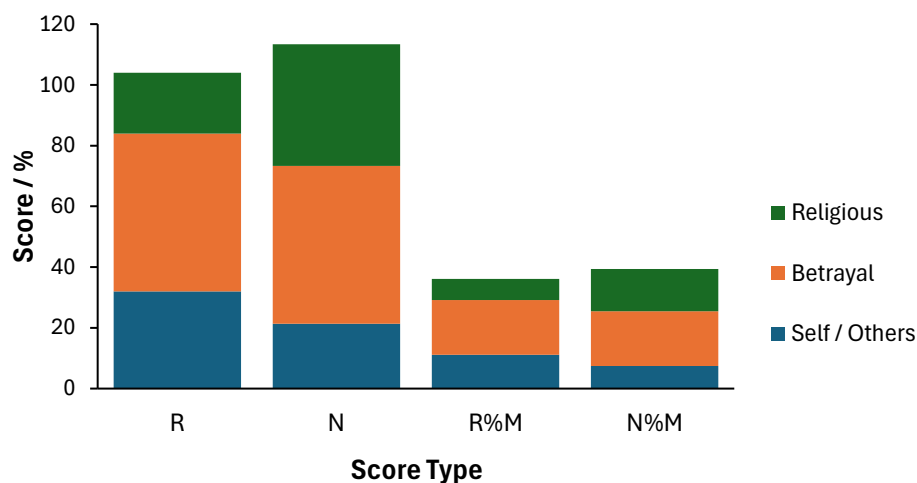
Percentages and normalised scores were created to account for unequal numbers of subgroup items.⁴² Raheem was the only participant whose overall MI score decreased after normalisation. Religious MI represented a greater proportion of overall MI for all participants after normalisation. *Betrayal* remained the highest scoring subgroup overall, at 54.2% of the maximum possible group *Betrayal* score.

Figure 4 displays participants' raw and normalised scores, and percentages across MI domains. Figure 5 displays the same for the group overall ($N = 4$). See Appendix U for all scores.

⁴² See 3.11.1 Questionnaire Analysis

Figure 4*Raw Scores, Normalised Scores, and Percentages Across Moral Injury Domains - Participants*

Note. R = Raw score; N = Normalised score; R%M = Raw score as a percentage of maximum; N%M = Normalised score as a percentage of maximum. The y-axis shows either raw scores or percentages depending on the measure.

Figure 5*Raw Scores, Normalised Scores, and Percentages Across Moral Injury Domains - Group*

Note. R = Raw score; N = Normalised score; R%M = Raw score as a percentage of maximum; N%M = Normalised score as a percentage of maximum. The y-axis shows either raw scores or percentages depending on the measure.

4.2 Group Experiential Themes

Table 17 displays the Group Experiential Themes (GETs) and subthemes (J. A. Smith et al., 2022), which structure this results section. See Appendix V for PETs that informed the GETs. Table 18 shows the transcription formatting used; quotes in this section are presented as spoken, to more authentically capture participants' voices.⁴³ Questionnaire findings are used to contextualise qualitative findings throughout.

Table 16

GETs and Subthemes / Sub-GETs

Group Experiential Theme (GET)	Sub-GETs
Undertaking obligations: burial under pressure	<ul style="list-style-type: none"> • Moral and religious centrality of Islamic burial • Powerless vs powerful: Facing systemic barriers and institutional injustice • Emotional distress under pressure • Disorientation and existential questioning • "Unforgivable": Moral injury and betrayal
Growth, protection, and laying to rest	<ul style="list-style-type: none"> • Being driven by belief • Sensing God's presence • Qadr, appreciation, and acceptance • Fulfilment in burial, peace and resolution in life • Embodied solidarity and pride in Muslim identity • Growing through adversity

⁴³ N.B. Abdullah's first language is not English

Table 17*Transcription Formatting Guide*

Format	Explanation
{l}	Indicates previous word was said using a tone that indicated listing
{?}	Indicates previous word was said with a rising intonation or question-like inflection
<i>Word</i>	Italicised word indicates it was emphasised / stressed.
<u>Word</u>	Underlined word indicates it was more lightly emphasised / stressed (than italicised words)
WORD	Uppercase indicates significantly louder speech volume
°Word°	Text enveloped using ° indicates significantly quieter speech volume.
Wo:rd	Colon within word indicates elongation and its location
Wor-	Interrupted word and location of interruption
-Word	Indicates little to no gap after previous word
?! word	Uncapitalised word after ? or ! indicates no pause after question / exclamation
Word...	Ellipses with no preceding space indicates a trailing tone plus a pause
Sample ... word	Ellipses with spaces on both sides indicates a normal tone plus a pause
Sample . . . word	Spaced dots indicate truncation

4.3 GET 1: Undertaking Obligations: burial under pressure

This theme refers to the felt sense of personal and religious obligation around burial, in the context of wide-ranging barriers and constraints. It explores the resulting experiences of pressure and distress, including MI.

4.3.1 *Moral and Religious Centrality of Islamic Burial*

4.3.1.1 **Believing Islamic Burial to Be Obligatory.**⁴⁴

“We’re meant to get buried you know like, quite, quick.” (Layla)

Each participant understood burial as an Islamic obligation, for example in Layla’s use of “meant to” above and Hafsa’s similar “We need to bury people.” Layla’s quote also includes the perceived Islamic necessity to bury quickly. These and additional Islamic funerary practices were seen as religiously mandated, not personal preference, and as intrinsically linked with the burial itself.

Abdullah said failure to receive an Islamic burial would be “no⁴⁵ good”, but appeared to focus this on others failing to help the deceased receive burial, highlighting another obligation: collective responsibility upon Muslims to ensure their deceased receive Islamic burials.

4.3.1.2 **Believing Cremation to be Islamically Prohibited.**

Each participant was clear they believed cremation is prohibited in Islam, representing an Islamically-based moral boundary:

“[Cremation is] against the religion {l}, against my moral... er, my moral principles. Erm, and I’m not saying, another person is *immoral* for doing it, these are *my* moral principles, I don't believe in, cremating, a body, I believe that we have *come* from Earth, and . . . we should go back into the earth, as you know[,], as we were created, so, um, I don't agree with cremation {l}. I don't agree with, you know, putting somebody into the se:a {l} et cetera et cetera.” (Raheem)

Raheem mentioned, in succession, both religious and moral principles, suggesting either his morals are intrinsically rooted in Islam or that he objects to cremation on separate

⁴⁴ Within sub-GETs, headings informed by PETs are used to help structure the narrative and navigate the nuances of the experiential claim.

⁴⁵ Possibly meant “not good” (English not his first language)

religious and personal grounds. The latter suggests his objection to cremation is multifaceted and the listing tone he used here may support this interpretation. He later repeats the same listing tone when grouping cremation with sea burials, suggesting his opposition is driven primarily by convictions around land burials rather than a specific aversion to cremation.

However, he also said:

"I just- I can't imagine burning somebody, er it's just . . . doesn't make sense to me, I know some religions do it, but it just... it doesn't make sense to me."

(Raheem)

This suggests perhaps a stronger, embodied aversion to some disposition methods, like cremation, compared to others, potentially both religiously and personally grounded again. Hafsa had a similar aversion, perceiving cremation as part of a broader Islamic prohibition on burning: "We're not allowed to burn *anything*. Only God, does that really." Hafsa and Raheem specified cremation was prohibited for *Muslims* and, despite their own aversion, demonstrated tolerance of different practices among non-Muslims (see Raheem's quotes above). Layla also demonstrated this but seemed to go a step further:

"Whatever [my mum] wanted, that's what she would have had[,] if she would have said she wanted to be cremated, I would have, obviously respected her wishes. But that's not what she wanted." (Layla)

Despite saying (elsewhere) cremation was "especially" wrong (for Muslims), Layla's opposition to cremating her mother came from a paramount commitment to her mother's autonomy, unlike other participants who all opposed cremation due to religious principles and personal aversion, both of which Layla was even prepared to defy.

However, later Layla expressed cremation would have consequences beyond body disposition:

“If I would have, not got her buried and cremated, you know, we can't ... you know, we couldn't have done the janazah⁴⁶ {l}, we couldn't pray for her {l}, as such.” (Layla)

Her repetition of “couldn't” suggests cremation has a disabling and prohibitive impact on other Islamic funerary practices and obligations, compromising the send-off's quality or even acceptability. It also suggests such inabilities are rooted in Islamic rulings that trump personal choices, supported by her initial use of “can't”.

4.3.2 Powerless vs Powerful: Facing Systemic Barriers and Institutional Injustice

Each participant used the IFSC to support funeral costs, seemingly through direct funding or IFSC-facilitated access to state support. While each highly valued IFSC, participants still described their overall experiences of FP as marked by systemic barriers and institutional injustice.

A fundamental systemic barrier was financial disadvantage. Abdullah described his experiences with inconsistent work and significant poverty: “I didn't have one penny...”. Hafsa had a middle-class job but described significant financial difficulties during Jack's unemployment, suggesting in-work poverty. This included some housing insecurity – they had “moved quite a few times”, which she perceived as contributing to financial strain. Both she and Raheem perceived the UK “cost of living” crisis as creating significant financial strain even for full-time workers. Raheem also mentioned his bereaved relatives were “on benefits”. For each participant, these financial strains pre-dated bereavement and underpinned their inability to afford a funeral. Thus, financial disadvantage seemingly served as the foundational systemic barrier in their experiences around FP.

Another perceived systemic barrier was an information gap between funeral institutions and the bereaved (or public). After Jack's death, Hafsa started researching online:

⁴⁶ Islamic funeral prayer, a communal obligation for Muslims (*farḍ kifāyah*)

"I'd seen it online that . . . regardless of your faith... if, you know, you couldn't afford to pay for it, it would be, a public health cremation, and if you wanted a burial *regardless* of your faith, you would have to make a case for it, and sometimes . . . you might not be allowed. It might not happen because, the, the Council don't have the costs." (Hafsa)

Hafsa's perceptions about relevant procedures were apparently not verified by a relevant authority. Later, she reported a coroner reassured her, including advising that relevant charities existed. Hafsa conveyed a sense of calm knowledgeability from the coroner, highlighting the containment that knowledge provided. No participant conveyed strong clarity around funeral institutions and procedures.

Participants also perceived procedural and bureaucratic requirements as both systemic barriers and institutionally unjust. Hafsa (above) perceived religious requirements were insufficient to secure an Islamic burial, seemingly experiencing this as institutional injustice, a strongly present theme in her interview. Moreover, she experienced the requirement to "make a case" as unnecessary and bureaucratic. Furthermore, she seemingly perceived it as insensitive and inappropriate in the context of her acute grief, suggesting an impersonal, cold, or even cruel treatment, thus reinforcing institutional injustice. Her phrase "have to" reflected a perceived power imbalance between institutions and the bereaved.

Similarly, Raheem mentioned that the bereaved in these circumstances "have to go through multiple interviews", again implying inappropriateness. Elsewhere he implied these requirements interrupted grieving too. He conveyed an untrusting, perhaps interrogative attitude from government institutions conducting interviews: "it makes you feel like a criminal or a crook."

Raheem also experienced possible institutional injustice from the funeral industry. He questioned whether funeral businesses were profiteering and wondered if they were "taking advantage of other people's situations". His uncertainty indicated the same information gap

Hafsa described, this time in the private sector. This question appeared unresolved in his research interview, suggesting ongoing uneasiness around this information gap and potential institutional injustice.

Abdullah's lived experience included a language barrier. He previously lived in West Africa then France, explaining:

"Speaking French, I can go to anywhere, it's easy for me. . . . I can knock uh any door, for get help. . . . For England, the barrier is the language first. Imagine, the barrier is language." (Abdullah)

Abdullah seemingly perceived language proficiency as providing freedom, options, and power. His limited English at the time conveyed a sense of all-encompassing systemic exclusion, preceding and during his experiences with FP.

The above systemic barriers and institutional injustices partly contributed to feelings of emotional distress, constraint, disorientation, MI, and betrayal; these will be elaborated further in the sections below.

4.3.3 Emotional Distress Under Pressure

Each participant experienced distress around funeral costs, to varying extents. Their distress was always a compounding of pre-existing stressors, not limited solely to the bereavement itself, that had already constrained their coping capacity, producing layered constraints and compounded distress.

4.3.3.1 Shocked, Surprised and in Disbelief.

Hafsa indicated that the severe "shock" of her husband's death constrained or even removed her capacity to "make a case" to the council for him to be buried not cremated. She had also been "really shocked" when encountering funeral cost information, including the possibility of cremation regardless of religious requirements.

Raheem experienced surprise and disbelief around how high funeral costs were:

“When you're suddenly told that you've got to, pull out X amount of money... for a grave and the burial service, you think[,] ‘Holy macaroni! where do I now pull out 3[,] 4[,] 5 grand from?’”

His phrase “Holy macaroni!” may soften the intensity of his emotions, perhaps indicating a more distressing shock at the time instead of mere surprise. Additionally, here the surprisingly high costs compounded the suddenness of hearing about them. A sense of quickly, repeatedly compounding costs was also present:

“[I thought:] Wow! How *expensive* it is, you know. How expensive it is for a, burial, how expensive it is to buy a stone, so you can recognise the grave . . . when you go to visit the grave . . . how expensive it is {!} to potentially hire a van {!}, and er, all the other associated costs with it, yeah it's it's it's *quite significant!*”

Abdullah experienced shock and disbelief that his nephew’s ‘friends’ abandoned him after death, offering no help around his burial or funeral costs. This shock was linked to his ensuing existential crisis, and he openly acknowledged his related mental health struggles at that time.⁴⁷

Abdullah was also “very surprised” that, shortly after his nephew’s death, the hospital’s imam asked Abdullah which community he was part of:

“He asked me, about my community. For me, that thing’s, Muslim is Muslim. . . . All the Muslims, they’re brother. I don't expect that question.” (Abdullah)

Abdullah seemed to experience this question as deeply impactful. This includes experiencing it as rejecting, including around support for burial and inherent costs, at a time

⁴⁷ See 4.3.4 *Disorientation and Existential Questioning*

when he was vulnerable and in need. "Very surprised" may be an understatement indicating emotional suppression of distress, perhaps out of social taboos and respect for the imam.

Abdullah's experiences with this imam will be further explored later.

4.3.3.2 Fearful, Anxious and Overwhelmed.

"I think, [I] just fe[lt] like, fear... . . . That I wasn't gonna do the right thing . . . by God, by our religion. . . . *Huge*, fear and worry. . . . Um... .. Fear and worry. Anxiety. Ummm... yeah, just kind of like... [finger circling temple, indicating 'crazy'] [sighed] yeah, fear worry and anxiety that was my initial reaction like, but *extreme*. Extreme. One because... .. I thought, you know, I'd have to organise this very very quickly." (Hafsa)

This extract highlights Hafsa's "extreme" anxiety and fear around funeral costs. This is marked by her hesitations and emphatic language. Repeatedly naming these feelings, even after reflective pauses, underscores their severity and conveys a sense of clear, undeniable presence. She later described being "very fearful" about being forced to "accept" Jack's cremation. She felt additionally "worried because [Jack] was a revert".

Abdullah was also "very very worr[ied]" during his experience; Raheem referred to initial "worry", while Layla described feeling "anxious . . . thinking, like, I need to sort this out quickly." Layla's comment connected anxiety to time pressure, which emerged later when expressing concern around her late mother being in the morgue "for too long". This may imply delay posing a threat to Layla's emotional wellbeing. Elsewhere she clearly referenced the Islamic imperative for quick burial, implying it contributed to time pressure thus anxiety.

Hafsa referenced institutional time pressure. She recounted a coroner saying Hafsa was "kind of fortunate" that Jack's death required an "inquest" because it "gave [Hafsa] a bit of time." Like Layla, she conveyed a sense of growing threat: that Jack would be cremated by the state if she acted too slowly.

The threat of cremation arising within Hafsa and Layla's families seemed likely to contribute to their anxiety too, although neither directly linked it to family interference.

Anxiety and other distress contributed to each participant's felt sense of overwhelm. Three participants conveyed the sense that in grief, the emotional overwhelmed the practical:

"I thought to myself, I've just lost like, my *everything*... . . . I didn't have the capacity to even think about... writing anything . . ." (Hafsa)

While acute grief seemingly did not interfere with Layla's practical ability to attain the burial, she expressed:

"I couldn't really grieve, to be honest. I was just[,] my head was, I was just so busy and my head was just going round in circles." (Layla)

Firstly, this suggests the emotional shock of grief may have been so overwhelming she temporarily detached from it to focus on finding funeral aid. Had she not acted quickly, emotions might have overwhelmed her, diminishing her capability for action. Secondly, she highlights her experience of grief being interrupted. Being "so busy" and her head going in "circles" indicates overwhelm. Together, alongside her hesitations in the extract, these indicate Layla felt overwhelmed too – not by grief, but seemingly by the practical necessities of funeral aid, and family conflict.

Funeral costs themselves also appeared to be overwhelming:

". . . The burial, money is very expensive. . . . Two hun- 200:0 {l}, 1000 {l}, two hu-, 2,200. MANY, many many many many many, money. . . . Where I want to get that money? . . . I'm very sad for myself. . . . I'm very sad for myself." (Abdullah)

This extract suggests Abdullah found funeral costs to be overwhelmingly expensive,

evidenced by his high repetition of “many” and his struggle knowing and articulating the price. Moreover, it highlights his overwhelm led to significant distress, repeating “sad” and “very[,] very worried” shortly after this extract. Later, he appeared further overwhelmed by his perceived abandonment and rejection from others, leading to sleep and mental health difficulties, alongside an existential crisis.⁴⁸

4.3.3.3 Saddened by Circumstances, Angry at Others.

Participants conveyed sadness and anger in their FP experiences. Layla expressed “sadness” and “anger” around perceiving her family’s shift from neglect during her mother’s illness, to making funeral demands contradicting her mother’s own wishes. Anger around how they treated Layla was further conveyed elsewhere in her interview.

Hafsa experienced significant, highly distressing conflict with Jack’s father, Sean, perceiving irreparable, ongoing ruin to their relationship. She conveyed a strong sense of anger and shock, experiencing him as deeply hypocritical to make insistent demands around a cremation for Jack, yet offer no practical, financial, or personal support to Hafsa. She experienced him as reprehensibly abandoning his own daughter-in-law and, worse, his own son. Her anger seemed further compounded by Sean’s apparent refusal to attend Jack’s funeral or visit his grave.

Abdullah was resistant to conceding felt anger, but his reported interactions with others suggested at the very least intense frustration. Examples included the hospital imam, “many” family arguments, and his strong disapproval at others’ high prioritisation of money.

Commenting on the possibility of Muslims being cremated or receiving non-Islamic burials, Hafsa’s sadness and anger was directed institutionally:

“It makes me feel angry, and it makes me feel so... sad... that those things [religious requirements] are not respected.” (Hafsa)

⁴⁸ See 4.3.4 *Disorientation and Existential Questioning*

She also “obviously [felt] anger” at lacking institutional support, asking, “Why can’t I get support that I need, in terms of . . . burying him . . . the correct way [?]”.

Additionally, it appeared Raheem had experienced some anger around institutions’ insensitive treatment of the bereaved during funeral aid procedures, and around funeral businesses’ possible extortionate profits. Moreover, he conveyed frustration, expressing that he does not “think *enough* is being done” around funeral support. However, he never explicitly expressed anger, and he may have managed any through rationalised understanding of the other party.

4.3.3.4 Ashamed, Guilty and Embarrassed.

“There was a lot of shame, I think. . . . Having to ask for help, because really we should have *had* money put to one side for all of this. But we didn't.” (Hafsa)

Hafsa explicitly described shame around needing funeral support, tied to a perceived personal failure to prepare financially. This seemingly compounded a pre-existing sense of shame surrounding her and Jack’s quality of life during his unemployment.

Layla did not name ‘shame’, but described feeling “a bit like, you know, embarrassed, because I didn't have the funds.” Embarrassment might have accompanied guilt and/or shame, again around personal finances. This is perhaps evidenced by her hesitation and hedging, also suggesting embarrassment was difficult to experience and admit.

Both Layla and Hafsa seemingly experienced their lack of choice as containing these feelings. Hafsa said seeking funeral support was “the only other option really”, immediately following her reflections above on embarrassment. This suggests framing actions as necessary helped manage embarrassment, and possible guilt and shame. Likewise, discussing her experience of needing external help, Hafsa replied: “. . . I [shrugged] *had to!* -⁴⁹ didn't have a choice. . . . I didn't have a choice.” Her stress and repetition convey that constraint and

⁴⁹ Since ‘I’ requires capitalization, ‘-I’ indicates no pause after the preceding exclamation.

necessity dominated her experience. Again, the latter seemingly helped containment, evidenced by these reflections almost immediately preceding her above comments on shame.

Raheem was confident he could source funeral funding through “community” and/or “family” collaboration if forced to. However, he said:

“If you're . . . an adult, you feel embarrassed to go and say[,] ‘Oh can you help me, with, burial for my mother or father?’ it’s just, it it fee- it feels a bit demeaning.” (Raheem)

Raheem’s words may reflect some guilt, shame, and/or humiliation. Like Layla, his hesitations, and softening use of “a bit” before “demeaning”, may indicate difficulty experiencing and acknowledging these feelings. Despite his confidence, his inner conflict around requesting communal support seemed to undermine its reliability. This indicated a felt difference between awareness of available support, and the experience of actually requesting it. Furthermore, Raheem’s reference to adulthood may indicate a failure of duty and responsibility, implying a risk of guilt or shame.

Raheem denied the above feelings around government assistance, perceiving this as rightfully entitled, especially as he implied over-taxation when compared to the public benefits reaped. Similarly, Abdullah denied any self-judgment around needing to ask for help.

Each participant also expressed a sense of risked failure of responsibility and duty, thereby implying possible guilt and shame in their experiences too:

“I wouldn't be able to live with myself. ... Um ... and, I would have felt like I'd, one, not fulfilled my, obligation as a Muslim... ...and... two, I would've, let Jack down because that's not what he wanted.” (Hafsa)

4.3.3.5 Constricted by Constraints.

Each participant conveyed a sense of constraint in various forms. One layer involved Islamic restrictions, namely forbidden cremation and the requirement for prompt burial. These

restrictions were never framed as burdens and participants appeared to demonstrate willing adherence. Still, the absence of any expressed frustration may itself reflect a constraint on what felt acceptable to disclose in interview. This may be further evidenced by Abdullah's recounting of his interaction with the hospital imam, perhaps showing restraint then and during interview, out of religious respect.

Additionally, Raheem initially described funeral costs for those without a support network as "a massive burden", then immediately corrected himself: "stress, burden's not the right word". This correction appeared based on respect for the deceased and their funeral, which reflects how participants navigated FP within moral constraints they self-imposed, despite distress and adversity.

Several structural constraints were also involved.⁵⁰ Raheem highlighted that these applied not only to the bereaved, but to government institutions, the funeral industry, and funeral charities like the IFSC. For example, he respectively mentioned necessary bureaucratic processes, high costs in a challenging national economic context, and necessary adherence to the "red tape . . . bureaucracy process". This view that constraints around FP are experienced across the system suggested Raheem perceived underlying structural issues.

Power constraints were also elaborated.⁵⁰ Abdullah conveyed a strong sense of being "alone" navigating FP, facing resistance from family, community, and the money-centric "system". Similarly, Layla described being outnumbered by her family opposing her mother's burial.

Hafsa hinted at a risk of being overpowered by Jack's father's vehement opposition to the burial. She also linked Jack's unemployment to workplace abuse and injustice, in a national context of heightened Islamophobia; their power over this also seemed deeply constrained.

Procedural constraints also emerged, usually reflecting further power imbalances. Hafsa's internalised time pressure appeared partly related to institutional time limits before the

⁵⁰ See 4.3.2 *Powerless vs Powerful...*

state enacts default cremations. Needing to “make a case” to avoid cremation highlights high-stakes procedural demands. Similarly, Raheem mentioned that bereaved FEP applicants “have to go through multiple interviews”. Their imperative language suggests compulsory procedural requirements, reflecting state power and authority. Indeed, Hafsa reported that even if she submitted a “case”, burial still “might not be allowed”, further signifying the state’s perceived ultimate procedural authority.

Grief-related constraint was evident too. Firstly, each participant described acute grief as disabling, including limiting their capacity to then navigate FP:

“You don't think about these things at the time, when somebody's passed away, it's the *last* thing on your mind! . . . You're not in the right headspace, you're not bothered...”

(Raheem)

Similarly, Hafsa felt unable to “even think about” writing a case. Layla’s head “going round in circles” implied reduced mental capacity through increased mental strain. Reflecting on his experience with the hospital imam, Abdullah suggested acute grief constrained his capacity to appreciate any positive implications of the imam’s questioning, which he later acknowledged:

“For my future, things, that question help me. [A]fter that question ... my nepht⁵¹ pass[ed] away, the emotion, the emotion, everything is there. . . . I answer the imam, . . . all Muslims they [are] one ummah⁵². After that ... you want to back up. After a few days, after a few months you want back up for yourself.” (Abdullah)

His phrase “back up” seems in context to suggest pausing and reflecting, implying this only becomes possible after some time has passed, indicating acute grief’s disabling effect on

⁵¹ Abdullah used this term ‘nepht’ interchangeably with ‘nephew’ throughout his interview.

⁵² Arabic Islamic term for Muslim collective community

stillness and reflection. This is relevant because the imam's question seemed intended to support Abdullah explore different sources of funding, including from his "community". After reflecting, he later "went to [his] community" and explicitly described improving community ties, including bereavement support. This apparent move from emotionally clouded to clear thinking underscores the severity of acute grief's constraining effects.

Conversely, grief itself being constrained was also evidenced in participants' experiences. Layla explicitly reflected she "couldn't really grieve".⁵³ Similarly, Raheem suggested that procedural constraints themselves constrained the grieving and mourning process:

"So you can imagine, you're *already* dealing with... You're, you're just, you're, you're in, the *bereavement, process* right? And now you've got to figure out where you're going to get this money from." (Raheem).

Interestingly, this extract also seemed to encapsulate Raheem's experience: his sentence on the bereavement process was disrupted (evidenced by his repetitions), then his focus moved to funeral costs.

Layla repeated she was "glad" things were "happening quick . . . because if it was longer, I probably would have, got, more, you know, like mentally. Probably would have felt really bad." This indicates Layla's experiences around FP involved fast-moving events that constrained her ability to process emotions, although she saw this as beneficial to her mental wellbeing at that time.

This section indicates that participants faced pre-existing constraints around religion, morality, power, economics, and structural realities. These then seemed to be compounded during bereavement, which also introduced grief-related constraints. These constraints appeared further compounded when considering funeral costs, which also introduced specific,

⁵³ See 4.3.3.2 *Fearful, Anxious, and Overwhelmed*

felt procedural constraints. The sense of compounded constraint during FP also interfered with participants' ability to navigate it.

This sense of constraint and compounding also emerged during my own analysis, as shown in Figure 6, providing a little empathy into the relationship between compounding stress and emotional activation.

Figure 6

Reflective Log Extract (06/06/25) – Constraint, Compounding Stress, and Emotional Activation

Feeling highly stressed due to impending deadline. But feeling more emotional reading it this time compared to hearing & transcribing, when incidentally I was less stressed. Although not comparable as such, perhaps my own current stress is lending to more empathy and insight into his experiences. Unusually emotionally activated, more felt experience of some of his pain.

Note. Extract refers to Abdullah's transcript.

4.3.4 Disorientation and Existential Questioning

"I just didn't know *anything* about the process, or the costs involved. . . . So yeah it . . .

was... very difficult, and it was just a shock, you know like, what am I going to do?"

(Hafsa)

Participants conveyed a sense of disorientation around FP. Hafsa (above), Abdullah and Raheem clearly expressed not knowing what to do regarding funeral costs. Raheem highlighted a stunned, disoriented feeling around needing to meet funeral costs. This is underscored by his question "Where do I now pull out 3 4 5 grand from?", suggesting that knowing where to even look or start is difficult. His phrase "3 4 5 grand" conveys a sense of sudden financial compounding and institutional flippancy. The quote also suggests that funeral expenses are beyond one's usual frame of reference. These sentiments were also suggested by Abdullah and Hafsa.

While Layla was able to quickly resolve her mother's burial, she repeated how "quickly" funeral-related events happened, suggesting some level of chaos and disorientation in her lived experience too.

The perceived knowledge and information gap between funeral institutions and the bereaved also contributed to a sense of disorientation for Hafsa and, coupled with unverified concerns around funeral industry profits, for Raheem. No participant conveyed strong clarity around funeral institutions and procedures.

Hafsa and Abdullah described not knowing what to do and feeling desperately alone at times in their lived experiences, suggesting disorientation. Hafsa reported Jack would normally be her primary helper, yet his death meant she often felt alone navigating FP. This compounded the disorientation she felt restructuring her identity after losing her husband.

Jack's death led Hafsa to experience existential questioning, saying "I questioned everything and didn't understand" and had asked "Why did this happen right now?". This existential questioning linked to FP, not just bereavement, since she conveyed the difficulty of Jack's death was compounded by their financial hardship.

Similarly, Abdullah seemed to experience a significant existential crisis:

"I can't believe it! For my mind. ... I'm ask myself, life, what do you mean for life? . . . The people you trust more, the people . . . you want them for help you more, they . . . don't care! Those things. ... That it *touch* you! For myself... if you ask for self. *Why* you want friendship? Why you want to deal for people? Imagine, mentally it's no good for you, he can sit for their self.⁵⁴ And maybe I'm- I'm at home, for myself.⁵⁵ I start thinking. too much." (Abdullah)

⁵⁴ Seemingly meant 'one can sit alone by oneself'

⁵⁵ Meaning appeared more likely 'by myself' than 'for my own sake'

Again, this related to FP, since Abdullah experienced posthumous abandonment from Malik's 'friends', and rejection and indifference from his family and "community" when asking for support. This appeared to make Abdullah perceive himself as intensely alone. He explicitly acknowledged his mental health struggles at that time. He socially withdrew and experienced isolation, sleep difficulties, rumination; and a sense of questioning, pointlessness and hopelessness in social relationships and life itself.

4.3.5 "Unforgivable": MI and Betrayal

To varying degrees, all sub-GETs discussed above contributed to a felt sense of MI – whether potential, anticipated, or incurred – among each participant. *Betrayal* was participants' highest-scoring MI subgroup on the questionnaire.

4.3.5.1 Holding on to Belief in Moral Rightness.

Each participant expressed belief that an Islamic burial was both religiously obligatory⁵⁶ and morally right in their contexts. These morals appeared near-absolute concerning Muslims, although relativistic morality emerged when expressing tolerance for non-Muslims' practices. While each participant referenced personal morals around burial, these appeared to be anchored in a religious morality that also held ultimate authority.

Layla was prepared to contradict her own religious and personal morals if her mother had wanted cremation. She appeared willing to tolerate feeling conflicted, and to manage this tension by deferring to a different personal moral principle: the deceased's wishes should hold ultimate authority.

Participants had lived experience of anticipated or felt MI, when experiences conflicted with their intertwined religious and personal moralities. Such experiences inherently gave further insights into participants' beliefs around moral rightness.

⁵⁶ See 4.3.1 *Moral and Religious Centrality of Islamic Burial*

4.3.5.2 Anticipating MI.

Each participant experienced varying levels of distress around anticipated moral failure. This stemmed from strongly held beliefs about their religious and personal duties, and obligations to the deceased, God, and themselves.

Hafsa indicated elsewhere that even with God understanding, she would have still experienced significant future distress from personal MI, around omission of Jack's burial and failure to prevent his cremation. Non-Islamic burial – which for Layla explicitly included excessive delay – and cremation both appeared to be PMIEs for each participant. Indeed, thinking or learning about these possibilities elicited discomfort, concern, sadness or even tearfulness in participants' interviews, reflecting a deeply felt, severe anticipatory MI. Likewise, for three participants, it reflected severe anxiety and sadness around anticipating moral failure, such as Hafsa's experience of being "very fearful that I would *have* to accept" cremation for Jack.

Layla's potential MI stemmed from the risk of compromising her personal morality and failing to honour her mother's burial wishes. For her and Hafsa, there was a felt risk of a type of vicarious MI: an awareness of cremation contradicting the *deceased's* morality would have compounded their own personal MI around failing to prevent that happening. A strong sense of fear, sadness, guilt and shame was conveyed around anticipatory MI.

Each participant had already experienced some or all of those emotions, around inability to afford a funeral.⁵⁷ These seemed to be within lived experiences that included a sense of moral failure, including perceived punishment by God and self-judgment around needing to ask for help. Thus, these emotions were compounded for each participant through incurred or anticipatory MI.

⁵⁷ See 4.3.3 *Emotional Distress Under Pressure*

Notably, *Acting in violation*, and *Failure to prevent* were participants' lowest-scoring questionnaire items. This suggests anticipated *personal* moral failures may not have materialised. However, interpersonal and institutional betrayal items were the highest scoring.

4.3.5.3 Morally Hurt by Others.

Interpersonal tensions or conflict were another source of MI. Abdullah seemed initially offended by the imam's question about his community belonging, in the immediate aftermath of Malik's death. In the interview, he proposed then repeated a question he viewed as superior:

"I'm [sic] prefer he can ask me ... what you want to do for bury, your nepht?" (Abdullah)

He appeared to view this question as morally right, for focusing on the deceased as well as on supportive brotherhood between Muslims. In contrast, the imam's question seemed to be experienced partly as morally injurious, particularly given his esteemed religious status. This status, however, during the interview seemed to lead Abdullah to downplay his initial emotional reactions to that question. In turn, this revealed the interview itself had the ability to elicit a different PMIE: one tied to being overly critical or disrespectful about a religious authority figure, even if they failed to act in morally expected ways.

"All the friend [sic] around him go run away! ... The people . . . behind him befo:re... all run away." (Abdullah)

Malik's posthumous abandonment by his network led Abdullah to experience severe distress, including an existential crisis.⁵⁸ He understood their actions as completely morally unacceptable, which appeared the cause of significant MI. His exclaimed, repeated, morally-charged phrase "run away" suggests he experienced their actions as a selfish and cowardly flight from duty and responsibility. He expressed an ongoing disinterest in anything more than very brief civil interactions with them.

⁵⁸ See 4.3.4 *Disorientation and Existential Questioning*

Abdullah emphasised that others' support need not be financial:

"You don't have money for help me? Then you can talk nicely to me. . . . You can come [sic] for... help me. . . . It no- *everything* is not about the money." (Abdullah).

He constructed very simple acts of personal, practical, spiritual, or moral support as deeply meaningful, yet conspicuous by their absence – a contrast that seemed to deepen Abdullah's sense of MI.

4.3.5.3.1 Wounded by Family.

It seemed clear that three participants experienced MI through family conflict. Hafsa's experiences around significant conflict with Jack's father (Sean) indicated MI. Her perceiving him as deeply hypocritical and unsupportive – of her and of Jack's wishes – supports this idea, especially given her deep need for support at the time. Experiencing his behaviour as deep betrayal and abandonment of his own son and daughter-in-law further supports the likelihood of MI. After Jack's burial was confirmed, Sean's actions further compounded Hafsa's sense of disbelief and MI, the depth of each evidenced by her repetitions in this extract:

"He refused to speak with me. And... he... didn't, attend Jack's funeral, he didn't come to the funeral. . . . And, even then, he hasn't come to visit him, he hasn't been to his grave... at all. And for me it's just like, *unforgivable* . . . just unforgivable." (Hafsa)

To compound things even further, "*nobody* from [Jack's] family" attended the funeral. She reported that the "majority" of funeral attendees were non-Muslim, a contrast that seemingly amplified her experience of MI from Jack's family. Hafsa seemingly made sense of their absence as malicious influence from Jack's father, deepening his betrayal and morally injurious behaviour, furthering feelings of shock, sadness, disbelief, and possibly disgust. Hafsa's account of Sean's behaviour conveyed a sense that he also betrayed universally and

rightfully accepted standards of morality and decency, amplifying the severity of his moral failures.

Layla had lived experience of disbelief, anger and frustration at her family's "selfish" insistence on a cremation, perceiving them as betraying her mother's, i.e., their own relative's, wishes. Her comment, "[Was it] wrong of them? Yeah, definitely," explicitly reflected her lived experience of MI around her family's actions.

Abdullah appeared to experience anger and exasperation at his family's⁵⁹ "bad question[s]" and their posthumous moral blaming of Malik for his own funeral circumstances, such as his failure to "get [funeral] insurance":

"The family around me, in England, asks [about Malik's] self. 'But why . . . that man, stay in England for 30 years or 25 years [without making adequate funeral preparations]?' You didn't⁶⁰ [sic] *make it* about that! ... You don't know-, you don't know when, he [arrived in] that country, the background[;] y...you collaborate for them!" (Abdullah)

The first exclamation highlights Abdullah's anger and exasperation at blame being the focus at a morally sensitive time of need. It also suggests MI, as their focus on fault betrayed family loyalty and conflicted with his ethical sense of compassion. The second exclamation conveys Abdullah's use of humble, empathetic understanding, and prioritising care for the deceased, to make sense of Malik's circumstances. His statement below supports this:

"That is my nephth. . . . I want to °caring, about him!°. . . The question he asked me, insuran:ce, blah blah blah, I didn't know *nothing* about his life."

Abdullah's quietened tone seemingly reflected the importance, passion, and vulnerability he felt around wanting to prioritise care and family loyalty over practical details.

⁵⁹ Abdullah used the term 'family' to refer both to blood relatives and to members of his home-country community in the UK, with whom he shared network ties, without distinguishing between the two.

⁶⁰ This word was unclear in transcription, appeared to be 'didn't' but Abdullah likely meant 'shouldn't'

This contrasts sharply with the approach he experienced from others when needing help himself. Implicitly, he appeared to humbly frame his approach as morally right, emphasising others' moral failure by contrast. Supported contextually in his interview, this evoked a powerful image of Abdullah as a lone, vulnerable, yet resolute moral voice, righteously struggling against a tide of resistance, outnumbered and nearly overpowered by others who appeared far less concerned with his values of morality, duty, and justice.

His use of "blah blah blah" underscores his deprioritisation of bureaucracy, conveying its perceived senselessness and unimportance in the face of moral duty. His prioritisation and depth of care starkly contrasted others' uncaringness and perhaps perverse priorities, further amplifying his experience of MI.

Abdullah's family's moral blaming of Malik's unpreparedness might have indicated their own MI around then being asked or pressured to support his funeral costs. However, Abdullah implied that such questioning was about absolving responsibility and duty, rather than indicative of genuine MI.

Nevertheless, this section does raise the issue that family members themselves seemed to have their own experiences of MI, with that in turn being experienced, knowingly or unknowingly, by participants. Sean was reportedly already "against" Hafsa and disapproved of Jack's reversion to Islam – this pre-existing adversarial attitude towards Hafsa later appeared to massively increase around Jack's proposed Islamic burial. However, Sean's clear disapproval may have indicated he experienced Jack's reversion as morally injurious. Moreover, both he and Layla's non-Muslim family members expressed vehement opposition to an Islamic burial for their deceased. This implies it may have been morally injurious to them if their deceased were not cremated in line with their family's norms, traditions, culture, and/or religion. For Sean, this could have been a compounding of existing, continual MI engendered by Jack's reversion to Islam.

Hafsa and Layla appeared to manage any sense of competing MIs by emphasising the deceased's personal wishes, seemingly positioning that as a mutually understood value across different cultural and moral frameworks.

There appeared to be some irony in Layla's lived experience, though it was unclear if she had recognised it. Her non-Muslim family members strongly pushed for cremation, despite Layla's insistence this contradicted her mother's wishes – a claim which one family member reportedly witnessed. Based on interview context, cremation seemed possibly religiously and culturally grounded. Layla, by contrast, strongly pushed for burial out of respect for her mother's autonomy rather than religious obligation, yet implied that she herself was possibly perceived as imposing culture and religion.

4.3.5.4 Morally Hurt by Systems.

The institutional and/or systemic realities elaborated earlier⁶¹ were linked to participant experiences of felt or possible MI.

Abdullah often conveyed an impression that in UK (or even Western) society, money was paramount, potentially even an obsession. Sometimes he demonstrated a resigned acceptance:

"That is the *system*! . . . We can do nothing about that. . . . That is the system, Ikraam. . . . You . . . don't want to blame *anyone*. ... Because you can see the people, *everybody* . . . how many people, you do something for them, you say, take money he say 'No no I don't want it?' . . . Not many. . . . Not many. Just, *few* people, can do that." (Abdullah).

Here, Abdullah conveys an experience of factuality around money being all-encompassing. He asserts that a rare few can refuse or be unmotivated by money, indicating a lack of individual blame. He instead appeared to make sense of this values conflict as an

⁶¹ See 4.3.2 *Powerless vs Powerful...*

unfortunate systemic reality, including due to broader economic conditions. Thereby, he may be protecting himself from potential MI.

In Abdullah's lived experience, money's primacy in the UK (or West, or even globally) was seen as inevitably dominating his (now UK-residing) home-country community too. He recounted frequently feeling unheard and rejected when trying to source modest financial support from his "community", which appeared to more clearly elicit a sense of MI:

"Nobody want to give the money. . . . No one wants to give you the money. ... The money like is KING!, now. . . . Somebody pass away. People come to you... ah, you want to bury, that people. The funeral cost cost 2,000. ... You,⁶² you have the money. ... And how many people want to give the money for, bury people?" (Abdullah)

Abdullah's emphatic use of the word "king" is morally charged, implying excessive importance, unhealthy obsession, and perverse priorities. It conveys a perception that money rules and dominates people, with implicit but clear moral disapproval.

Furthermore, the extract reflects Abdullah's experiences of a deeper problem: even when sources of money are found, those who possess it may be unwilling to help. This highlights his perception of pervasive personal selfishness, greed, and indifference from others. This marks a shift from his earlier resigned acceptance and systemic attribution, where individuals were near-blameless, to emotional activation and moral blame of others. This suggests Abdullah may use resignation as an imperfect way of containing strong emotions around widespread personal and systemic injustice. Moreover, it offers insight into his potential experiences of MI through witnessing these injustices, including the failure of others to act in morally expected ways. Abdullah seemingly experienced MI stemming from societal moral failings around the primacy of money, painfully systemically localised in encounters with his own "community".

⁶² Abdullah was seemingly referring to a hypothetical person who has sufficient funds to help

4.3.5.4.1 Institutional Moral Hurt.

Three participants described experiencing a sense of systemic moral disregard from governmental institutions involved in funeral aid procedures. *Institution betrayal* had the highest median ratings and highest group scores on the MI subscale.

Layla expressed distress at the thought of Muslims being cremated or having their burials delayed. It was unclear whether she saw this as a moral failing of individuals or institutions, but her response did not rule out the latter.

Raheem expressed gratitude and relief for eventual state support for his family, but he apparently experienced the process as excessively bureaucratic, cold, impersonal, inappropriate, and offensive. In the questionnaire, he strongly agreed he had been exposed to and troubled by institutional betrayal.

“If somebody's dead ... it's a fact, you have a death certificate. For somebody to have to go through multiple interviews, it makes you feel like a criminal or a crook.” (Raheem)

His imperative language reflects a felt power imbalance between institutions and bereaved individuals, something echoed by each participant.⁶³ The language Raheem used was morally charged. Elsewhere he highlighted the cognitive and emotional vulnerability of grievors, a context that seemingly emphasised his perception of institutional moral failure, suggesting experiences of MI for himself and his family. In interview, he quickly appeared to manage such feelings through rationalisation, here understanding such procedures as, albeit unpleasant, necessary for institutions to avoid being defrauded. This response reflected a seemingly familiar coping strategy, whose use may indicate the severity of his potential MI, especially if uncontained.

⁶³ See 4.3.2 *Powerless vs Powerful...*

Hafsa had strikingly similar emotional experiences to Raheem around these institutions, including when she conveyed an image of grovelling, offensively demanded from her by the state:

“To have to sit down and write a proposal like, you know, [speech-marks gesture] ‘write a case’, to say ‘Oh, could you please bury my husband because he's a Muslim, but he's actually English.’ It was just really hard.” (Hafsa)

Like Raheem, Hafsa's lived experience involved cognitive and emotional vulnerabilities of grief. Like him, during grief she felt further aggrieved by inappropriate institutional demands. These seemed to involve a perception of systemic ignorance and invalidation of the veracity of Jack's Muslim identity.

Hafsa's understanding was that the default outcome for deceased Muslims unable to afford funeral costs was cremation. She was extremely clear in her perception of significant systemic moral failure:

“I'm sure... if they didn't have anybody, they would have been cremated. And I know that God, you know . . . , there'd be no punishment on that person, but morally... . it's just so, wrong. . . . To me.” (Layla)

This revealed ongoing MI for Hafsa, personally felt even for complete strangers. She highlighted her belief that institutions can cause MI even in contexts when God forgives the deceased for their circumstances. This tension conveyed a perception of inadequate accountability and human injustice. It was unclear whether Hafsa believed God would also forgive the bereaved for their own circumstances. This implies a perception that failing to provide an Islamic burial could constitute moral failure – one that, even when systemically forced, risks God's unforgiveness, unlike for the deceased. Her qualifier “to me” highlights the personalness and perhaps humility of her strong views. However, it may reflect minority

subjectivity,⁶⁴ needing to frame a deeply ethical stance as 'just my opinion' in the face of dominant norms or institutional disregard.

Additionally, Hafsa's lived experience involved "anger" at perceived inadequate state support for bereaved people in her situation. She understood the state's default cremation to be "cheapest", perhaps an implicit moral judgment on money's primacy. Moreover, a strong sense of fear emerged, seemingly rooted in perceived aggression from powerful institutions:

"I was very frightened, that they were going to *push me into that corner*... [emphasis added] . . . Especially because [Jack] was a revert." (Hafsa)

Moreover, she saw the extant possibility of cremation, despite personal or religious beliefs, as a hypocritical betrayal of purported British values:

"Especially in a country like, the UK, where we're so diverse and, . . . you know, equality: {l} and, . . . people's ri:ghts {l} and, . . . your right to practice your faith and your religion... are so, respected in *life*, but in death... it's different, and I think it's because there's nobody there to speak, up on that person's behalf . . ." (Hafsa)

This extract also suggests an improper use of power, where institutions opportunistically take advantage of vulnerable people. Raheem echoed this sentiment when talking about the funeral industry:

"Just thought, wow! How expensive it is, are these people making a lot of money, is it . . . a really profit-making business? . . . [Y]ou just think to yourself[,] are people taking advantage of other people's situations?" (Raheem)

His exclaimed "wow!" might indicate moral shock around extortionate profits exploiting vulnerable people. This question of whether funeral businesses were making unfair profits was

⁶⁴ See 5.1.10 *Minority Subjectivity*

unanswered for Raheem. Again, he returned to rationalised understanding – he perceived their costs as undeniably high, making high prices seem more reasonable. This might suggest rationalisation was used to manage Raheem's past feelings of MI around this. Indeed, leaving his question unanswered suggests potential MI might have occurred, or might yet, if he verified that funeral industry profits are unfair.

Finally, Hafsa described institutional moral failure from Jack's workplace, which both perpetrated and failed to support him around the "*ignorant... disgusting*, Islamophobic" abuse he "*relentlessly*" suffered, culminating in Jack losing his job. (Indeed, through an Islamophobic lens, his reversion may have been perceived by his workplace as morally injurious and betraying his English identity.) Jack's resulting severe distress and "very depressed" unemployment indicated significant MI, deeply affecting Hafsa too. Her later sense of compounding MI around FP seemingly would have been less severe if Jack's workplace had not introduced significant distress, constraints, and MI to compound – as she noted, things were "absolutely fine" before these events. Therefore, while Jack's workplace was not funeral-related, its institutional moral failure critically shaped Hafsa's later experiences of MI around FP.

4.4 GET 2: Growth, Protection, and Laying to Rest

While participants experienced distress related to FP, several protective factors seemed to significantly buffer further harm, including a sense that some aspects of the process felt beneficial amid considerable adversity.

4.4.1 Being Driven by Belief

"Obviously, it's, my beliefs, as a Muslim ... erm ... if I *wasn't* a Muslim obviously ... it wouldn't have, bothered me so much to, have to, do it, the correct way." (Layla)

Despite being certain of needing an Islamic burial for their deceased, each participant experienced struggle trying to successfully achieve one. Some experienced significant distress,

family conflict, active resistance, uncertainty, and several systemic barriers. Facing these, Layla and Hafsa experienced a sense of resoluteness and strength from their religious and personal moral convictions. This seemed to be a protective factor, enabling experiences of determination and perseverance to occur alongside anger and frustration towards family members opposing burial:

"I would have respected what *she* wanted so, I didn't let go because of that, I wouldn't back down, 'cause I was like no – this is what [my mum] wanted. And if she as-asked me for ABC would have done ABC. . . . So regardless of what, any of you are saying if you wanna come here and *kill* me or whatever, just, carry on." (Layla)

Raheem drew on "confiden[t]" belief, in his family support network and the wider Muslim community's ability to assist, as a protective factor in managing feelings around meeting funeral costs. This indicated a sense of reassurance derived from this belief, against helplessness and isolation. Referring to the experience of needing to meet high funeral costs, he said:

"I'll make, I'll make it happen. I'll make it happen, one way or another." (Raheem)

Raheem demonstrated self-assured confidence, seemingly personally and religiously derived. He also perhaps revealed a self-belief mantra he found protective in managing experiences of anxiety and distress, implying these were difficult to tolerate.

He appeared to draw on another belief throughout the interview:

"You have to be reasonable in life, don't you?" (Raheem).

Raheem often demonstrated understanding for funeral-related institutions and businesses, usually following somewhat critical comments about them. Being reasonable appeared to function as a means of managing or protecting against difficult thoughts or emotions, aligning with his belief that reasonableness is necessary in life. Rationalisation also

appeared central to his experience. He often connected distress around funeral costs to a belief that these were “natural”, universal experiences that “any human being would understand.” Moreover, he drew on perceived objective realities to reassure himself and others, such as the financial capability of his network. These patterns suggest rationalisation played a key role in containing emotional distress, for himself and others, where it might otherwise have felt unmanageable. I reflected on interpreting Raheem’s rationalisation during this write-up (see Figure 7).

Figure 7

Reflective Log Extract (14/06/25) – Raheem’s Rationalisation and Potential Bias

<p>Thinking about Raheem’s rationalisation and whether this reflects a bias in psychology, maybe especially psychoanalytic / psychodynamic where it’s seen as a coping mechanism rather than genuine reasonableness. Although a ‘coping mechanism’ isn’t necessarily negative, but it does have negative connotations. Wonder if it may be a gendered bias to infer he is using rationalisation to manage underlying difficult emotions he may want to avoid. Want to be conscious of not forcing a narrative that he perhaps likely wouldn’t agree with, i.e. it’s not ‘pure’ reasonableness but a means to cope / manage distress.</p>
--

Lastly, each participant experienced a sense of powerlessness and lack of choice, such as around financial and procedural constraints. Yet in another sense, self-imposed similar restrictions seemed to contribute to their experiences of resoluteness and determination: they did not allow themselves the power or choice to disregard their religious and personal convictions, nor their obligations to the deceased and themselves. For participants, belief – whether in their self, network, community, religion or personal morals – appeared to be a driving force in their experiences.

4.4.2 Sensing God’s Presence

Several participants reported sensing a divine presence in parts of their experiences.

"I felt like, well, God must be, doing this, because... if He *wasn't* ... how has it happened so quickly? and, it's just gone, the way that, [the deceased] wanted it to, 'cause it could have easily went the other way." (Layla)

Three participants felt the process of seeking and receiving help from IFSC had fortuitous elements, interpreting them as possibly divinely orchestrated. Hafsa and Layla thought the process with IFSC was so smooth and successful it felt like divine enablement.

Abdullah conveyed this sense too, after happening upon a TV documentary reporting that Muslims give the most to charity of any demographic in England. That sense was compounded when he consequently made his first internet search for Muslim funeral support, during which the funeral director for Malik's exact local area "automatically" appeared.

4.4.3 Qadr, Appreciation, and Acceptance

4.4.3.1 Qadr.

"But when I look back on it and reflect... everything happened the way it happened for a reason. So yeah, I feel like it was qadr, it wasn't *luck*." (Hafsa)

Layla referenced the Islamic concept of *qadr* (divine decree, preordainment) and Hafsa explicitly named it, distinguishing it from luck. They demonstrated reinterpretation and acceptance of events and experiences as part of God's plan, including perceiving some wisdom therein. Hafsa's severe distress following Jack's death was compounded by its occurrence at a time of intense financial and other hardships. Her initial experience was one of self-blame and that God may be punishing her. Learning more about *qadr* allowed different meaning-making for her, moving from self-blame to acceptance of God's will, over which she had no power:

"This was written in the womb that he was going to die at that day, at that moment, in that way." (Hafsa).

Furthermore, she constructed meaning around Jack's death as possibly saving him from harmful future experiences. Another was that Jack's early death and ultimately smooth funeral process might hint at God's favour on him and desire for Jack to be "with Him".

Similarly, meaning-making through *qadr* seemed to buffer Abdullah's distress around needing to request help with Malik's burial. He denied both self-blame for his circumstances and any shame in seeking assistance. God's will and power seemed key when he said "everyone in the world" could be in his situation, regardless of finances or character. He also suggested if funeral-cost support had been unavailable, accepting God's will and trusting in His wisdom, even if inscrutable, would have helped manage his emotions and experiences in the aftermath:

"It's Allah! ... For myself, I say, it's Allah. . . . I told you befo:re... anything Allah doing for your life, is the best for you. Because Allah know, Allah know you better. A HUMAN BEING, can't think like that." (Abdullah)

4.4.3.2 Appreciation.

Perhaps intertwined with *qadr* is retrospective appreciation, experienced by each participant. Layla now thought her significant family conflict enabled desirable outcomes:

"Yeah, but you know what, actually? it's happened for the best . . . So it really, it's . . . been, better for me because, I've seen the true [negative] colours of certain family members." (Layla)

Moreover, her strongest opponent seemed to show both immediate and retrospective appreciation at the funeral:

"[After] the funeral, [my mum's] daughter even said that, you know, I'm *glad*, that it went the way that it did." (Layla)

This highlights that Layla experienced retrospective appreciation both from herself and others.

Abdullah shared his retrospective appreciation for the hospital imam's question that greatly troubled him at the time. Being asked about his community ultimately led Abdullah to reach out and create new long-sought ties with his West African community. This exemplified reconstructing meaning – through *qadr*, when interpreted in the context of his full interview.

Raheem also experienced feelings of appreciation since his family received funeral-cost support, sparing them financial and emotional hardship. He also seemed appreciative of his varied life experiences, which he felt was protective against over-rumination and for his sanity.

Each participant expressed significant gratitude for support received via the IFSC, reporting immediate and ongoing appreciation for the sense of relief, help, and care this provided, as well as the significant further distress it helped evade. Two participants demonstrated this ongoing appreciation by donating their participation compensation to the IFSC.

4.4.3.3 Acceptance.

As demonstrated above, recognition of *qadr* and experiencing appreciation both involved acceptance – of God's plan and the funeral outcome.

Abdullah reported a sense of acceptance around others rejecting opportunities to support him:

“That, is up to you! You give me, you don't give me, it don't mind for me.” (Abullah)

He framed such charity as primarily about the donor's spiritual benefit and perhaps accountability, over material relief for the recipient. According to him, relevant interactions with others, even the IFSC, involved communicating his own difficulties without direct requests or demands. This suggests he framed support as something he cannot expect or demand;

regardless of any rightful entitlement, he seemingly recognised this does not guarantee receiving aid. All this conveyed a sense of acceptance around others' actions, which were inherently part of God's all-encompassing will.

However, he reported those interactions involved talking "from [the] *heart*" and conveyed a strong sense they involved deep, raw vulnerability. This suggests sense-making through acceptance may have been stronger retrospectively than at the time.

Similarly, since achieving an Islamic burial, participants expressed a sense of acceptance, contentment and peace. When asked how her current state compared to her early experiences, Hafsa said:

"Oh, so different, like, just at peace. Calm. Content {?}. Erm... content, that I've done the right thing. There's no moral injury there . . ." (Hafsa).

Moreover, when seeing Jack's body at the funeral, she noticed a "very content" smile on his face "like he'd seen something good", which "always gives [her] a lot of comfort". This indicated she experienced some ongoing contentment and peace with the outcome, helping her manage the continual wound of Jack's death and absence. It also seemed to validate her perseverance, and her beliefs that God may have been pleased with Jack, with his contented smile providing vicarious contentment to Hafsa.

4.4.4 Fulfilment in Burial, Peace and Resolution in Life

Crucially, each participant was ultimately successful in achieving an Islamic burial for their deceased. Layla and Raheem seemingly personally found IFSC. Abdullah personally found a funeral director, who then signposted him to the IFSC. He contributed his own money to support the IFSC's charity funding of Malik's funeral. Hafsa's uncle found the IFSC for her, implicitly after she personally communicated her funeral needs to others. She also mentioned an "amazing" coroner who was very supportive. In Raheem's case, and possibly Hafsa and Layla's, IFSC facilitated access to FEP. Implicitly, the funeral industry was also involved in each

case as the primary recipient of the IFSC-acquired funding. All this highlights a mix of personally, communally, and institutionally enabled fulfilment was involved.

Participants conveyed that successful burial evaded further spiritual, emotional and financial distress, and MI, sometimes bringing a sense of peace and contentment through resolution. This appeared consistent with each participant's strong disagreement with the *Acting in violation* and *Failure to prevent* questionnaire items.

Layla denied still thinking about her experiences of trying to meet funeral costs:

"No, not really because it, it like it all went well. There was no, problems or anything."

(Layla)

This mental quiet suggests resolution and strongly contrasts the experience of her "head . . . going round in circles" when trying to arrange her mother's funeral. Similarly, Hafsa expressed:

"That's something that I'm at peace with, you know I've . . . managed to do the right thing, for, God, *and* for Jack. Erm... so yeah, there is no pain at all about the burial process." (Hafsa)

This indicates that fulfilment of Jack's burial enabled moral, religious, and personal resolution, resulting in contentment. This was a striking contrast to the severe distress she conveyed before finding the IFSC.

However, Hafsa suggested that, had Jack been cremated, long-term emotional and psychological distress, including ongoing MI even today, would have occurred:

"I think . . . if it had gone the other way with the cremation like I said before... I, I think I would be in a very different, space right now." (Hafsa)

Likewise, Layla expressed that that her mother's cremation "would have, caused [her], stress" and she "would have been still, stressing over it now, and upset." This contrast amplifies the sense of resolution in their lived experiences.

Additionally, Hafsa and Layla conveyed a sense of validation of their actions and perseverance, in the face of familial and institutional resistance:

"It kind of did make me stronger in a way because I, just, like, I didn't listen to what they were saying and I just said no I'm not gonna listen to what you lot are saying. And erm, you know ... I got through it, all, without, like having to give . . . in, through my beliefs."

(Layla)

She added, "I've had time to think over it and I think I still think it was the right thing." This suggests an ongoing experience of resoluteness, seemingly enabled through her mother's burial resolution. This resoluteness appeared strengthened by its persistence after time taken to reflect, something Layla had mentioned was absent in the immediate aftermath of her mother's death.

The funeral itself also appeared validating for Layla and Hafsa. The "very content" smile Hafsa saw on Jack's face at the funeral suggested validation of her actions around his funeral, with some emotional and moral resolution. Furthermore, she reported "it was just, a *simple* burial, and a lot of people commented on how beautiful it was". By mentioning its simplicity, Hafsa seemingly emphasised the poignancy of the funeral's perceived beauty, perhaps suggesting its beauty came from a sense of purity and goodness, rather than aesthetics. This further suggests she experienced moral and emotional resolution.

Similarly, Layla's previously oppositional sister appreciating the funeral "took a lot of pressure off" Layla – she had been somewhat morally conflicted, thinking her sister "should have . . . had a say at the start". Furthermore, some family members "came around to it, in the

end, and they actually, you know, knew that it was the right thing, as well". Layla's experiences of interpersonal resolutions seemed to compound her sense of moral and emotional resolution through burial fulfilment.

Both Hafsa and Abdullah experienced the arrival of overseas relatives at the funeral. For Hafsa, her father's presence contrasted earlier isolation and conflict with Jack's father. She hinted the near perfect timing following visa delays felt divinely orchestrated. For Abdullah, the arrival of his uncles helped counter earlier feelings of familial disconnection. In both cases, these reunions were seemingly experienced as emotional, moral, and relational resolutions.

Lastly, Hafsa and Abdullah expressed being moved by the actions of strangers around their funeral needs. This appeared to provide moral, emotional, spiritual, and relational resolution, contrasting their previous contexts of difficulties around isolation and interpersonal conflict.

4.4.5 *Embodied Solidarity and Pride in Muslim Identity*

Abdullah and Hafsa expressed increased desire and actions around doing more charity and community work for Muslims, demonstrating a reciprocity of their own receipt of support from other Muslims. This conveyed an experience of reciprocal solidarity. Hafsa and Raheem's donation of their compensation to the IFSC also demonstrated this.

While three participants experienced family conflict, they later also experienced family solidarity. Hafsa's family "came around" and showed solidarity at her mother's funeral. Secondly, Abdullah said his family now "understand more", demonstrating an increase in solidarity compared to their indifferent and blaming stance around Malik's funeral circumstances previously. Thirdly, Hafsa experienced significant gratitude and appreciation for her father, uncle, and other family regarding their solidarity around Jack's funeral needs. While Raheem did not experience family conflict, he highlighted family and community solidarity as a protective factor against helplessness and isolation around FP.

Here Raheem also may have experienced a sense of pride, seemingly supported by his statement:

“Alhamdulillah,⁶⁵ especially within the Muslim community, erm, when somebody reaches out, and they describe, er the, situation the vulnerability, and . . . the requirements Alhamdulillah we’re a giving community, we are very... er charitable and considerate, people will always come forth, to make sure that that burial takes place.”

(Raheem)

His words convey a sense of pride in Muslim communities and in his own belonging and identity. This pride also reflects his confidence in the availability of support, which seemed to play a protective role in his experiences surrounding FP.

Hafsa and Abdullah were explicit in their great sense of pride in other Muslims and their own Muslim identity, following their experiences of FP, especially after fulfilment of burial:

“I felt so proud to be a Muslim. I felt *so, proud*... to be, a Muslim.” (Hafsa)

Hafsa’s emphasis underscores the strength and clarity of her pride in her Muslim identity, which implicitly included and emerged from pride in the actions of other Muslims around her funeral needs. Abdullah said similar:

“I’m very proud. . . . I’m very proud for England, I’m very proud for the Muslim brother in England.” (Abdullah)

Hafsa experienced “people that had come from the mosque that had never met Jack, at all” being at his burial, highlighting an experience of solidarity from strangers. She added that “people just came out of nowhere... from the mosque” and helped lower Jack into the grave, saying his non-Muslim friends were understandably reluctant. “Out of nowhere” conveyed an

⁶⁵ Arabic / Islamic phrase. Translation: praise be to God

almost miraculous quality, underscoring a sense of religious, spiritual, moral and emotional resolution. Abdullah powerfully conveyed his experiences around help from strangers, directly linking them to a strong sense of Muslim solidarity and pride:

“Seriously. ... I never imagined for myself... the [IFSC]. The people . . . I don't know, the people I never see, I never *hear*! Help me, for that way. Like *family*! Now I put [in] my head – wallahi⁶⁶ – Islam, is the best. ... You're *one* ummah. One brother. One family.”
(Abdullah)

4.4.6 *Growing Through Adversity*

Adverse experiences around FP seemed to lead three participants to experience significant personal and spiritual growth, often intertwined.

Abdullah, Hafsa and Layla described personal growth during their experiences up to and around their successful attainment of an Islamic burial. The success renewed a sense of hopefulness, identity, belonging, and pride; and their lived experiences involved some reconstruction of the self.

Abdullah also said his experiences made him feel more “knowledge[able]” and “prepare[d]”, cultivating autonomy by proactively seeking to learn and plan for future funerals, implicitly including his own. His experiences also made him “want to do more for [his] community”, clearly evidenced by his leadership in setting up a community burial fund. Implicitly, this suggests embodying a stance of forgiveness, since he may now be helping some the same community members who failed to support him when he needed help. Abdullah’s experiences indicated an identity shift from a recipient to a provider of support, and from powerless to empowered.

⁶⁶ Arabic and Islamic expression. Translation: By God. Used to emphasise the truth of something or to swear an oath.

Layla expressed gaining a sense of increased conviction, confidence, self-focus and self-belief. She became less relenting and now unwilling to “weaken [her]self, for other . . . people, . . . to try and make *them* happy.” Layla grew from outnumbered to emboldened, through strong commitment to her beliefs. Indeed, the positive outcome, and how some family members “came around to it, in the end”, seemed to also allow her personal sense of hopefulness to grow. Like Layla, Hafsa also expressed an increased sense of justice and moral conviction:

“It's made me, feel, a lot... more convicted, in my belief of doing, the right thing, . . . by somebody, even if they don't have a voice.” (Hafsa)

Personal growth appeared to involve relational growth in some instances. As mentioned earlier, Layla was able to somewhat repair her damaged relationship with her previously strongly oppositional sister at the funeral. The same appeared true for her family members who reportedly “came around” and validated the funeral as morally right for her mother.

Hafsa also expressed that her experiences with FP enabled relational growth:

“It strengthened my, relationships a lot, more. I gained people who I, you know saw as, you know, just like, acquaintances. They became really good friends.” (Hafsa)

This growth in strength and number of meaningful friendships appeared especially powerful in the context of the relational void Hafsa experienced, created by major ruptures in her relationships with Jack's father, his other family members, and most of all, by Jack's death.

Similarly, Abdullah seemed to demonstrate some relational growth. He said he “understand[s] people now”, marking a significant shift from his social withdrawal and pessimism in interpersonal relationships previously. Relational growth was also experienced through his increased community ties and leading the inception of a community burial fund. His

and Hafsa's increased community consciousness and advocacy for others also demonstrated relational growth.

Personal and relational growth for these participants included spiritual growth. Hafsa and Layla's increased moral conviction appeared intrinsically linked, at least partly, to their religious conviction and its influence on their morality.

Layla used the phrase "it did make me stronger", referring to personal growth, then again later referring to "spirituality or religious beliefs".⁶⁷ Her sense of God's will and presence around relevant events engendered "more belief" in God's plan and that "there must be some sort of . . . God, that's done it this way"; this sense-making appeared to be ongoing.

Similarly, Abdullah's lived experience here echoed Layla's:

"Yes! it . . . affect... my spirituality, honestly, why? Because... I'm [sic] believe more [in] Allah subhanahu wa-ta'ala⁶⁸. . . . I believe [in] Allah subhana wa ta'ala *more*." (Abdullah)

His reiteration emphasises the strength of both his increased belief and his certainty of that change, clearly perceived as an improvement. This appeared linked to an ongoing, seemingly increased God-consciousness, for example in his assertion:

"LIFE... is in Allah['s] hand. It['s] no[t] your hand, my hand. . . . Anyone can pass away, anytime!" (Abdullah)

He also said "Right now... I understand more my religion", which builds on his above reflections about increased knowledge, indicating spiritual growth through religious learning. Notably, however, he strongly disagreed with the *Strengthened faith* questionnaire item.

During interview, Abdullah appeared to renew sense-making around needing to ask for help, implying his experience was emotionally and psychologically harder before he increased

⁶⁷ Quote is from the interview question immediately prior.

⁶⁸ Islamic honorific for God. Translation: Glorified and Exalted.

his religious knowledge. This suggests religious knowledge expanded his spiritual worldview in a way that allowed him to shift his interpretations of his help-seeking experiences.

Hafsa's lived experience paralleled Abdullah and Layla in her expression of ongoing religious strengthening and God-consciousness:

"It's made me... come a lot closer to God. . . . Um, a *lot* closer. Um... ... a *lot* closer."

(Hafsa)

Like Abdullah above, her triple repetition greatly emphasises increased belief and certainty of this improvement. Repeating it even after reflective pauses evokes a sense of distilled, persistent, reverberating presence in her consciousness. She expressed how this increased closeness manifests as all-encompassing "*real gratitude*", including for "ha[ving] Jack for the length of time that I had him". This reflects a profound shift from the emotional and existential crisis she experienced when acutely grieving Jack's death, to a highly mature emotional and spiritual acceptance. Another profound shift was from her perception of scarcity during financial struggles before Jack's death, to an ongoing sense of abundance unveiled through deep gratitude.

Hafsa shared new religiously-grounded actions forming part of her spiritual growth, such as "reading more of the Qur'an" and frequently "mak[ing] dua⁶⁹ for [Jack]". She also reported being more "curious" about Islam, suggesting, like Abdullah, increased religious knowledge. Furthermore, she was newly "praying, on time", adding that "Getting up for fajr⁷⁰. . . became a thing". Her perception was this positive habit began through grief-related insomnia but is "something that [she has] kept with [her]". She suggested a reframing of the *fajr* prayer from a coping mechanism to a chosen and cherished practice:

⁶⁹ Arabic / Islamic term. Translation: personal prayer or supplication

⁷⁰ Obligatory Islamic pre-dawn ritual prayer, the first of the obligatory five daily prayers.

“For a lot of Muslims, it's an effort to get up for fajr. . . . Not everybody does it, but for me . . . it's not an effort. I love it. My cats, for some reason... [shaking head] they always come, around fajr, I don't know if it's because, [laughing] they're hungry . . . [smiling] The other day my cat came into my bedroom and he was *shouting* and shouting and shouting, and it was 4:15[a.m.], and I don't know I just felt like . . . God is saying to me, you need to get up for fajr[.] I was so [laughing] tired! . . . [smiling] I sound crazy! But I don't *know* I just, saw it as a sign that, you know I need to get up, and pray. So I did.”

In this rich extract, Hafsa emphasises how deeply *fajr* spiritually resonates with her, by contrasting her “love” for it to the effortfulness commonly experienced by Muslims, implicitly including herself pre-bereavement. Happily seeing religious signs in small things, like her cats, furthers an ongoing sense of embodied, everyday, joyful spirituality and God-consciousness. Her smiling, laughing, sometimes unpunctuated speech strikingly contrasted her tearfulness elsewhere in the interview. While elsewhere conceding the pain of Jack's death naturally remains, the above experiences suggest spiritual growth that continually reshapes her emotional world, allowing joy and faith to coexist with grief.

Additionally, Hafsa's donation of her participation compensation to the IFSC in Jack's name reflected her reported increased desire to “do more for . . . Islamic charities”, itself positioned within her greater closeness to God. It highlights the emotional and spiritual weight of IFSC's support, and underscores how Hafsa's spiritual growth often manifested through ongoing, purposeful actions.

Raheem's same donation might likewise have carried a spiritual dimension, shaped partly by his proximity to FP; this was not explicit but seemed likely, based on interview context, much like Abdullah's setup of a communal burial fund.

5 Discussion

5.1 Summary of Findings

This is the first known study to explore FP among Muslims in the UK. IPA was used to explore the lived experiences of four participants, whom all eventually secured a burial with support from IFSC. Burial was perceived as a personal, moral, and religious obligation. Participants experienced wide-ranging constraints, many of which predated bereavement and shaped experiences. FP brought distress and MI. Perceived moral failures occurred at personal, interpersonal, and institutional levels. However, participants also experienced significant growth. Religion was utilised for coping and meaning-making. This study concerns the intersection of faith, grief, and socioeconomics, and contributes new insight to the sparse literature on FP and MI in Muslim populations.

5.1.1 *FP Entangled with Bereavement*

In interviews, refocusing discussion towards FP-related experiences, not grief alone, was necessary. Bereavement led to grief and distress, which were then compounded through FP. Burial largely resolved anticipated distress around non-burial, which some stated would have caused lasting distress and MI. FP disrupted and delayed the grieving process; burial enabled moving forwards and becoming more at peace.

This study thus highlights the difficulty in isolating FP experiences from bereavement, as they relate symbiotically. Wider literature reflects this: funerals, including costs, interact with the grieving process (e.g., Burrell & Selman, 2022). The SLR perhaps reflected this too: findings around funeral cost distress were often embedded within studies whose primary topic was, say, bereavement (e.g., Jones et al., 2003; Kes et al., 2015). The present study thus contributes to limited FP-specific research.

5.1.2 *Burial as Obligatory*

Aligning with mainstream Islamic beliefs (Rugg & Parsons, 2018, p.58), participants framed burial as a non-negotiable obligation, and other disposition methods as religiously

prohibited. Raheem possibly considered cremation mutilation (see Daar & Khitamy, 2001); Hafsa referenced Islamic beliefs around burning being reserved for God alone (see *Hadeeth Study*, 2013).

Islam considers burial a communal obligation (*farḍ kifāyah*) (Al-Dawoody et al., 2021). Abdullah's frustration at family and community indifference, and Raheem's confidence in communal support, illustrated contrasting lived experiences of this obligation. Witnessing the communal embodiment of this principle, through strangers' helpfulness around burial, was highly valued and emotionally impactful for participants.

Despite burial's necessity, no participants entered funeral debt, contrasting other studies (e.g., McManus & Schafer, 2014; Pande et al., 2015; Walter, 2017). Notwithstanding IFSC support, systemic inaccessibility and Islamic prohibitions against interest (Islahi, 2024) might have contributed to debt avoidance. This potentially highlights a unique aspect of Muslim FP; funeral debt might also contribute to Muslim MI.

The term 'beliefs' around Islamic burials has seemed inadequate throughout this study; 'requirements' perhaps better captures their strict obligatoriness. I have reflected throughout on whether institutions misunderstand such requirements as less consequential religious 'beliefs', contributing to challenges meeting Muslims' burial needs. However, I wonder if this will remain a tension in secular societies, where religious law cannot override secular law. Seemingly, a resolution would therefore require relevant secular laws and policies to better accommodate religious requirements. Yet, given the economic context, land requirements, and growing UK Muslim population, burial needs may continue to be a source of tension.

5.1.3 Distress and MI

The weight of duty contributed to the anxiety, sadness, anger, existential questioning, and MI caused by FP. MI stemmed from perceived or anticipated personal, interpersonal, religious, and institutional moral failures. This study builds on literature where MI in Muslims

involved perceived failure to prevent adverse events (e.g., Pyne et al., 2023, p. 452). Hypocrisy and betrayal were described across interviews, at personal and institutional levels.

Participants' personal and religious ethics seemed "fully intertwined" (Hashas, 2024, p. 258) or "inseparable" (Omar, 2010, p. 1). Additionally, moral and religious conduct are fundamentally tied to afterlife judgment in Islam (Dastmalchian, 2017). Participants' experiences of MI were often theocentric and involved eschatological⁷¹ thinking. This has implications for MI, since accountability, consequences, forgiveness, and resolutions extend beyond the personal, material, and beyond this life.

Alignment with the deceased's wishes may have protected participants from inner moral conflict. Layla may have revisited her morality if a conflict with her mother's wishes was actualised, not hypothetical (FeldmanHall et al., 2012). Burrell and Selman (2022, p. 31) found that "discrepancies between the wishes of the deceased and the bereaved" correlated with greater grief and other psychological difficulties, though whether discrepancies included disposition methods was unreported.

Being a Muslim revert was a notable theme in two cases. Taylor (1994, as cited in N. Meer, 2007) argues that systematised misrecognition or disapproval constitutes a MI. Family and institutional misrecognition and disapproval of reverts' Muslim identity and burial requirements seemingly contributed to these participants' MI.

Shahid et al. (2023) found religiosity was inversely related to depression, anxiety, stress, and MI in a Pakistani Muslim population. In the present study, increased religiosity appeared alongside helpful and lasting management of FP-related distress and MI.

Islamic ideas⁷² aided coping and meaning-making for all participants, assisting a sense of retrospective clarity about events and helping participants express their gratitude and appreciation in ongoing ways.

⁷¹ "The department of theological science concerned with 'the four last things: death, judgement, heaven, and hell'" (Oxford English Dictionary, 2025).

⁷² See 5.1.7 *Growth*

5.1.4 Family Conflict

Family disputes over funerals are increasingly frequent (Conway, 2018). Family conflict around opposition or indifference to burial contributed to participants' distress, MI, isolation, and ongoing relationship damage. This revealed how FP can compound the loss of bereavement by losing or damaging additional relationships.

In family disputes over burial and cremation, "historical resentments may find a new and bitter focus", and "the sense of past failures may . . . contribute to a desire to claim, or reclaim, the deceased" (Oldfield, 2014, p.615). Hafsa's father-in-law may have reflected this, perhaps trying to reclaim Jack in death – he was "already against" Hafsa, disapproving of Jack's reversion. Similar dynamics may have emerged around Layla's mother's conversion.

Paleari et al. (2025) found that the more severe a moral transgression and the more individuals felt responsible, the lower their wellbeing and the greater their family conflict. The present study indicates this may also hold in FP contexts, potentially underscoring the severity of MI around Islamic burials.

However, participants' families may have experienced their own MI. Family opposition involved conflict with family traditions; and possibly morality, culture, and/or religion. Indeed, "burial and cremation disputes are deeply distressing for all concerned" and involve "complex family and inter-cultural conflict" (Oldfield, 2014, p. 635). Further research could focus on non-Muslim families where the disposition method conflicted with their wishes. This may be especially pertinent as mixed-faith families are increasing in the UK (Fox, 2023).

In all cases, family was also a source of support, including through relationship repair at the funeral.

5.1.5 Experiences of Institutions

Government institutions were considered bureaucratic, unempathetic and insensitive; institutional demands were experienced as unfair, inappropriate, or offensive. There was

concern around the state and funeral industry exploiting the deceased and bereaved, echoing Gentry et al.'s (1995) findings of possible insensitivity and exploitation from insurers.

Hafsa saw institutional disregard for religious requirements as a betrayal of purported British values around diversity, equality, and religious freedom. This links to minority subjectivity,⁷³ and the requirement for minorities to perform difference in a way tolerable to the majority (Prvulović, 2025). Furthermore, by implying institutional aggression, Hafsa may have reflected a broader perception of institutional power and behaviour, perhaps especially around finances and in the context of marginalised identity.

Participants conveyed a lack of institutional clarity. One participant read online that the LA, depending on funds, could cremate someone against their wishes. QSA (2021, p.2) asserted this is “against [LAs’] legal duty”, but found ten LAs were not upholding their legal duties around PHFs. Yet, needing to “make a case” for burial may comply with government guidance (GOV.UK, n.d., *Options to ascertain the deceased’s wishes* section), albeit non-statutory.

However, all participants were very appreciative of IFSC support and highly praised their competence; some described how this allowed them to resume grieving properly. Additionally, one experience with a coroner reflected studies where death-care professionals played a supportive role, helping manage griever’s distress (Bailey, 2010; Becker et al., 2022).

5.1.6 Lack of Power, Choice, and Capacity

Participants needed to arrange burials at a time where grief constrained cognitive, practical, and emotional capacity. Gentry et al. (1995) discussed the vulnerability of griever’s, including reduced awareness and capacity around post-death transactions. This may extend to the present participants’ need to source funding and meet institutional procedural demands.

A strong sense of powerlessness and lack of choice emerged around financial, institutional, and other constraints. Hafsa conveyed a sense of institutional aggression, fearing she would be “push[ed] . . . into [a] corner” and forced to accept a cremation for Jack. This

⁷³ See 5.1.10 *Minority subjectivity*

supports Jameton's (1984, p. 6) definition of moral distress as "when one knows the right thing to do, but institutional constraints make it nearly impossible to pursue the right course of action." Again, it suggests a broader perception of aggressive institutional power or behaviour, in the context of marginalised identity.

However, lack of choice was not always framed negatively, for example around Islamic and personal obligations. Here, participants demonstrated a difference between self- and externally-imposed restrictions. Additionally, Layla suggested that feelings of embarrassment around asking for help were moderated by her lack of choice on the matter.

5.1.7 Growth

Three participants reported significant personal, relational, and spiritual growth following their experiences with FP. These might be understood as post-traumatic growth (PTG): positive change occurring from traumatic experiences (Bray, 2013; Tedeschi & Calhoun, 2004), building on existing literature on MI and PTG (e.g., De Souza Ferreira, 2024; Hoover & Metz, 2024). Participants' growth, accompanying low questionnaire scores on self-responsible MI, may reflect De Souza Ferreira's (2024) finding that self-forgiveness was a moderator between MI and PTG.

Personal growth included increased confidence, contentment, and pride in identity. Relational growth included gaining and repairing relationships, and an increased willingness to help others.

Participants' spiritual changes can be understood Islamically. In Islam, hardship is understood as a trial (*ibtila'*), and means for spiritual and moral elevation (Musharraf, 2007; Naim et al., 2016; Siddiqi, 2024). Participants demonstrated trust in God (*tawakkul*) and steadfastness (*istiqamah*), in the face of adversity, during their struggle (*jihād*) to do the right thing in their view: securing a burial. Subsequently, they described increases in their belief (*'īmān*), god-consciousness (*taqwa*), charity (*sadaqah*), community (*ummah*) consciousness,

supplications to God (*du‘ā*), ritual prayer (*salah*), and contentment with God's will (*riḍā*) (Fleet et al., n.d.; Mannang et al., 2025).

This might suggest participants had lived experience of spiritual elevation, as Islamically understood ('Khutba', 2019). Furthermore, their retrospective framing of experiences as involving divine decree (*qadr*), enablement (*tawfīq*), and wisdom (*ḥikmah*) might underscore increased *īmān* and *taqwa*. Yet, Islam encourages epistemic humility around spiritual states (Latiff, 2024; *Signs of True Faith (Iman)*, n.d.) – participants perhaps reflected this in never explicitly claiming spiritual elevation.

The above highlights that Islamic narratives, consciously and unconsciously, may shape Muslims' experiences with distress and MI. During analysis, I reflected (see Figure 8) that Abdullah's experiences apparently symbolised those of all participants, validating their struggles through similarity to Islamic narratives of prophets and other righteous figures – although this was not the participants' own explicit interpretation.

Figure 8

Reflective Log Extract (11/06/25) – Abdullah and Islamic Narratives

RP3 conveying a powerful image to me that reminds me of Islamic / Abrahamic prophets. Real sense of moral strength, resoluteness, clear conviction. A lone voice fighting and standing up for what is right, against a powerful tide of opposition, of people that don't care and don't share his morals, or at least don't uphold them. Feels spiritually validating, especially as it worked out in the end alhamdulillah. Symbolises all participants' experiences to some degree. Makes me think of righteous struggle, jihad, istiqamah. Must have been so isolating. He comes across very strong. His existential crisis and sadness feels so painful, the contrast exacerbates it. The strength, conviction, determination to do the right thing is inspiring and moving. His strength of faith and character is like what Muslims aspire to. His frustration with others who seem way more money-focused makes me feel a sense of loss, like losing a world where doing what's right is the main priority, realizing that the world or people around him aren't as he'd hoped. Almost a loss of innocence, yet he still stayed determined.

Note. RP3 = Research Participant 3 – Abdullah was anonymised in this way before being allocated a pseudonym later.

Çınaroğlu's (2024) study demonstrated the role of *qadr* and *tawakkul* in effectively coping with grief, likening belief in *qadr* to 'radical acceptance' in Dialectical Behavioural

Therapy (Robins & Chapman, 2004). The present study indicates Islamic concepts can also be used to effectively cope with experiences around FP. They featured in positive coping strategies, including positive reappraisal, which can promote PTG (Henson et al., 2021). Two participants indicated that increasing Islamic knowledge helped manage distress and MI, supporting Pyne et al.'s (2023, pp. 452–453) findings.

While significantly experienced by others, Raheem clearly reported the least distress and growth. Although related to the deceased, he described himself as a “support mechanism more than anything else”, helping more directly bereaved relatives navigate the process. This suggests perceived distance, from both bereavement and responsibility for funeral costs, impacts experiences of FP.

Layla's phrase “it did make me stronger” may reflect some expectation in UK, Muslim, and other discourses that adversity strengthens a person. Additionally, while participants described growth and resilience, systemic issues should not be downplayed in favour of neoliberal, reductionist resilience narratives (Bryant & Aggleton, 2025).

5.1.8 Systemic and Structural Issues

Systemic and structural issues shaped all participants' experiences, including poverty, in-work poverty, unemployment, isolation, inaccessibility, and Islamophobia. Financial strain was tied to the UK COL crisis (Hourston, 2022) in all interviews. Hafsa linked the 2024 UK riots ('Explainer', 2024) to the severe Islamophobic abuse Jack faced at work, which led to his job loss, depression, and a sharp decline in their financial stability and quality of life. This highlighted the severe material and emotional impacts Islamophobia can have. The abuse Jack suffered triggered a chain of events that introduced a significant sense of loss – perhaps grief – hardship, and distress, including MI. These were all compounded by FP.

5.1.9 'Funeral Poverty' Concept

Structural and systemic factors predated all participants' experiences of FP. This indicates that compartmentalising FP away from broader poverty, and other systemic factors,

may be misguided, and may detract from addressing deeper systemic issues. Hansford et al. (2023, p.620) argue that FP as a construct “ignores other structural factors”.

Simultaneously, high funeral prices seemed outside of participants' normal frame of reference financially. This, alongside the huge moral weighting and necessity around Muslim funeral purchases, suggests FP might be a useful distinct category, although tackling broader systemic and structural issues remains crucial. However, participants never used the term 'funeral poverty', supporting Corden & Hirst's (2016, p. v) view that bereaved people do not use it.

5.1.10 Minority Subjectivity

Demetriou (2016, p.219) argues that minority subjectivity involves “the constant reflection, rethinking and negotiation of the power that underlies everyday encounters.”

Prvulović (2025, p.11) further argues that “the exemplary minority must perform an acceptable liberal minority subjectivity in order to be recognized [sic] and tolerated in the national space” (Prvulović, 2025, p.11). Her paper concerned Croatia, reportedly where “the political system is dominated by one ethnic group within a democratic framework” (Prvulović, 2025, p.11). While the present study concerns the UK, similar dominance is present (Lambert, 2020).

Several participants, all minoritised people of colour, appeared to embody minority subjectivity, particularly Hafsa. The intersectionality of her Muslim, female, and person-of-colour identities likely shaped this. Regarding state policy around cremation, she said, “*morally* . . . it's just so, *wrong*. To me.”⁷⁴ She made a clear, emphatic, objective moral claim – initially. Her qualifier “to me”, after a pause, might exemplify the reflection, rethinking, and negotiation of power Demetriou (2016, p.11) described. She reconstructed her moral claim from objective to subjective, perhaps correctively demonstrating a moment, and history, of “tolerable embodiment and performance of difference” (Prvulović, 2025, p.11), for a UK context perceived as disapproving of moral absolutism.

⁷⁴ See 4.3.5 “*Unforgivable*”: *MI and Betrayal*

Furthermore, describing how some events felt divinely orchestrated, she self-interrupted with "I know I'm like, delving into like the... religious side of things." Speaking of sensed divine signs, she exclaimed, "I sound crazy!". This suggested self-conscious hesitance around religious expression, even when interviewed by another Muslim person of colour. Perceiving our university research interview as a potentially inappropriate space for religious expression suggests an embedded history and/or perception of such institutional attitudes or realities. Indeed, this was mirrored in her experiences around FP, where she perceived religious beliefs to be invalidated, minimised, neglected, or rejected by institutions.

Minority subjectivity seems to also link to existing models of MI. Suppressing and curating oneself to be tolerable to the majority could reflect reality conflicting with one's "moral ideals" (Vaknin & Ne'eman-Haviv, 2025, p. 1), around authenticity for example. This may also reflect "institutional constraints" (Jameton 1984, p. 6) causing moral distress. Repeated experiences of this "without resolution can thus lead to moral injury" (Vaknin & Ne'eman-Haviv, 2025, p. 5).

See Appendix Y for further reflection on minority subjectivity and identity.

5.2 Questionnaire Review

This study's novel questionnaire incorporated religious dimensions into a civilian MI measure. This questionnaire was rated understandable and relevant, provided useful insights, but alignment with interview responses was mixed.

Hafsa's highest MI score matched her being the most emotional and only tearful interviewee. Betrayal by others and institutions was largely questionnaire-interview consistent. However, Abdullah passionately described interpersonal betrayal in interview, yet scored these items the minimum.⁷⁵

The *Strengthened faith* item appeared problematic. Scoring implies non-strengthened faith signals MI; but consistent faith can also be equally meaningful. Respondents may also

⁷⁵ He rated *Interpersonal Betrayal* as 'Strongly Disagree' for both exposure and distress

hesitate to agree, implying prior weak faith, or to disagree, due to self- or researcher judgment, perhaps especially from researchers sharing their religious identity. Abdullah scored highest in the *Religious* MI subgroup, which appeared to deeply misrepresent both his experiences and the meaning behind his questionnaire responses.

Additionally, Layla moderately disagreed with *Strengthened faith* yet explicitly described it in interview. Conversely, Raheem strongly agreed with the item, but expressed in interview his beliefs were unchanged. Similarly, he scored *Institutional betrayal* items the maximum,⁷⁶ but in interview arguably did not reflect that intensity.

All participants said some responses would have been more negative closer to the events, like Hafsa regarding *Punished by God*. Though the questionnaire asks about “any time since”, it is unclear whether to reflect a peak, or an average which is near-impossible to calculate.

Items reflecting self-responsibility (3-6) scored lowest; others' betrayal (6-9) scored highest. This suggests participants saw institutions and others, not solely themselves, as holding power and responsibility around FP. It may also reflect that all ultimately secured a burial, avoiding a personal moral breach.

Exposure-distress discrepancies were minimal, except for *Witnessed moral wrongs*, possibly due to being the first items. The FD item wording was noticeably cumbersome and all participants required repetition.

Some experiences emerged over time in interviews, suggesting they may not be immediately accessible thus underrepresented in the questionnaire, highlighting its limitations in capturing MI.

5.3 Limitations and Methodological Reflection

Recruitment for this study was highly challenging. This may have been rooted in IFSC's strained resources, suggesting high FP-related demand; and the sensitive research topic,

⁷⁶ He rated *Institutional betrayal* as 'Strongly Agree' for both exposure and distress

perhaps interacting with broader recruitment challenges in Muslim populations (e.g., Mohammadi et al., 2008; Ryan et al., 2011). This study therefore had a small sample size ($n = 4$), however this allowed rich idiographic depth, in line with IPA (J. A. Smith et al., 2022), around minoritised individuals' voices.

IFSC recruitment excluded people speaking English below intermediate level, and who lacked engagement with IFSC's referral process; this highlights limitations of included voices in this study.

Additionally, IFSC leading recruitment may have introduced unconscious bias, perhaps excluding those with less favourable experiences of the charity – such experiences would also be valuable to explore and compare. Additionally, this study's IFSC link may have unintentionally influenced participants' responses and introduced social desirability bias (Bergen & Labonté, 2020), despite clarifying researcher independence.

IPA was particularly useful for interpreting what was *not* said, relevant in the context of potential religious and moral taboos. Participants might have been self-conscious or restrained, and IPA facilitated interpreting this itself as potential minority subjectivity. The iterative process of IPA was enlightening and something I reflected on throughout (see Figure 9).

Figure 9

Reflective Log Extract (06/06/25) – Retrospective Clarity and Iterative IPA Process

<p>Seems like doing these ENs reflects the process of retrospective clarity. RP3 is able to look back to events quite a while ago and remember them clearly, with clarity conveyed in his recounting style too. Having read his transcript, it's made me able to understand things in the first instance, knowing what comes later, that I wasn't able to understand at the time in the interview and needed RP3 to clarify. This helps me get some sense / empathy / experiential knowledge of moving from confusion to clarity, absence of knowledge & understanding towards understanding, ability to look back and see the meaning of things, retrospectively make sense of them, having another person / Muslim help me understand and lead me towards knowledge and understanding. Moreover, the iterative process of IPA has done similar things, like finding sense and meaning in things that were initially unclear to me, including things I didn't notice or realise the significance on at the time. Sense of clarity and meaning making over time.</p> <p>When you read it now you also see why he includes/says certain things, see the significance of them eg the groupchat, which shows cross-community Muslim unity, in contrast to imam/hospital, which I didn't necessarily pick up on first time.</p>

Note. ENs = exploratory notes. RP3 = Abdullah.

5.4 Study Implications

5.4.1 *MI Theory*

The findings suggest expanding MI theory to better accommodate Muslims and other religious groups. Recognising moral systems deeply rooted in religious law and eschatological accountability, and developing theocentric MI models, may be useful. Understandings of systemic disregard could be broadened to include disregard of religious obligations. How faith-based concepts shape MI and healing need deeper investigation beyond Christian contexts. Minority subjectivity's role in MI could also be explored.

Vaknin and Ne'eman-Haviv's (2025) MI model holds that MI can occur without trauma or overt moral violations, arising instead from "post-hoc appraisal" of suboptimal moral actions. Accordingly, avoiding the traumatic moral violation of non-Islamic burial might not eliminate MI. Action apparently differentiates MI from "moral stress" (Vaknin & Ne'eman-Haviv, 2025, p. 4) – thus, anticipating moral failure around burials might be considered moral stress, not MI. Yet, what counts as action remains open. If Hafsa, as feared, was forced to "accept" Jack's cremation, this surrender, however passive or reluctant, would involve internal cognitive 'actions' that violate moral ideals, arguably qualifying as PMIEs.⁷⁷

For Vaknin and Ne'eman-Haviv (2025, p.4), MI involves a "gap" between values and actions, and between moral failure and MI itself. Hafsa's example reveals another gap: between decision and outcome. If burial later became possible, Hafsa may have experienced MI not from the cremation, but her internal decision to accept it. Here, MI emerges not retrospectively but in real time, rooted in a present sense of having already violated one's morality in anticipation of another morally injurious outcome.

⁷⁷ MI arising from subtle internal decisions, not just overt actions, appears consistent with the 'failing to prevent' aspect of MI (Litz et al., 2009)

This challenges models defining MI chiefly by duration.⁷⁸ VanderWeele et al. (2025, p. 3) argue “moral distress” becomes MI if “persistent”; but if an internal decision is immediately appraised as a deep moral failure – and cannot be reappraised due to cognitive inflexibility – then MI might be present from the start. The authors emphasise MI is on a spectrum of moral distress – but moral distress could be reconceptualised as often involving MI, not just a “precursor” (p. 4) to it.

Moreover, as anticipatory grief and guilt are well-recognised, MI frameworks could be expanded to include ‘anticipatory MI’, potentially experienced by all this study’s participants. These implications challenge rigid distinctions and support a more dynamic MI conceptualisation.

5.4.2 Directions for Future Research

Future research on MI and/or FP in Muslim populations, and beyond, could:

- Significantly broaden recruitment sources for research on Muslim FP.
- Employ a different methodology to use a larger sample size, potentially increasing diverse perspectives. Discourse analysis (Kaplan & Grabe, 2002) may extend some of the societal discourses emerging in this study. Grounded theory (Glaser & Strauss, 2017) may help expand MI for Muslim and/or FP contexts. The present findings could help build theories around FP distress and protective factors, theocentric MI, and MI arising from unmet ceremonial needs more broadly.
- Validate a similar MI measure to the one used here, ensuring religious and spiritual dimensions are included.
- Explore whether doing a questionnaire after interview is more eliciting, or compare pre- and post-interview scores.

⁷⁸ By this token, the lasting and sometimes ongoing distress participants experienced due to others’ perceived moral failures *would* qualify as MI. This is reinforced by VanderWeele et al.’s (2025) emphasis on including MI arising from being a victim of others’ transgression.

- Reconstruct *Religious* subgroup items to each include exposure and distress, for consistency with the rest of the MI subscale.
- Reword the FD item more efficiently.
- Explore populations missed by this study:
 - Muslims experiencing FP who:
 - Were unsuccessful in securing Islamic burial
 - Speak English below intermediate level
 - Found it difficult to consistently engage with the referral process for funeral charity support
 - Live in other countries, particularly where state or charity support is unavailable
 - Individuals who:
 - Have negative experiences of Muslim funeral support organisations
 - Were potentially morally injured by burial fulfilment, e.g. non-Muslim family members
 - Successfully attained cremation for the deceased, but who potentially experienced MI by, for example, the minimalism of 'direct cremations'
 - Funeral-related professionals, including staff involved in FEP and PHFs.

Research could attend to potential vicarious distress and MI.

5.4.3 Clinical and Policy Implications

Clinical and policy implications based on these findings and the referenced literature are shown in Table 19.

Table 19*Clinical and Policy Implications*

Issue	Suggested actions
Clinical implications	
MI and PMIEs can cause significant distress and mental health difficulties among UK Muslims; religious framing is inherent.	<ul style="list-style-type: none"> • Clinicians can develop practice-based evidence for MI presentations that can inform development and adaptations of MI treatment models, including Restore & Rebuild (R&R) for civilian populations that involves spiritual leaders (V. Williamson et al., 2023). • Acceptance and Commitment Therapy (ACT; Gloster et al., 2020) and Compassion-Focused Therapy (CFT; Gilbert, 2014) are potentially useful MI interventions (V. Williamson et al., 2023). Islamically integrated models of ACT (I. Khan et al., 2025) may be utilised. • Relationship reconciliation and/or broadening community connections may be helpful to incorporate into MI interventions. • Clinicians report uncertainty around treatment of MI, partly due to no available manualised treatments – affordable training on MI-specific care may improve clinician confidence (V. Williamson et al., 2021). Services can provide training around MI-specific care, which might include attending webinars, collaborating with and/or incorporating resources from the International Centre for Moral Injury (e.g., <i>Religious and Theological Resources</i>, n.d.) • Chaplaincy can be incorporated into MI-related treatment in relevant NHS settings, since it may have a role in treating MI in military populations, by providing the opportunity to discuss in confidence PMIEs, associated thoughts and feelings, and how to reconcile or forgive oneself (V. Williamson et al., 2021).
FP can cause significant distress among UK Muslims.	<ul style="list-style-type: none"> • Integrating religious discussions into therapy has been evidenced as helpful (e.g., Abu Raiya & Pargament, 2010; Meer & Mir, 2014). Drawing on Islamically-informed NHS therapy resources (e.g., Mir et al., 2016; Shabbir et al., 2024) may also be helpful. • Existing faith-integrated approaches around trauma healing for Muslims (e.g., Bentley et al., 2021) could be utilised or built upon for FP-related traumatic experiences.

Issue	Suggested actions
Clinical implications	
Securing burial provided relief, but participants predicted severe long-term distress if burial was not secured.	<ul style="list-style-type: none"> • Service-users presenting with long-term distress, that was potentially avoidable through practical solutions, may further strain already-stretched NHS services. The limitations of time-limited interventions can lead to repeated referrals; there may be an increased number of people on waiting lists; and resources may be diverted away from other avenues. • Staff working with Muslims experiencing FP should inform them that FEP can be claimed up to 6 months after the funeral date (UK Government, n.d.), thereby offering some compatibility with Islamic requirements for prompt burial. • Services can develop lists of resources for FP. Signposting service-users to FEP and funeral support charities may aid or resolve practical issues, thereby providing relief, reducing distress, and potentially eliminating long-term distress around failure to secure burials. • Clinicians can attend FP training to improve insight and support (e.g., <i>Reducing Funeral Costs Training for Professionals</i>, n.d.)
Muslim funeral-related distress may involve cultural taboos	<ul style="list-style-type: none"> • Clinicians and services should develop cultural understanding of Muslims, including awareness of taboos such as cremation, and disrespecting religious figures or the dead. Creating safe, scaffolded spaces may enable more open dialogue. This might include framing therapy as an atypical place where taboo discussions can be both tolerated and beneficial (Pope et al., 2023). Collaboration with imams, for example, may help internalise this as Islamically permissible. • Some Muslims may feel unable to discuss taboo subjects with Muslim therapists (e.g., Meer & Mir, 2014; Tarabi et al., 2020), so person-centred exploration and possible adjustments are key. • Clinicians should be aware that minority subjectivity could limit what people from minority groups feel able to express, potentially amplifying difficulties around discussing taboos – explicitly addressing this dynamic and collaboratively creating a safe space may help address this.

Issue	Suggested actions
Clinical implications	
Underrepresentation in services could mean many Muslims distressed and/or traumatised by funeral experiences go unsupported.	<ul style="list-style-type: none"> • As Muslims are underrepresented in services (Shafan-Azhar et al., 2025), further consultations with Muslim communities to facilitate public and patient involvement in engagement (PPIE) (see Tannerah et al., 2024) could identify and address barriers to accessing mental health support. • Clinician knowledge of Islam, willingness to discuss it, and collaborations with religious organisations can reduce therapy barriers for Muslims (J. Smith, 2011). In this context, this can include the near-inseparability of Islamic and personal morality, the strict obligations around funerals (and other religious requirements), eschatological thinking, spiritual growth, and the intertwining of religious, psychological and emotional experiences.
Since Muslims are disproportionately economically disadvantaged (Heath et al., 2018), there may be heightened vulnerability to FP.	<ul style="list-style-type: none"> • Clinicians should be alert to financial strain – including among full-time workers – alongside bereavement, and initiate discussions around FP, irrespective of identity. This may be especially relevant in NHS contexts, as some participants felt unheard by UK institutions.
Policy Implications	
Funeral support options may not be readily known	<ul style="list-style-type: none"> • Institutions (e.g., hospitals, health services, funeral services, social services) could compile resources for funeral support and share these with relevant service-users as standard practice. • Improving awareness and marketing of Islamic funeral payment plans may mitigate FP (Katan et al., 2019; Mirza et al., 2020). • Staff working with Muslims experiencing FP should inform them that FEP can be claimed up to 6 months after the funeral date (UK Government, n.d.), thereby offering some compatibility with Islamic requirements for prompt burial.
FEP and PHF procedures can be experienced as unclear and lacking transparency.	<ul style="list-style-type: none"> • Institutions should be aware of this perception. Staff and service-user feedback and consultation groups could be utilised to identify potential issues around clarity and transparency.

Issue	Suggested actions
Policy Implications	
FEP and PHF procedures can be experienced as unclear and lacking transparency.	<ul style="list-style-type: none"> • Relevant government institutions should be aware of the impact of grief on cognitive and emotional capacity, which may affect perceptions of clarity and transparency in the process, interfere with procedural demands such as completing forms and interviews, and increase procedural distress. • Existing government trauma-informed principles (Office for Health Improvement & Disparities, 2022) should be used as standard to guide FEP and PHF procedures. These mention “Cultural consideration”, which could include awareness of Muslim funeral requirements. • Increased training of DWP staff on FEPs was identified as necessary in Carers UK’s written evidence to Parliament (UK Parliament, 2016) and should be implemented. • Broader grief training for staff (<i>Compassionate Workplaces Training</i>, n.d.; <i>Bereavement In-Service Training</i>, n.d.) would facilitate grief-informed services.
Government institutions can be perceived as cold, impersonal, and invalidating.	<ul style="list-style-type: none"> • Institutions should be aware of this perception. Staff and service-user feedback and consultation groups could be utilised to identify potential issues. • Relevant government institutions should be aware of the impact of grief on cognitive and emotional capacity, which may influence perceptions of cold, impersonal, and invalidating service, perhaps regardless of the service’s objective qualities. • Existing trauma-informed principles should be followed around FEP, including “validating feelings and concerns”, “listening to what a person wants and needs”, and “acknowledging that people . . . may feel powerless to control what happens to them, isolated by their experiences and have feelings of low self-worth” (Office for Health Improvement & Disparities, 2022, <i>Empowerment</i> section). • Grief, trauma, and cultural training may improve experiences of validation.
Current policies may be unfair and violate rights	<ul style="list-style-type: none"> • Government institutions should be aware that FP may indicate violation of International Covenant on Economic, Social and Cultural Rights (Mace, 2024). • State investigation, enforcement, and review of policies may help ensure that LAs uphold their legal duties around PHFs, since many are not (QSA, 2021).

Issue	Suggested actions
Policy Implications	
Current policies may be unfair and violate rights	<ul style="list-style-type: none">• FEP rules on eligibility may be overly complicated, too restrictive, and exclude those who do not qualify as ‘close relatives’, despite caring responsibilities (UK Parliament, 2016, p. 3). The definition of ‘close relative’ should be broadened to reflect this and to reduce Western definitional bias.• The FEP amount should be increased and regularly reviewed to keep pace with funeral costs (UK Parliament, 2016) – currently it typically covers less than half of the funeral cost (SunLife, 2025).• Current legislation (UK Parliament, 2020) could be reviewed to offer more security around ascertaining religious identity, around religiously required funeral practices, and remove state powers to cremate against one’s wishes if deemed necessary (UK Parliament, 2020, p. 62, para. 511)

Note. Many of these recommendations apply to FP and MI more broadly, i.e. outside of Muslim communities. These are based in the wider literature, since the present study’s findings are not generalisable in themselves a) as a small sample, qualitative study, and b) due to the study’s focus on UK Muslims.

5.5 Conclusion

This study shows that a sample of UK Muslims experience FP as a profoundly moral and spiritual crisis, influenced by grief, systemic barriers, and religious obligation. FP brought distress, relationship damage, and MI, which all compounded financial hardship. Family and community were sources of both significant conflict and deeply meaningful support. Significant personal, relational, and spiritual growth often followed burial, which appeared to be the catalyst. Institutions were perceived as insensitive to grief and religious needs, with state cremations for Muslims viewed as deeply distressing and morally injurious.

Culturally sensitive, grief-informed systems that understand Islamic burial as a religious necessity may foster improvement. The IFSC offers vital support, but charities alone cannot address systemic failings, nor should they be responsible for addressing them. Broader

structural issues underpin FP. Improved state and institutional accountability, alongside structural and policy changes, would reduce harm and allow greater dignity for both the deceased and bereaved. Clinically, recognising FP can cause significant distress and MI can inform faith-integrated interventions for Muslim service-users.

5.6 Concluding Reflections

Before 2023, I knew nothing about FP. Conducting this research was eye-opening, including in realising how unseen this population is. Throughout the project, I felt frustrated, stuck, anxious, emotional, and experienced compounding stress; yet this paled in comparison to participants' contexts and experiences, offering a humbling perspective I appreciated. Recruitment difficulties were frustrating, but I was often reminded how the target sample was grieving and vulnerable. Balancing empathy with research goals provided helpful experiences around perspective and humility.

I was moved and inspired by participants' resilience, conviction, and their ability to feel gratitude, appreciation, acceptance and contentment around hardship. Their stories reminded me of my own privilege around financial options, family relationships, and more. Hearing about severe Islamophobia was painful and resurfaced difficult memories. I also had not anticipated family conflict to feature so prominently.

Perhaps initially sceptical, I found the iterative IPA process experientially powerful, including how it brought retrospective clarity and appreciation of what was said and done, echoing participants' own experiences. The research has sharpened my awareness of moral harm in clinical practice and reinforced my views around the inseparability of systemic issues from individual poverty. It has been rewarding to achieve my longstanding goal of contributing to psychological research on Muslims.

References

* Indicates paper reviewed in SLR

- Abu Raiya, H., & Pargament, K. I. (2010). Religiously integrated psychotherapy with Muslim clients: From research to practice. *Professional Psychology: Research and Practice*, 41(2), 181–188. <https://doi.org/10.1037/a0017988>
- Ahmed, N. (2016). Marking a good death: Muslim burial sites and practices in Britain from 1800 to the present. In *Rescripting Religion in the City* (pp. 103–114). Routledge.
- Aldashev, A. (2023). Ceremonial expenditures, informal networks and economic consequences: Evidence from Kyrgyzstan. *Economics of Transition and Institutional Change*, 32(2), 571–582. <https://doi.org/10.1111/ecot.12391>
- Al-Dawoody, A., Winter, K. A., & Finegan, O. (2021). International Committee of the Red Cross (ICRC): Management of the dead under Islamic law. *Forensic Science International: Reports*, 3, 100196. <https://doi.org/10.1016/j.fsir.2021.100196>
- Alkenbrack Batteh, S. E., Forsythe, S., Martin, G., & Chettra, T. (2008). Confirming the impact of HIV/AIDS epidemics on household vulnerability in Asia: The case of Cambodia. *AIDS*, 22(Suppl 1), S103–S111. <https://doi.org/10.1097/01.aids.0000327630.00469.40>
- Ansari, H. (2007). 'Burying the dead': Making Muslim space in Britain. *Historical Research*, 80(210), 545–566. <https://doi.org/10.1111/j.1468-2281.2007.00432.x>
- Ardington, C., Bärnighausen, T., Case, A., & Menendez, A. (2014). The economic consequences of AIDS mortality in South Africa. *Journal of Development Economics*, 111, 48–60. <https://doi.org/10.1016/j.jdeveco.2014.08.001>
- Ashhuri, H., Ibrahim, I. I., & Hassan, R. (2024). Identifying and Predicting Muslim Community Funeral Funding Protocols. *International Journal on Perceptive and Cognitive Computing*, 10(1), 1–7. <https://doi.org/10.31436/ijpcc.v10i1.301>
- Bailey, T. (2010). When commerce meets care: Emotion management in UK funeral directing. *Mortality*, 15(3), 205–222. <https://doi.org/10.1080/13576275.2010.496613>
- Balarabe, A., & Abdullah, M. F. (2020). The Islamic credit card based on ujah concept: Conceptual review. *Journal of Emerging Economies & Islamic Research*, 8(3), 74–83. <https://ir.uitm.edu.my/id/eprint/47450/>
- Bamberg, M. (2012). Narrative analysis. In H. Cooper, P. M. Camic, D. L. Long, A. T. Panter, D. Rindskopf, & K. J. Sher (Eds.), *APA handbook of research methods in psychology, Vol 2: Research designs: Quantitative, qualitative, neuropsychological, and biological*. (Vol. 2, pp. 85–102). American Psychological Association. <https://doi.org/10.1037/13620-006>
- Barker, C., Pistrang, N., & Elliott, R. (2002). *Research methods in clinical psychology: An introduction for students and practitioners* (2nd ed.). Wiley.
- Becker, C. B., Taniyama, Y., Kondo-Arita, M., Sasaki, N., Yamada, S., & Yamamoto, K. (2022). How funerals mediate the psycho-social impact of grief: Qualitative analysis of open-ended

responses to a national survey in Japan. *SSM - Mental Health*, 2, 100169.

<https://doi.org/10.1016/j.ssmmh.2022.100169>

Becker, C. B., Taniyama, Y., Kondo-Arita, M., Yamada, S., & Yamamoto, K. (2022). How Grief, Funerals, and Poverty Affect Bereaved Health, Productivity, and Medical Dependence in Japan. *Omega*, 85(3), 669–689. <https://doi.org/10.1177/0030222820947573>

Bentley, J. A., Feeny, N. C., Dolezal, M. L., Klein, A., Marks, L. H., Graham, B., & Zoellner, L. A. (2021). Islamic Trauma Healing: Integrating Faith and Empirically Supported Principles in a Community-Based Program. *Cognitive and Behavioral Practice*, 28(2), 167–192. <https://doi.org/10.1016/j.cbpra.2020.10.005>

Bergen, N., & Labonté, R. (2020). “Everything Is Perfect, and We Have No Problems”: Detecting and Limiting Social Desirability Bias in Qualitative Research. *Qualitative Health Research*, 30(5), 783–792. <https://doi.org/10.1177/1049732319889354>

Bhaskar, R. (2008). *A realist theory of science* (3rd ed.). Routledge.

Botha, M. (2025). Critical realism, community psychology, and the curious case of autism: A philosophy and practice of science with social justice in mind. *Journal of Community Psychology*, 53(1). <https://doi.org/10.1002/jcop.22764>

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. <https://doi.org/10.1191/1478088706qp063oa>

Bray, P. (2013). Bereavement and Transformation: A Psycho-spiritual and Post-traumatic Growth Perspective. *Journal of Religion and Health*, 52(3), 890–903. <https://doi.org/10.1007/s10943-011-9539-8>

Brémault-Phillips, S., Pike, A., Scarcella, F., & Cherwick, T. (2019). Spirituality and Moral Injury Among Military Personnel: A Mini-Review. *Frontiers in Psychiatry*, 10. <https://doi.org/10.3389/fpsy.2019.00276>

Brinkmann, S., & Kvale, S. (2008). Ethics in Qualitative Psychological Research. In C. Willig & W. Stainton-Rogers (Eds.), *The SAGE Handbook of Qualitative Research in Psychology*. SAGE.

Broom, D. (2020, November 27). *This is how we prevent future pandemics, say 22 leading scientists*. World Economic Forum. <https://www.weforum.org/stories/2020/11/covid-19-pandemics-nature-scientists/>

Brooten, D., Youngblut, J. M., Charles, D., Roche, R., Hidalgo, I., & Malkawi, F. (2016). Death Rituals Reported by White, Black, and Hispanic Parents Following the ICU Death of an Infant or Child. *Journal of Pediatric Nursing*, 31(2), 132–140. <https://doi.org/10.1016/j.pedn.2015.10.017>

Bryant, J., & Aggleton, P. (2025). The Problem With Resilience: Individualisation, Reductionism and Relationality in Health Discourses on Resilience. *Sociology of Health & Illness*, 47(4). <https://doi.org/10.1111/1467-9566.70031>

Burrell, A., & Selman, L. E. (2022). How do Funeral Practices Impact Bereaved Relatives' Mental Health, Grief and Bereavement? A Mixed Methods Review with Implications for COVID-19. *OMEGA - Journal of Death and Dying*, 85(2), 345–383. <https://doi.org/10.1177/0030222820941296>

- Butler, A. E., Copnell, B., & Hall, H. (2019). Researching people who are bereaved: Managing risks to participants and researchers. *Nursing Ethics*, 26(1), 224–234. <https://doi.org/10.1177/0969733017695656>
- Casey, P. M. (2019). Conversion to Islam: Narratives of Awakening, Continuity, and Return. *Sociological Forum*, 34(3), 752–773. <https://www.jstor.org/stable/48558566>
- Cena, E., Brooks, J., Day, W., Goodman, S., Rousaki, A., Ruby-Granger, V., & Seymour-Smith, S. (2024). Quality Criteria: General and Specific Guidelines for Qualitative Approaches in Psychology Research. A Concise Guide for Novice Researchers and Reviewers. *International Journal of Qualitative Methods*, 23. <https://doi.org/10.1177/16094069241282843>
- Çınaroğlu, M. (2024). A Tale of Resilience and Faith: Understanding Grief Through Islamic Coping Mechanisms. *Spiritual Psychology and Counseling*, 9(2), Article 2. <https://doi.org/10.37898/spiritualpc.1403670>
- Collier, D., & Mahoney, J. (1996). Insights and Pitfalls: Selection Bias in Qualitative Research. *World Politics*, 49(1), 56–91. <https://doi.org/10.1353/wp.1996.0023>
- Compassionate workplaces training programme. (n.d.). Marie Curie. Retrieved 22 July 2025, from <https://www.mariecurie.org.uk/professionals/compassionate-workplaces>
- Conway, H. (2018). 'First Among Equals': Breaking the Deadlock in Parental and Sibling Funeral Disputes. *Liverpool Law Review*, 39(1), 151–174. <https://doi.org/10.1007/s10991-018-9212-3>
- Conway, H., & Stannard, J. (2011). The honours of Hades: Death, emotion and the law of burial disputes. *The University of New South Wales Law Journal*, 34(3), 860–897. https://doi.org/10.3316/agis_archive.20115263
- Corden, A. (2016). *Exploration of understanding of the economic implications of bereavement* [Doctoral dissertation, University of York]. <https://etheses.whiterose.ac.uk/id/eprint/16327/7/AC%20PhD%20Submission%20FINAL%20%28February%202017%29.pdf>
- Corden, A., & Hirst, M. (2013a). Economic Components of Grief. *Death Studies*, 37(8), 725–749. <https://doi.org/10.1080/07481187.2012.692456>
- Corden, A., & Hirst, M. (2013b). Financial constituents of family bereavement. *Family Science*, 4(1), 59–65. <https://doi.org/10.1080/19424620.2013.819680>
- Corden, A., & Hirst, M. (2016). *The Meaning of Funeral Poverty: An exploratory study* [Commissioned Report]. Univesity of York. <https://eprints.whiterose.ac.uk/id/eprint/98772/>
- Corden, A., Sainsbury, R., & Sloper, P. (2002). When a Child Dies: Money Matters. *Illness, Crisis & Loss*, 10(2), 125–137. <https://doi.org/10.1177/105413730201000203>
- Creswell, J. W., & Clark, V. L. P. (2007). *Designing and conducting mixed methods research*. Sage Publications, Inc.
- Critical Appraisal Skills Programme UK. (2024). *CASP qualitative studies checklist*. <https://casp-uk.net/casp-tools-checklists/qualitative-studies-checklist/>
- Crossley, S., Garthwaite, K., & Patrick, R. (2019). *The fragmentation of poverty in the UK: what's the problem? A working paper* [Working paper]. What's the Problem? <https://dave->

newnham.blog/wp-content/uploads/2019/10/15556-ukpoverty-what27stheproblemworkingpaperfinal.pdf

Cutting the cost of dying: Tips from funeral experts. (2024, February 25). *BBC News*.
<https://www.bbc.com/news/uk-england-dorset-68382910>

Daar, A. S., & Khitamy, A. (2001). Bioethics for clinicians: 21. Islamic bioethics. *CMAJ: Canadian Medical Association Journal*, 164(1), 60–63.
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC80636/>

Dastmalchian, A. (2017). Islam. In Y. Nagasawa & B. Matheson (Eds.), *The Palgrave Handbook of the Afterlife* (pp. 153–173). Palgrave Macmillan UK. https://doi.org/10.1057/978-1-137-48609-7_8

De Souza Ferreira, M. S. (2024). *Self-Forgiveness as a Moderator Between Moral Injury and Posttraumatic Growth Among Veterans* (15490) [Doctoral dissertation, Walden University]. Walden Dissertations and Doctoral Studies.
<https://scholarworks.waldenu.edu/cgi/viewcontent.cgi?article=16760&context=dissertations>

Demetriou, O. (2016). Counter-Conduct and the Everyday: Anthropological Engagements with Philosophy. *Global Society*, 30(2), 218–237. <https://doi.org/10.1080/13600826.2015.1133568>

Department for Levelling Up, Housing & Communities. (2020, September 16). *Public health funerals: Good practice guidance*. GOV.UK.
<https://www.gov.uk/government/publications/public-health-funerals-good-practice-guidance>

Department for Work and Pensions. (2024, July 19). *Funeral Expenses Payment notes: Adult*.
<https://assets.publishing.service.gov.uk/media/639b0be7e90e07218568c061/sf200-adult-notes.pdf>

Department for Work and Pensions. (2025). *Annual Report & Accounts 2024-25*. Department for Work and Pensions.
<https://assets.publishing.service.gov.uk/media/686f993d10d550c668de3da5/dwp-annual-report-and-accounts-2024-to-2025.pdf>

Down to Earth. (n.d.). Quaker Social Action. Retrieved 17 July 2025, from
<https://quakersocialaction.org.uk/we-can-help/helping-funerals/down-earth>

Ehsan, R., & Scott, J. (2024). *The social contribution of British Muslims*. Institute for the Impact of Faith in Life. <https://iifl.org.uk/wp-content/uploads/2024/02/The-social-contribution-of-British-Muslims.pdf>

Ekpo, C. G., & Is'haq, A. B. (2016). Islam and the Environment: Implications of Islamic Funeral Practice on Environmental Sustainability. *IOSR Journal of Research & Method in Education*, 6(1), 58–63. <https://doi.org/10.9790/7388-06115863>

Empowering Organisations with Compassionate, Bespoke Bereavement Training. (n.d.). National Bereavement Service. Retrieved 22 July 2025, from <https://thenbs.org/bereavement-in-service-training>

Explainer: Why are there riots in the UK and who is behind them? (2024, August 7). *Reuters*.
<https://www.reuters.com/world/uk/why-are-there-riots-uk-who-is-behind-them-2024-08-07/>

Fani, N., Currier, J. M., Turner, M. D., Guelfo, A., Kloess, M., Jain, J., Mekawi, Y., Kuzyk, E., Hinrichs, R., Bradley, B., Powers, A., Stevens, J. S., Michopoulos, V., & Turner, J. A. (2021). Moral injury in civilians: Associations with trauma exposure, PTSD, and suicide behavior. *European Journal of Psychotraumatology*, 12(1), 1965464.

<https://doi.org/10.1080/20008198.2021.1965464>

FeldmanHall, O., Mobbs, D., Evans, D., Hiscox, L., Navrady, L., & Dalgleish, T. (2012). What we say and what we do: The relationship between real and hypothetical moral choices. *Cognition*, 123(3), 434–441. <https://doi.org/10.1016/j.cognition.2012.02.001>

Fleet, K., Krämer, G., Matringe, D., Nawas, J., & Stewart, D. J. (n.d.). *Encyclopaedia of Islam Online (English)*. Brill; Brill. Retrieved 18 June 2025, from <https://referenceworks.brill.com/display/package/eio>

Fox, A. (2023, July 27). Nearly 300,000 households with multi-faith people living alongside each other. *The Independent*. <https://www.independent.co.uk/news/uk/home-news/religion-census-england-wales-b2382668.html>

Fricker, M. (2007). *Epistemic Injustice: Power and the Ethics of Knowing* (1st ed.). Oxford University Press/Oxford. <https://doi.org/10.1093/acprof:oso/9780198237907.001.0001>

Fulton, T., Lathan, E. C., Karkare, M. C., Guelfo, A., Eghbalzad, L., Ahluwalia, V., Ely, T. D., Turner, J. A., Turner, M. D., Currier, J. M., Mekawi, Y., & Fani, N. (2024). Civilian Moral Injury and Amygdala Functional Connectivity During Attention to Threat. *Biological Psychiatry: Cognitive Neuroscience and Neuroimaging*, 9(1), 112–120. <https://doi.org/10.1016/j.bpsc.2023.07.006>

Gadamer, H.-G. (1979). The Problem of Historical Consciousness. In P. Rabinow & W. M. Sullivan (Eds.), *Interpretive Social Science: A Reader*. University of California Press.

Gadamer, H.-G. (2004). *Truth and method* (J. Weinsheimer & D. G. Marshall, Trans.; 2nd, Revised ed.). Continuum. https://web.mit.edu/kaclark/www/gadamer_truth_and_method.pdf

Gentry, J. W., Kennedy, P. F., Paul, K., & Hill, R. P. (1995). The Vulnerability of those Grieving the Death of a Loved One: Implications for Public Policy. *Journal of Public Policy & Marketing*, 14(1), 128–142. <https://doi.org/10.1177/074391569501400112>

Gilbert, P. (2014). The origins and nature of compassion focused therapy. *British Journal of Clinical Psychology*, 53(1), 6–41. <https://doi.org/10.1111/bjc.12043>

Glaser, B. G., & Strauss, A. L. (2017). *The Discovery of Grounded Theory: Strategies for Qualitative Research* (1st ed.). Routledge. <https://doi.org/10.4324/9780203793206>

Gloster, A. T., Walder, N., Levin, M. E., Twohig, M. P., & Karekla, M. (2020). The empirical status of acceptance and commitment therapy: A review of meta-analyses. *Journal of Contextual Behavioral Science*, 18, 181–192. <https://doi.org/10.1016/j.jcbs.2020.09.009>

GOV.UK. (n.d.). *Public health funerals: Good practice guidance*. GOV.UK. Retrieved 17 June 2025, from <https://www.gov.uk/government/publications/public-health-funerals-good-practice-guidance/public-health-funerals-good-practice-guidance>

Grandi, A., Rizzo, M., & Colombo, L. (2023). Secondary traumatic stress and work ability in death care workers: The moderating role of vicarious posttraumatic growth. *PLOS ONE*, 18(7), e0289180. <https://doi.org/10.1371/journal.pone.0289180>

- Gray, M. J., Schorr, Y., Nash, W., Lebowitz, L., Amidon, A., Lansing, A., Maglione, M., Lang, A. J., & Litz, B. T. (2012). Adaptive Disclosure: An Open Trial of a Novel Exposure-Based Intervention for Service Members With Combat-Related Psychological Stress Injuries. *Behavior Therapy*, 43(2), 407–415. <https://doi.org/10.1016/j.beth.2011.09.001>
- Griffin, B. J., Purcell, N., Burkman, K., Litz, B. T., Bryan, C. J., Schmitz, M., Villierme, C., Walsh, J., & Maguen, S. (2019). Moral Injury: An Integrative Review. *Journal of Traumatic Stress*, 32(3), 350–362. <https://doi.org/10.1002/jts.22362>
- Gurr, H., Oliver, L., Harvey, O., Subedi, M., & Van Teijlingen, E. (2024). The Importance of Positionality for Qualitative Researchers. *Dhauagiri Journal of Sociology and Anthropology*, 48–54. <https://doi.org/10.3126/dsaj.v18i01.67553>
- Gyollai, D. (2020). Getting into it in the wrong way: Interpretative phenomenological analysis and the hermeneutic circle. *Nursing Philosophy*, 21(2), e12294. <https://doi.org/10.1111/nup.12294>
- Hadeeth Study: Only Allaah Punishes With Fire | Bakkah.net*. (2013, January 13). <https://www.bakkah.net/en/hadeeth-study-only-allaah-punishes-with-fire.htm>
- Haigh, C., & Witham, G. (2015). Distress protocol for qualitative data collection. *Archives of Psychiatric Nursing*, 23(5), 343–350. <https://www.mmu.ac.uk/media/mmuacuk/content/documents/rke/Advisory-Distress-Protocol.pdf>
- Hansford, L., Thomas, Felicity, & Wyatt, K. (2023). Poverty, choice and dying in the UK: A call to examine whether public health approaches to palliative care address the needs of low-income communities. *Mortality*, 28(4), 610–626. <https://doi.org/10.1080/13576275.2022.2044299>
- Hashas, M. (2024). Islamic Ethics: Fundamental Aspects of Human Conduct, written by Abdulaziz Sachedina. *Journal of Islamic Ethics*, 8(1–2). <https://doi.org/10.1163/24685542-20240001>
- Heath, A., Li, Y., & Woerner-Powell, T. (2018). Trapped in Poverty?: A Study of Transient and Persisting Factors for Muslim Disadvantages in the UK. *Comparative Islamic Studies*, 11(2), 205–233. <https://doi.org/10.1558/cis.33637>
- Held, P., Klassen, B. J., Hall, J. M., Friese, T. R., Bertsch-Gout, M. M., Zalta, A. K., & Pollack, M. H. (2019). “I knew it was wrong the moment I got the order”: A narrative thematic analysis of moral injury in combat veterans. *Psychological Trauma: Theory, Research, Practice, and Policy*, 11(4), 396–405. <https://doi.org/10.1037/tra0000364>
- Henson, C., Truchot, D., & Canevello, A. (2021). What promotes post traumatic growth? A systematic review. *European Journal of Trauma & Dissociation*, 5(4), 100195. <https://doi.org/10.1016/j.ejtd.2020.100195>
- Hong, Q. N. (2022, August 7). FAQ: Questions on the MMAT version 2018. Mixed Methods Appraisal Tool Public. <http://mixedmethodsappraisaltoolpublic.pbworks.com/w/page/71030694/FAQ>
- Hong, Q. N., Pluye, P., Fàbregues, S., Bartlett, G., Boardman, F., Cargo, M., Dagenais, P., Gagnon, M.-P., Griffiths, F., Nicolau, B., O’Cathain, A., Rousseau, M.-C., & Vedel, I. (2018). *Mixed*

Methods Appraisal Tool (MMAT), version 2018.

http://mixedmethodsappraisaltoolpublic.pbworks.com/w/file/attach/127916259/MMAT_2018_criteria-manual_2018-08-01_ENG.pdf

Honneth, A. (2014). *Disrespect: The normative foundations of critical theory*. Polity Press.

Hoover, T. D., & Metz, G. A. S. (2024). What Comes after Moral Injury?—Considerations of Post-Traumatic Growth. *Trauma Care*, 4(3), 219–228. <https://doi.org/10.3390/traumacare4030020>

Hosein, S. (2019). Muslims in the U.S. Military: Moral Injury and Eroding Rights. *Pastoral Psychology*, 68(1), 77–92. <https://doi.org/10.1007/s11089-018-0839-8>

Houle, S. A., Ein, N., Gervasio, J., Plouffe, R. A., Litz, B. T., Carleton, R. N., Hansen, K. T., Liu, J. J. W., Ashbaugh, A. R., Callaghan, W., Thompson, M. M., Easterbrook, B., Smith-MacDonald, L., Rodrigues, S., Bélanger, S. A. H., Bright, K., Lanius, R. A., Baker, C., Younger, W., ... Nazarov, A. (2024). Measuring moral distress and moral injury: A systematic review and content analysis of existing scales. *Clinical Psychology Review*, 108(102377). <https://doi.org/10.1016/j.cpr.2023.102377>

Hourston, P. (2022, February 7). *Cost of living crisis*. Institute for Government. <https://www.instituteforgovernment.org.uk/explainer/cost-living-crisis>

Irfayya, M., Maxwell, A. E., & Krämer, A. (2008). Assessing Psychological Stress among Arab Migrant Women in the City of Cologne/Germany Using the Community Oriented Primary Care (COPC) Approach. *Journal of Immigrant and Minority Health*, 10(4), 337–344. <https://doi.org/10.1007/s10903-007-9091-5>

Islahi, A. A. (2024). Islamic Thought on Interest and Usury. In J. J. Tinguely (Ed.), *The Palgrave Handbook of Philosophy and Money: Volume 1: Ancient and Medieval Thought* (pp. 533–543). Springer International Publishing. https://doi.org/10.1007/978-3-031-54136-0_28

Jakobsen, J. (2015). 8 Contextualising Religious Pain: Saba Mahmood, Axel Honneth, and the Danish Cartoons. In J. Jakobsen & O. Lysaker (Eds.), *Recognition and Freedom* (Vol. 17, pp. 169–192). BRILL. https://doi.org/10.1163/9789004287341_010

Jameton, A. (1984). *Nursing Practice: The Ethical Issues*. Prentice-Hall.

Jones, D., Harvey, J., Giza, D., Rodican, C., Barreira, P. J., & Macias, C. (2003). Parental Death In The Lives of People with Serious Mental Illness. *Journal of Loss and Trauma*, 8(4), 307–322. <https://doi.org/10.1080/15325020305883>

Jones, R. (2024, January 15). UK faces a cost of dying crisis as funeral costs reach record high. *The Guardian*. <https://www.theguardian.com/society/2024/jan/15/uk-faces-a-cost-of-dying-crisis-as-funeral-costs-reach-record-high>

Kaplan, R. B., & Grabe, W. (2002). A modern history of written discourse analysis. *Journal of Second Language Writing*, 11(3), 191–223. [https://doi.org/10.1016/s1060-3743\(02\)00085-1](https://doi.org/10.1016/s1060-3743(02)00085-1)

Katan, M., Nasrijal, N. M. H., Noor, A. H. M., & Man, N. C. (2019). An Awareness Model for an Islamic Pre-Need Funeral Plan. *GATR Journal of Finance and Banking Review*, 4(2), 47–57. [https://doi.org/10.35609/jfbr.2019.4.2\(1\)](https://doi.org/10.35609/jfbr.2019.4.2(1))

Kes, A., Ogwang, S., Pande, R. P., Douglas, Z., Karuga, R., Odhiambo, F. O., Laserson, K., & Schaffer, K. (2015). The economic burden of maternal mortality on households: Evidence from

three sub-counties in rural western Kenya. *Reproductive Health*, 12(1), S3.
<https://doi.org/10.1186/1742-4755-12-S1-S3>

Kettel, S., Kerr, P., & Tepe, D. (2025). *What Went Wrong with Britain?: An audit of Tory failure*. Manchester University Press.

Khan, I., Dean, S., Ridge, D., & Souvlakis, N. (2025). The Integration of Islamic Psychology with Acceptance and Commitment Therapy (ACT). *Culture, Medicine, and Psychiatry*.
<https://doi.org/10.1007/s11013-025-09924-5>

Khan, N. (2024, July 22). *Difference of Opinion: Where Do We Draw the Line?* Yaqeen Institute for Islamic Research. <https://yaqeeninstitute.org/read/paper/difference-of-opinion-where-do-we-draw-the-line>

Khutba: How to know if you've succeeded the test of life. (2019, August 23). *Luton Muslims Journal*. <https://lutonmuslimjournal.com/featured/succeedlifestest/>

Koenig, H. G., & Al Zaben, F. (2021). Moral Injury: An Increasingly Recognized and Widespread Syndrome. *Journal of Religion and Health*, 60(5), 2989–3011. <https://doi.org/10.1007/s10943-021-01328-0>

Koroglu, S., & Durat, G. (2025). Beyond mourning: A qualitative exploration of the psychosocial effects of muslim death rituals in contemporary Turkey. *Death Studies*, 1–15.
<https://doi.org/10.1080/07481187.2025.2525191>

Lambert, H. (2020, October 21). How white men still dominate British political life. *New Statesman*. <https://www.newstatesman.com/politics/uk-politics/2020/10/how-white-men-still-dominate-british-political-life>

Lathan, E. C., Sheikh, I. S., Guelfo, A., Choucair, K. C., Fulton, T., Julian, J., Mekawi, Y., Currier, J. M., Powers, A., & Fani, N. (2023). Moral injury appraisals and dissociation: Associations in a sample of trauma-exposed community members. *Journal of Trauma & Dissociation*, 24(5), 692–711. <https://doi.org/10.1080/15299732.2023.2231010>

Latiff, O. (2024, August 20). *New Essay | Epistemic Humility*.
<https://www.sapienceinstitute.org/epistemic-humility/?b=1750290941772>

Lawrence, E. R., Appiah-Kubi, A., Lawrence, H. R., Lui, M. Y., Owusu-Antwi, R., Konney, T., & Moyer, C. A. (2022). “There is no joy in the family anymore”: A mixed-methods study on the experience and impact of maternal mortality on families in Ghana. *BMC Pregnancy and Childbirth*, 22(1), 683. <https://doi.org/10.1186/s12884-022-05006-1>

Lee, J., & Cagle, J. G. (2022). A conceptual framework for understanding financial burden during serious illness. *Nursing Inquiry*, 29(2), e12451. <https://doi.org/10.1111/nin.12451>

Litz, B. T., Stein, N., Delaney, E., Lebowitz, L., Nash, W. P., Silva, C., & Maguen, S. (2009). Moral injury and moral repair in war veterans: A preliminary model and intervention strategy. *Clinical Psychology Review*, 29(8), 695–706. <https://doi.org/10.1016/j.cpr.2009.07.003>

Liu, Y., Li, H., & Fang, X. (2024). Who should the elderly borrow money from under formal financial exclusion? Evidence from China. *Economic Analysis and Policy*, 81, 964–982.
<https://doi.org/10.1016/j.eap.2024.01.012>

Local Government Association. (2024). *Public Health Funerals 2024* (LGA Research) [Research Report]. Local Government Association.
<https://www.local.gov.uk/sites/default/files/documents/Public%20Health%20Funerals%202024%20-%20Report%20-%20Final.pdf>

Mace, L. (2024, January 12). *QSA responds to Cost of Dying Report*. Quaker Social Action.
<https://quakersocialaction.org.uk/sharing-our-learning/news/qa-responds-cost>

Maguen, S., Lucenko, B. A., Reger, M. A., Gahm, G. A., Litz, B. T., Seal, K. H., Knight, S. J., & Marmar, C. R. (2010). The impact of reported direct and indirect killing on mental health symptoms in Iraq war veterans. *Journal of Traumatic Stress*, 23(1), 86–90.
<https://doi.org/10.1002/jts.20434>

Mannang, A., Mardan, & Yusuf, M. (2025). CONTINUITY INSIDE AL QURAN. *Multidisciplinary Indonesian Center Journal (MICJO)*, 2(2), Article 2. <https://doi.org/10.62567/micjo.v2i2.523>

Mantri, S., Lawson, J. M., Wang, Z., & Koenig, H. G. (2020). Identifying Moral Injury in Healthcare Professionals: The Moral Injury Symptom Scale-HP. *Journal of Religion and Health*, 59(5), 2323–2340. <https://doi.org/10.1007/s10943-020-01065-w>

Matthews, L. R., Bohle, P., Quinlan, M., & Rawlings-Way, O. (2012). Traumatic Death at Work: Consequences for Surviving Families. *International Journal of Health Services*, 42(4), 647–666.
<https://doi.org/10.2190/HS.42.4.e>

Maxwell, J. A. (2012). *A realist approach for qualitative research*. SAGE.

McManus, R., & Schafer, C. (2014). Final arrangements: Examining debt and distress. *Mortality*, 19(4), 379–397. <https://doi.org/10.1080/13576275.2014.948413>

Meer, N. (2007). *Citizenship and double consciousness: Muslims and multiculturalism in Britain* [University of Bristol]. <https://research-information.bris.ac.uk/ws/portalfiles/portal/34502800/486084.pdf>

Meer, S., & Mir, G. (2014). Muslims and depression: The role of religious beliefs in therapy. *Journal of Integrative Psychology and Therapeutics*, 2(1), 2. <https://doi.org/10.7243/2054-4723-2-2>

Mend. (2020, March 22). *Deceased Muslims Could Be Forcefully Cremated Under Emergency Coronavirus Bill*. Muslim Engagement and Development. <https://www.mend.org.uk/whats-new/action-alerts/covid19-bill/>

Military Moral Injury: Religious and Theological Resources—Durham University. (n.d.). Durham University. Retrieved 22 July 2025, from <https://www.durham.ac.uk/research/institutes-and-centres/moral-injury/resources/military-moral-injury-religious-and-theological-resources/>

Mir, G., Kanter, J., & Meer, S. (2016, February). *BA-M Treatment Manual: Addressing Depression in Muslim Communities*. University of Leeds.
<https://medicinehealth.leeds.ac.uk/download/downloads/id/290/ba-m-manual-february-2016.pdf>

Mirza, A. A. I., Khairi, K. F., Shukor, S. A., Muhamed, N. A., Rasedee, A. F. N., Suhaimi, M., Masrukhin, N. H. S., & Kamarubahrin, A. F. (2020). Funeral Poverty: An Exploratory Study for Micro-Takaful. *Tazkia Islamic Finance and Business Review*, 14(2).
<https://doi.org/10.30993/tifbr.v14i2.222>

Mohammadi, N., Jones, T., & Evans, D. (2008). Participant recruitment from minority religious groups: The case of the Islamic population in South Australia. *International Nursing Review*, 55(4), 393–398. <https://doi.org/10.1111/j.1466-7657.2008.00647.x>

Mohdin, A. (2022, November 30). Census says 39% of Muslims live in most deprived areas of England and Wales. *The Guardian*. <https://www.theguardian.com/world/2022/nov/30/census-says-39-of-muslims-live-in-most-deprived-areas-of-england-and-wales>

Molla, M., Mitiku, I., Worku, A., & Yamin, A. E. (2015). Impacts of maternal mortality on living children and families: A qualitative study from Butajira, Ethiopia. *Reproductive Health*, 12(1), S6. <https://doi.org/10.1186/1742-4755-12-S1-S6>

Moore, A. R. (2008). Older Poor Parents who Lost an Adult Child to Aids in Togo, West Africa: A Qualitative Study. *OMEGA - Journal of Death and Dying*, 56(3), 289–304. <https://doi.org/10.2190/OM.56.3.e>

Musharraf, M. N. (2007). 'TO HIM WE BELONG AND TO HIM WE RETURN'—WHY DOES GOD TEST US? *ResearchGate*, 3(2), 35–48. https://www.researchgate.net/publication/320988739_'TO_HIM_WE_BELONG_AND_TO_HIM_WE_RETURN'-WHY_DOES_GOD_TEST_US

Muslim Council of Britain. (2020, December 12). *Statement on forced cremations of Muslims who have died of COVID-19 in Sri Lanka* | Muslim Council of Britain. Muslim Council of Britain. <https://mcb.org.uk/statement-on-forced-cremations-of-muslims-who-have-died-of-covid-19-in-sri-lanka/>

Naim, M. K., Hilmi, S. M., Zarrina, S. C., Salikin, S. N., Hambali, K. M., Adli, W., Abidin, A. Z., Mamat, M. A., Borhan, J. T., Latif, F. A., Saged, A. G., Azhar, M. H., & Dawam, R. M. (2016). Understanding the Concept of al-Ibtilla' (Trial) in Personality Development: The Muslim Flood Victims' Experience. *International Review of Management and Marketing*, 6(7), Article 7. <https://dergipark.org.tr/en/pub/irmm/issue/32101/355632>

Nurein, S. A., & Iqbal, H. (2021). Identifying a space for young Black Muslim women in contemporary Britain. *Ethnicities*, 21(3), 433–453. <https://doi.org/10.1177/14687968211001899>

Office for Health Improvement & Disparities. (2022, November 2). *Working definition of trauma-informed practice*. GOV.UK. <https://www.gov.uk/government/publications/working-definition-of-trauma-informed-practice/working-definition-of-trauma-informed-practice>

Office for National Statistics. (2020, February 26). *Religion, education and work in England and Wales—Office for National Statistics*. Office for National Statistics. <https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/religion/articles/religionandeducationandworkinenglandandwales/february2020#economic-activity>

Office for National Statistics. (2022, November 29). *Religion, England and Wales—Office for National Statistics*. Office for National Statistics. <https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/religion/bulletins/religionenglandandwales/census2021>

Ohemeng, F. N. A., & Tonah, S. (2015). "I Want to Go Gently": How AIDS Patients in Ghana Envisage Their Deaths. *OMEGA - Journal of Death and Dying*, 75(4), 395–410. <https://doi.org/10.1177/0030222815575010>

- Oldfield, Y. (2014). Disputes over Interment and Cremation: The Mediation Option. *Victoria University of Wellington Law Review*, 45(4), Article 4. <https://doi.org/10.26686/vuwlr.v45i4.4942>
- Omar, M. N. (2010). Ethics in Islam: A critical survey. , 32, 157-171. *Islamiyyat*, 32, 157-171. https://www.researchgate.net/publication/342946571_Ethics_In_Islam_A_Critical_Survey
- Øvstedal, L. R., Moe, D., Dyregrov, A., & Dyregrov, K. (2017). Young Road Fatalities: Consequences for Life Quality and the Role of Transport Authorities. *OMEGA - Journal of Death and Dying*, 75(1), 69-91. <https://doi.org/10.1177/0030222817698992>
- Oxford English Dictionary. (2024). Well-being, n., sense 1. In *Oxford English Dictionary*. Oxford University Press; Oxford English Dictionary. <https://doi.org/10.1093/OED/9040087470>
- Oxford English Dictionary. (2025). Eschatology, n., sense a. In *Oxford English Dictionary*. Oxford University Press; Oxford English Dictionary. <https://doi.org/10.1093/OED/5009129717>
- Paleari, F. G., Cavagnis, L., Ertan, I., & Fincham, F. D. (2025). Moral transgressions, psychological well-being, and family conflict in the context of the COVID-19 pandemic: The role of self-forgiveness. *BMC Psychology*, 13(1), 200. <https://doi.org/10.1186/s40359-025-02513-6>
- Palinkas, L. A., Horwitz, S. M., Green, C. A., Wisdom, J. P., Duan, N., & Hoagwood, K. (2015). Purposeful Sampling for Qualitative Data Collection and Analysis in Mixed Method Implementation Research. *Administration and Policy in Mental Health and Mental Health Services Research*, 42(5), 533-544. <https://doi.org/10.1007/s10488-013-0528-y>
- Pande, R. P., Ogwang, S., Karuga, R., Rajan, R., Kes, A., Odhiambo, F. O., Laserson, K., & Schaffer, K. (2015). Continuing with "...a heavy heart"—Consequences of maternal death in rural Kenya. *Reproductive Health*, 12(1), S2. <https://doi.org/10.1186/1742-4755-12-S1-S2>
- Patrick, R., Garthwaite, K., & Crossley, S. (2020). UK poverty: What's the problem? *Poverty*, 165, 15-18. <https://cpag.org.uk/sites/default/files/2024-02/CPAG-Poverty165-UK-poverty-whats-the-problem-Feb-2020.pdf>
- Patton, M. Q. (1990). *Qualitative evaluation and research methods* (2nd ed.). Sage Publications, Inc.
- Pena, I. (2024, April). *Cost of funerals too high for millions of UK people*. OneFamily. <https://www.onefamily.com/our-story/personal-finance/millions-in-the-uk-choosing-not-to-have-a-funeral-to-save-money/>
- Popay, J., Roberts, H., Sowden, A., Petticrew, M., Arai, L., Rodgers, M., & Britten, N. (2006, April). *Guidance on the Conduct of Narrative Synthesis in Systematic Reviews: A Product from the ESRC Methods Programme*. <https://www.academia.edu/download/39246301/02e7e5231e8f3a6183000000.pdf>
- Pope, K. S., Chavez-Dueñas, N. Y., Adames, H. Y., Sonne, J. L., & Greene, B. A. (2023). *Speaking the Unspoken: Breaking the Silence, Myths, and Taboos That Hurt Therapists and Patients*. American Psychological Association. <https://www.jstor.org/stable/j.ctv2tsxmngk>
- Prvulović, D. (2025). "I Respect the Rules of my Home Country": Performing Čisti Hrvatski and Exemplary Minority Subjectivity. *Nationalities Papers*, 1-16. <https://doi.org/10.1017/nps.2025.31>
- Pyne, J. M., Currier, J., Hinkson, K. D., Usset, T. J., Abeita, L. A., Dordal, P., Kouser, T., Awaad, R., Weber, M. C., & Griffin, B. J. (2023). Addressing Religious and Spiritual Diversity in Moral Injury

Care: Five Perspectives. *Current Treatment Options in Psychiatry*, 10(4), 446–462.
<https://doi.org/10.1007/s40501-023-00308-3>

Qasqas, M., & Jerry, P. (2014). Counselling Muslims: A Culture-Infused Antidiscriminatory Approach. *Canadian Journal of Counselling and Psychotherapy*, 48(1), 57–76. <https://cjcc-ucc.algare.ca/article/view/59301/44721>

Quaker Social Action. (2021). *An abdication of duty? Local authorities and access to public health funerals*. <https://quakersocialaction.org.uk/sharing-our-learning/news/abdication-duty>

Reducing funeral costs training for professionals. (n.d.). Quaker Social Action. Retrieved 22 July 2025, from <https://quakersocialaction.org.uk/training/reducing-funeral>

Reich, J. A. (2021). Power, Positionality, and the Ethic of Care in Qualitative Research. *Qualitative Sociology*, 44(4), 575–581. <https://doi.org/10.1007/s11133-021-09500-4>

Reynolds, J., Kizito, J., Ezumah, N., Mangesho, P., Allen, E., & Chandler, C. (2011). Quality assurance of qualitative research: A review of the discourse. *Health Research Policy and Systems*, 9(1). <https://doi.org/10.1186/1478-4505-9-43>

Robins, C. J., & Chapman, A. L. (2004). Dialectical Behavior Therapy: Current Status, Recent Developments, and Future Directions. *Journal of Personality Disorders*, 18(1), 73–89. <https://doi.org/10.1521/pedi.18.1.73.32771>

Robinson, O. C., & Smith, J. A. (2010). Investigating the Form and Dynamics of Crisis Episodes in Early Adulthood: The Application of a Composite Qualitative Method. *Qualitative Research in Psychology*, 7(2), 170–191. <https://doi.org/10.1080/14780880802699084>

Royal London. (2015). *Rising Funeral Costs: The Elephant in the Room. The systemic and interrelated problems contributing to rising funeral costs responsible for funeral debt. The Royal London National Funeral Cost Index Report 2015*. https://www.iccm-uk.com/iccm/wp-content/uploads/2020/09/iccm_10299-Funeral-Report-52pp-FINAL-2.pdf

Rugg, J., & Parsons, B. (2018). *Funerary Practices in England and Wales*. Emerald Publishing Limited. <http://ebookcentral.proquest.com/lib/herts/detail.action?docID=5560538>

Ryan, L., Kofman, Eleonore, & Aaron, P. (2011). Insiders and outsiders: Working with peer researchers in researching Muslim communities. *International Journal of Social Research Methodology*, 14(1), 49–60. <https://doi.org/10.1080/13645579.2010.481835>

Sefasi, A. (2011). Impact of HIV and AIDS on the elderly: A case study of Chiladzulu district. *Malawi Medical Journal*, 22(4). <https://doi.org/10.4314/mmj.v22i4.63945>

Shabbir, M., Mir, G., Meer, S., & Wardak, W. (2024, August). *Self-Help Booklet: 'One step at a time'*. University of Leeds. <https://medicinehealth.leeds.ac.uk/download/downloads/id/291/client-self-help-booklet.pdf>

Shafan-Azhar, Z., Suh, J. W., Delamain, H., Arundell, L.-L., Naqvi, S. A., Knight, T., Ellard, S., Pilling, S., Saunders, R., & Buckman, J. E. J. (2025). Psychological Therapy Outcomes and Engagement in People of Different Religions. *JAMA Network Open*, 8(4), e254026. <https://doi.org/10.1001/jamanetworkopen.2025.4026>

Shahid, H., Akhtar, T., & Adil, A. (2023). Effects of Moral Injury on Psychopathology of Pakistanis Affected by War against Terror: Moderating Role of Religiosity. *Human Nature Journal of Social Sciences*, 4(1), 121–136. <https://doi.org/10.71016/hnjss/492fv866>

Shaw-Mendez, D. (2025). *Moral Injury and Spiritual Struggles among Christian Adults with a History of Substance Use and Perceived Problematic Behaviors: A Phenomenological Study* [Liberty University]. <https://digitalcommons.liberty.edu/doctoral/6884/>

Shay, J. (1994). *Achilles in Vietnam: Combat trauma and the undoing of character*. Atheneum Publishers/Macmillan Publishing Co.

Siddiqi, A. A. (2024). Hardship, Recompense, and Divine Law: Al-Fārābī on the “Virtue of Struggle”. *Polity*. <https://doi.org/10.1086/732022>

Signs of True Faith (Iman). (n.d.). Islam365. Retrieved 19 June 2025, from <https://islam365.io/topics/iman.html#only-allah-knows-the-true-level-of-iman>

Smith, J. (2011). *Removing Barriers to Therapy with Muslim-Arab-American Clients* [Antioch University]. https://etd.ohiolink.edu/acprod/odb_etd/etd/r/1501/10?clear=10&p10_accession_num=antioch1319727578

Smith, J. A., Larkin, M., & Flowers, P. (2022). *Interpretative Phenomenological Analysis: Theory, Method and Research*. SAGE.

SunLife. (2025). *Cost of Dying 2025 Report*. SunLife. <https://www.sunlife.co.uk/siteassets/documents/cost-of-dying/sunlife-cost-of-dying-report-2025.pdf>

Sunlife Direct. (2012). *Death Shouldn't Mean Debt*. SunLife.

Tajik, O., Golzar, J., & Noor, S. (2025). Purposive Sampling. *International Journal of Education Language Studies*, 2(2). <https://doi.org/10.22034/ijels.2025.490681.1029>

Tannerah, A., Hazel, O., Desson, S., Farah, R., Kamil-Thomas, Z., Iqbal, H., Eames, C., Saini, P., & Bifarin, O. (2024). Consultations With Muslims From Minoritised Ethnic Communities Living in Deprived Areas: Identifying Inequities in Mental Health Care and Support. *Health Expectations*, 27(4). <https://doi.org/10.1111/hex.14132>

Tapson, K., Doyle, M., Karagiannopoulos, V., & Lee, P. (2022). Understanding Moral Injury and Belief Change in the Experiences of Police Online Child Sex Crime Investigators: An Interpretative Phenomenological Analysis. *Journal of Police and Criminal Psychology*, 37(3), 637–649. <https://doi.org/10.1007/s11896-021-09463-w>

Tarabi, S. A., Loulopoulou, A. I., & Henton, I. (2020). “Guide or conversation?” The experience of Second-Generation Pakistani Muslim men receiving CBT in the UK*. *Counselling Psychology Quarterly*, 33(1), 46–65. <https://doi.org/10.1080/09515070.2018.1471587>

Taylor, C. (1994). The Politics of Recognition. In A. Gutmann (Ed.), *Multiculturalism and the Politics of Recognition*. Princeton University Press. <https://archive.org/details/politicsofrecognition>

Tedeschi, R. G., & Calhoun, L. G. (2004). TARGET ARTICLE: 'Posttraumatic Growth: Conceptual Foundations and Empirical Evidence'. *Psychological Inquiry*, 15(1), 1–18.

https://doi.org/10.1207/s15327965pli1501_01

Tervalon, M., & Murray-García, J. (1998). Cultural Humility Versus Cultural Competence: A Critical Distinction in Defining Physician Training Outcomes in Multicultural Education. *Journal of Health Care for the Poor and Underserved*, 9(2), 117–125.

<https://doi.org/10.1353/hpu.2010.0233>

Thomas, F., Hansford, L., Ford, J., Wyatt, K., McCabe, R., & Byng, R. (2018). Moral narratives and mental health: Rethinking understandings of distress and healthcare support in contexts of austerity and welfare reform. *Palgrave Communications*, 4(1). <https://doi.org/10.1057/s41599-018-0091-y>

Thompson, N., Baker, C., Cheal, S., & Spacey, M. (2024). *Faith in Funerals? The use of religious and spiritual resources in everyday funerals in the UK*. Goldsmiths University & Sir Halley Stewart Trust. <https://freight.cargo.site/m/H1640726126698287524370257812448/Faith-in-Funerals-Research-Report-2024.pdf>

TOI World Desk. (2024, July 24). 'Forced' cremations of Covid-19 victims: Sri Lanka issue apology to Muslim community. *The Times of India*. <https://timesofindia.indiatimes.com/world/south-asia/forced-cremations-of-covid-19-victims-sri-lanka-issue-apology-to-muslim-community/articleshow/111979363.cms>

Townsend, A. (2024, July 16). Muslims are not a monolith. *Socialist Worker*. <https://socialistworker.co.uk/comment/muslims-are-not-a-monolith/>

UK Government. (n.d.). *Get help with funeral costs (Funeral Expenses Payment)*. GOV.UK. <https://www.gov.uk/funeral-payments?step-by-step-nav=4f1fe77d-f43b-4581-baf9-e2600e2a2b7a>

UK Parliament. (2016, March 29). *Written evidence from Carers UK (BVB0026)*. <https://committees.parliament.uk/writtenevidence/62711/pdf/>

UK Parliament. (2020, March 24). *Coronavirus bill: Explanatory notes*. <https://publications.parliament.uk/pa/bills/lbill/58-01/110/5801110en.pdf>

Vaknin, O., & Ne'eman-Haviv, V. (2025). Beyond right and wrong: A new theoretical model for understanding moral injury. *European Journal of Trauma & Dissociation*, 9(3), 100569. <https://doi.org/10.1016/j.ejtd.2025.100569>

VanderWeele, T. J., Wortham, J. S., Carey, L. B., Case, B. W., Cowden, R. G., Duffee, C., Jackson-Meyer, K., Lu, F., Mattson, S. A., Padgett, R. N., Peteet, J. R., Rutledge, J., Symons, X., & Koenig, H. G. (2025). Moral trauma, moral distress, moral injury, and moral injury disorder: Definitions and assessments. *Frontiers in Psychology*, 16. <https://doi.org/10.3389/fpsyg.2025.1422441>

Veselinovic, M. (2024, May 25). 'We hadn't even grieved for my mum properly': Families feel impact of spiralling funeral costs. Sky News. <https://news.sky.com/story/we-hadn-t-even-grieved-for-my-mum-properly-families-feel-impact-of-spiralling-funeral-costs-13142765>

Volk, F., & Koenig, H. G. (2019). Moral Injury and Religiosity in Active Duty U.S. Military with PTSD Symptoms. *Military Behavioral Health*, 7(1), 64–72. <https://doi.org/10.1080/21635781.2018.1436102>

Wadud, A. (1999). *Qur'an and Woman: Rereading the Sacred Text from a Woman's Perspective*. Oxford University Press.

Wagstaff, C., Jeong, H., Nolan, M., Wilson, T., Tweedlie, J., Phillips, E., Senu, H., & Holland, F. G. (2014). The accordion and the deep bowl of spaghetti: Eight researchers' experiences of using IPA as a methodology. *The Qualitative Report*, 19, 1–15.

<https://repository.derby.ac.uk/item/95106/the-accordion-and-the-deep-bowl-of-spaghetti-eight-researchers-experiences-of-using-ipa-as-a-methodology>

Walker, R. (2014). *The Shame of Poverty*. Oxford University Press.

<https://doi.org/10.1093/acprof:oso/9780199684823.001.0001>

Walter, T. (2017). Bodies and ceremonies: Is the UK funeral industry still fit for purpose?

Mortality, 22(3), 194–208. <https://doi.org/10.1080/13576275.2016.1205574>

Wang, Z., Al Zaben, F., Koenig, H. G., & Ding, Y. (2021). Spirituality, moral injury and mental health among Chinese health professionals. *BJPsych Open*, 7(4).

<https://doi.org/10.1192/bjo.2021.972>

Whitney, C., & Evered, J. A. (2022). The Qualitative Research Distress Protocol: A Participant-Centered Tool for Navigating Distress During Data Collection. *International Journal of Qualitative Methods*, 21. <https://doi.org/10.1177/16094069221110317>

Wilkinson, M. L. N. (2013). Introducing Islamic Critical Realism: A Philosophy for Underlabouring Contemporary Islam. *Journal of Critical Realism*, 12(4), 419–442.

<https://doi.org/10.1179/1476743013Z.00000000014>

Williams, Z. (2014, January 21). Cost of living? What about the cost of being dead? *The Guardian*. <https://www.theguardian.com/commentisfree/2014/jan/21/cost-of-living-what-about-the-cost-of-being-dead>

Williamson, I. (2019). 'I am everything but myself': Exploring visual voice accounts of single mothers caring for a daughter with Rett syndrome. *Qualitative Research in Psychology*, 16(4), 566–590. <https://doi.org/10.1080/14780887.2018.1431751>

Williamson, V., Murphy, D., Bonson, A., Aldridge, V., Serfioti, D., & Greenberg, N. (2023). Restore and Rebuild (R&R) – a feasibility pilot study of a co-designed intervention for moral injury-related mental health difficulties. *European Journal of Psychotraumatology*, 14(2).

<https://doi.org/10.1080/20008066.2023.2256204>

Williamson, V., Murphy, D., Bonson, A., Biscoe, N., Leightley, D., Aldridge, V., & Greenberg, N. (2024). Restore and Rebuild (R&R): A protocol for a phase 2, randomised control trial to compare R&R as a treatment for moral injury-related mental health difficulties in UK military veterans to treatment as usual. *BMJ Open*, 14(5), e082562. <https://doi.org/10.1136/bmjopen-2023-082562>

Williamson, V., Murphy, D., Stevelink, S. A. M., Allen, S., Jones, E., & Greenberg, N. (2020). The impact of trauma exposure and moral injury on UK military veterans: A qualitative study. *European Journal of Psychotraumatology*, 11(1), 1704554.

<https://doi.org/10.1080/20008198.2019.1704554>

Williamson, V., Murphy, D., Stevelink, S. A. M., Allen, S., Jones, E., & Greenberg, N. (2021). Delivering treatment to morally injured UK military personnel and Veterans: The clinician

experience. *Military Psychology*, 33(2), 115–123.

<https://doi.org/10.1080/08995605.2021.1897495>

Woodthorpe, K., Rumble, H., Corden, A., Birrell, J., Schut, H., Stroebe, M., Newsom, C., & Smith, Y. (2022). 'My Memories of the Time We Had Together Are More Important': Direct Cremation and the Privatisation of UK Funerals. *Sociology*, 56(3), 556–573.

<https://doi.org/10.1177/00380385211036350>

Woodthorpe, K., Rumble, H., & Valentine, C. (2013). Putting 'The Grave' into Social Policy: State Support for Funerals in Contemporary UK Society. *Journal of Social Policy*, 42(3), 605–622.

<https://doi.org/10.1017/s0047279413000068>

Wortmann, J. H., Eisen, E., Hundert, C., Jordan, A. H., Smith, M. W., Nash, W. P., & Litz, B. T. (2017). Spiritual features of war-related moral injury: A primer for clinicians. *Spirituality in Clinical Practice*, 4(4), 249–261. <https://doi.org/10.1037/scp0000140>

Yongbao, W. (2024). The Essence of The Ummah Principle: Islam and The Foundation of Inclusive Social Systems. *Afkar*, 26(2), 159–200. <https://doi.org/10.22452/afkar>

Youngman, A. (2024). NHS mental health services failing Muslims, researchers say. *BMJ*, 385, q1152. <https://doi.org/10.1136/bmj.q1152>

Appendix A**SLR: PROSPERO Registration**

7/18/25, 11:08 PM

PROSPERO

NIHR | National Institute for
Health and Care Research**PROSPERO**
International prospective register of systematic reviews**The Impact of Funeral Costs on Individuals' Wellbeing: A
Systematic Review***Ikraam Qureshi, Scott Steen, Rania Awaad***Citation**

Ikraam Qureshi, Scott Steen, Rania Awaad. The Impact of Funeral Costs on Individuals' Wellbeing: A Systematic Review. PROSPERO 2024 Available from <https://www.crd.york.ac.uk/PROSPERO/view/CRD42025629312>

REVIEW TITLE AND BASIC DETAILS**Review title**

The Impact of Funeral Costs on Individuals' Wellbeing: A Systematic Review

Review objectives

What is the impact of funeral costs on individuals' wellbeing?

Keywords

Burial, Cremation, Financial Burden, Funeral Costs, Funeral Poverty, Interment, Psychological Impact, Wellbeing

SEARCHING AND SCREENING**Searches**

The databases to be searched are PubMed, MEDLINE, CINAHL, Scopus, and Google Scholar. The reference lists of all included papers will be manually searched for additional studies.

Search timeline:

Searches will be conducted in January 2025, with search alerts set up to capture new publications until submission for publication.

Search Strategy:

Free text and MeSH terms will be used.

Sample:

Individual-level; not state-, governmental, institutional-level.

7/18/25, 11:08 PM

PROSPERO

Phenomenon of Interest:

Funeral AND costs; funeral AND poverty

Design:

Empirical studies

Evaluation:

Impact on wellbeing

Limits and Filters:

Only papers published in English

Study design

Included:

Peer-reviewed empirical studies published in academic journals

Studies whose findings report the impact of funeral costs on the wellbeing of individuals

Excluded:

Books; non-empirical studies e.g. systematic reviews, conceptual/theoretical papers, commentary/editorial articles; grey literature

Studies whose findings do NOT report the impact of funeral costs on the wellbeing of individuals

ELIGIBILITY CRITERIA

Condition or domain being studied

Human wellbeing, including psychological, emotional, physical, social wellbeing.

Population

Individuals facing, or with proximity to those facing, financial responsibility for paying funeral costs

Intervention(s) or exposure(s)

This review considers quantitative, qualitative, and mixed methods studies, which have reported the impact of funeral costs on wellbeing in their findings.

Included:

Current, approaching, or anticipated funeral costs

Excluded:

Papers that mention the impact of funeral costs on wellbeing in their introduction, discussion, or elsewhere, without reporting this as a direct finding of their own.

Studies reporting funeral costs without relation to wellbeing.

Studies reporting the impact of funerals and wellbeing, without referring to funeral costs, e.g. the impact of religious vs secular funerals on wellbeing.

Studies reporting death-related costs without including funeral costs, e.g. loss of income, healthcare bills.

Studies reporting memorial costs without reference to funeral costs

Studies reporting the impact of funeral costs at the macro level only, e.g. impact on government spending, impact on financial 'wellbeing' of institutions.

Comparator(s) or control(s)

Not applicable

7/18/25, 11:08 PM

PROSPERO

Context

This review will consider any setting where funeral costs impact the wellbeing of individuals. This includes perspectives of both professionals (e.g. funeral director workers, healthcare staff) and those directly bereaving the deceased. It also includes those assuming responsibility for covering funeral costs for their bereaved family/friend/other, and those with proximity to this, whether other family members, or professionals whose own wellbeing may be impacted by the processes / consequences of working with people trying to meet funeral costs, or whose own professional costs may impact their wellbeing.

OUTCOMES TO BE ANALYSED

Main outcomes

The review seeks to identify and explore the ways in which funeral costs impact the wellbeing of individuals.

'Funeral costs' refer to financial costs directly relating to a funeral, including hospitality and similar, not limited to the cost of disposition only.

'Wellbeing' will include quality of life and physical / mental health, whether explicated or sufficiently implied through relevant findings, e.g. increased health service usage.

Outcomes will include all relevant qualitative, quantitative, and mixed-methods findings from the reviewed studies.

Prevalence and severity of outcomes, e.g. depression or stress relating to funeral costs, will be examined where possible.

The findings of this review of this little-researched area will help to illuminate and consolidate the ways in which meeting funeral costs can impact the wellbeing of individuals. This may help inform service delivery, e.g. in mental health and bereavement services, as well as inform professional, industry and government guidelines / policies. In doing so, this may shape best practice for meeting the needs of those facing funeral costs.

Measures of effect

Additional outcomes

Not applicable

Measures of effect

DATA COLLECTION PROCESS

Data extraction (selection and coding)

Adherence to PRISMA Guidelines:

The review will adhere to the PRISMA guidelines (Page et al., 2021) to ensure a comprehensive and rigorous analysis of the topic.

The data screening process will involve 2 independent reviewers. Against pre-specified criteria, Reviewer 1 will complete the initial screening of title and abstracts for all articles retrieved from the

7/18/25, 11:08 PM

PROSPERO

selected databases. **Reviewer 2** will then check Reviewer 1's data screening for all articles included at the title/abstract screening stage. Approximately 10% of total excluded articles will also be checked by Reviewer 2 by random selection. Any identified uncertainties or disagreements will be resolved by discussion between the two reviewers to ensure inclusion of articles is consistent and accurate. For any persisting disagreements, a third reviewer will be recruited to act as an independent moderator to make the final decision on article inclusion.

Key characteristics will be extracted from the data, including study design, primary topic focus, demographic details, setting country, implied vs explicit funeral costs / wellbeing, analysis method, key themes, key findings.

Risk of bias (quality) assessment

Qualitative:

CASP Qualitative Studies Checklist (Critical Appraisal Skills Programme [CASP], 2024)

<https://casp-uk.net/casp-checklists/CASP-checklist-qualitative-2024.pdf>

Quantitative:

Mixed Methods Appraisal Tool (MMAT) (Hong et al., 2018) quantitative section

Mixed methods:

Mixed Methods Appraisal Tool (MMAT) (Hong et al., 2018)

PLANNED DATA SYNTHESIS

Strategy for data synthesis

A table will be created summarising findings for all studies included in the systematic review. This will include study design, primary topic focus, demographic details, setting country, implied vs explicit funeral costs / wellbeing, analysis method, key themes, key findings.

Narrative synthesis:

In the Results section, the findings from all studies will be synthesised in the form of narrative synthesis, allowing for integration of diverse qualitative and quantitative findings. The process will involve identifying themes and patterns from the included studies to explore the relationship between funeral costs and wellbeing. Key steps will include:

- Developing a theoretical framework to guide synthesis, focusing on economic, psychological, and social impacts of funeral costs.
- Grouping findings by study characteristics (e.g., population, geographical context) and identifying variations in the reported impacts.
- Using tabulation and textual descriptions to summarise data, highlighting trends, contradictions, and gaps.
- Contextualising findings within the broader literature to generate insights specific to the relationship between funeral costs and wellbeing.

Interpretation/Discussion

In the Discussion section, the synthesised findings will be interpreted in line with the research question and objectives. The implications of the impact of funeral costs on wellbeing will be discussed in the context of clinical practice, policy, and future research directions.

Quality assessment as above will be integrated into the synthesis. The study quality's impact on

7/18/25, 11:08 PM

PROSPERO

the interpretation of findings will be considered throughout. Strengths and limitations of the studies will be acknowledged.

Analysis of subgroups or subsets

Where possible, similarities/differences between professionals and bereaved regarding impact on their wellbeing; similarities/differences based on geographical and cultural contexts; differences based on participant characteristics e.g. gender, age, ethnicity.

REVIEW AFFILIATION, FUNDING AND PEER REVIEW

Review team members

- Mr Ikraam Qureshi, University of Hertfordshire
- Dr Scott Steen, University of Hertfordshire
- Dr Rania Awaad, Stanford University School of Medicine

Review affiliation

University of Hertfordshire

Funding source

The first author is completing a doctorate in clinical psychology funded by Cambridgeshire and Peterborough NHS Foundation Trust. This review forms part of the course requirements

Named contact

Ikraam Qureshi. School of Life and Medical Sciences, University of Hertfordshire, College Lane, Hatfield, AL10 9AB
iq22aac@herts.ac.uk

TIMELINE OF THE REVIEW

Review timeline

Start date: 16 February 2025. End date: 02 June 2025

Date of first submission to PROSPERO

06 February 2025

Date of registration in PROSPERO

11 February 2025

CURRENT REVIEW STAGE

Publication of review results

The intention is to publish the review once completed. The review will be published in English

Stage of the review at this submission

7/18/25, 11:08 PM

PROSPERO

Review stage**Started****Completed**

Pilot work

Formal searching/study identification

Screening search results against inclusion criteria

Data extraction or receipt of IP

Risk of bias/quality assessment

Data synthesis

Review status

The review is currently planned or ongoing.

ADDITIONAL INFORMATION

Additional information*Collaborators*

- **Mr James Armstrong**, University of Hertfordshire

PROSPERO version history

- Version 1.0 published on 11 Feb 2025

Review conflict of interest

None known

Country

England

Disclaimer

The content of this record displays the information provided by the review team. PROSPERO does not peer review registration records or endorse their content.

PROSPERO accepts and posts the information provided in good faith; responsibility for record content rests with the review team. The owner of this record has affirmed that the information provided is truthful and that they understand that deliberate provision of inaccurate information may be construed as scientific misconduct.

PROSPERO does not accept any liability for the content provided in this record or for its use. Readers use the information provided in this record at their own risk.

Any enquiries about the record should be referred to the named review contact

Appendix B

SLR: Search Terms, Subject Headings, and Synonyms Table

Table B1 displays the search terms, subject headings, and synonyms for each of the three key component terms in the search strategy for the systematic literature review: funeral, costs, and wellbeing. Such adjustments were necessary due to differences between databases regarding subject headings. Google Scholar is not included because a separate search strategy was used there. 'Funeral poverty' as an exact term was searched in all databases, including Google Scholar, hence appearing identically in each. Cinahl and Medline were searched simultaneously using the EBSCOhost platform. A subject heading is referred to as 'Major Heading' (MH) in Cinahl and Medline, and 'Medical Subject Heading' (MeSH) in PubMed. Scopus does not have a subject headings facility, so only synonyms are shown in its column. 'TITLE-ABS-KEY' refers to searching records' titles, abstracts, and key terms.

For each of the four databases, the respective funeral, costs, and wellbeing cells were combined with an AND operator; that new grouping was subsequently combined with "funeral poverty" using an OR operator. Thus, the final search strategy for these four databases was: ("Funeral poverty") OR (Funeral+ AND Costs+ AND Wellbeing+), where '+' indicates expanded search terms using subject headings and synonyms.

Table B1*Search Terms, Subject Headings, and Synonyms for Each Component Term According to Database*

Component term	Search terms, subject headings and synonyms		
	Database		
	EBSCOhost (Cinahl & Medline)	PubMed	Scopus
Funeral poverty	"Funeral poverty"	"Funeral poverty"	"Funeral poverty"
Funeral	(MH "Funeral Rites+") OR (MH "Burial+") OR (MH "Cremation") OR (MH "Funeral Homes") OR (MH "Bereavement+") OR (MH "Death+") OR (MH "Grief+")	"Mortuary Practice"[MeSH Terms] OR "Funeral Rites"[MeSH Terms] OR "Funeral Homes"[MeSH Terms] OR "Bereavement"[MeSH Terms] OR "Grief"[MeSH Terms] OR "Death"[MeSH Terms]	TITLE-ABS-KEY (funeral* OR burial OR bury* OR cremat* OR interment)
Costs	(MH "Low Socioeconomic Status") OR (MH "Poverty+") OR (MH "Socioeconomic Factors") OR (MH "Socioeconomic Disparities in Health") OR (MH "Costs and Cost Analysis") OR (MH "Poverty Areas")	"Poverty"[MeSH Terms] OR "Poverty Areas"[MeSH Terms] OR "Cultural Deprivation"[MeSH Terms] OR "Economics"[MeSH Terms] OR "Financial Support"[MeSH Terms] OR "Financial Stress"[MeSH Terms] OR "Fund Raising"[MeSH Terms] OR "Costs and Cost Analysis"[MeSH Terms]	TITLE-ABS-KEY (cost* OR expens* OR afford* OR finan* OR poverty OR low-income)
Wellbeing	(MH "Mental Disorders+") OR (MH "Psychological Well-Being") OR (MH "Prolonged Grief Disorder") OR (MH "Stress Disorders, Post-Traumatic") OR (MH "Trauma and Stressor Related Disorders+") OR (MH "Stress, Psychological+") OR (MH "Psychological Trauma") OR (MH "Stress Disorders, Traumatic+") OR (MH "Stress Disorders, Traumatic, Acute") OR (MH "Mental Health") OR (MH "Disenfranchised Grief") OR (MH "Attitude to Death")	"Prolonged Grief Disorder"[MeSH Terms] OR "Disenfranchised Grief"[MeSH Terms] OR "Mental Disorders"[MeSH Terms] OR "Psychological Trauma"[MeSH Terms] OR "Trauma and Stressor Related Disorders"[MeSH Terms] OR "stress, psychological"[MeSH Terms] OR "Mental Health"[MeSH Terms] OR "Psychological Well-Being"[MeSH Terms] OR "Attitude to Death"[MeSH Terms]	TITLE-ABS-KEY (distress OR psychol* OR mental OR stress OR wellbeing OR well-being)

Appendix C

SLR: Final Search Strategies for All Databases

The search strings for all databases used in the systematic literature review are detailed below in Table C1, as they appear in their respective database. Each database was searched and the results downloaded. The four downloaded files were then uploaded to systematic review management platform Rayyan for screening.

Table C1

Search Strategies for All Databases Utilised in the Systematic Literature Review

Database	Search strategy
EBSCOhost – Cinahl & Medline https://search.ebscohost.com	<p>S6: S4 OR S5 Expanders - Apply related words; Apply equivalent subjects Search modes – Proximity</p> <p>S5: S1 AND S2 AND S3 Expanders - Apply related words; Apply equivalent subjects Search modes – Proximity</p> <p>S4: "funeral poverty" Expanders - Apply related words; Apply equivalent subjects Search modes – Proximity</p> <p>S3: (MH "Low Socioeconomic Status") OR (MH "Poverty+") OR (MH "Socioeconomic Factors") OR (MH Socioeconomic Disparities in Health") OR (MH "Costs and Cost Analysis") OR (MH "Poverty Areas") Expanders - Apply related words; Apply equivalent subjects Search modes – Proximity</p> <p>S2: (MH "Mental Disorders+") OR (MH "Psychological Well-Being") OR (MH "Prolonged Grief Disorder") OR (MH "Stress Disorders, Post-Traumatic") OR (MH "Trauma and Stressor Related Disorders+") OR (MH "Stress, Psychological+") OR (MH</p>

	<p>"Psychological Trauma") OR (MH "Stress Disorders, Traumatic+") OR (MH "Stress Disorders, Traumatic, Acute") OR (MH "Mental Health") OR (MH "Disenfranchised Grief") OR (MH "Attitude to Death")</p> <p>Expanders - Apply related words; Apply equivalent subjects</p> <p>Search modes – Proximity</p> <p>S1:</p> <p>(MH "Funeral Rites+") OR (MH "Burial+") OR (MH "Cremation") OR (MH "Funeral Homes") OR (MH "Bereavement+") OR (MH "Death+") OR (MH "Grief+")</p> <p>Expanders - Apply related words; Apply equivalent subjects</p> <p>Search modes – Proximity</p>
<p>Google Scholar</p> <p>https://scholar.google.com</p>	<p>"funeral poverty"</p>
<p>PubMed</p> <p>https://pubmed.ncbi.nlm.nih.gov</p>	<p>(funeral AND poverty) OR (("Mortuary Practice"[MeSH Terms] OR "Funeral Rites"[MeSH Terms] OR "Funeral Homes"[MeSH Terms] OR "Bereavement"[MeSH Terms] OR "Grief"[MeSH Terms] OR "Death"[MeSH Terms]) AND ("Poverty"[MeSH Terms] OR "Poverty Areas"[MeSH Terms] OR "Cultural Deprivation"[MeSH Terms] OR "Economics"[MeSH Terms] OR "Financial Support"[MeSH Terms] OR "Financial Stress"[MeSH Terms] OR "Fund Raising"[MeSH Terms] OR "Costs and Cost Analysis"[MeSH Terms])) AND ("Prolonged Grief Disorder"[MeSH Terms] OR "Disenfranchised Grief"[MeSH Terms] OR "Mental Disorders"[MeSH Terms] OR "Psychological Trauma"[MeSH Terms] OR "Trauma and Stressor Related Disorders"[MeSH Terms] OR "stress, psychological"[MeSH Terms] OR "Mental Health"[MeSH Terms] OR "Psychological Well-Being"[MeSH Terms] OR "Attitude to Death"[MeSH Terms])</p>
<p>Scopus</p> <p>https://www.scopus.com</p>	<p>"funeral poverty" OR (TITLE-ABS-KEY (funeral* OR burial OR bury* OR cremat* OR interment) AND TITLE-ABS-KEY (cost* OR expens* OR afford* OR finan* OR poverty OR low-income) AND TITLE-ABS-KEY (distress OR psychol* OR mental OR stress OR wellbeing OR well-being)</p>

Appendix D

SLR: Explicit and Non-Explicit Terms at Title/Abstract Screening Stage

Table D1 and Table D2 respectively display examples of explicit and non-explicit terms regarding death-related costs and wellbeing. At the title/abstract screening stage of the SLR, abstracts required explicit mention of *both* to be included for full-text screening. Terms that implied either, but were not explicit, were also excluded at this stage. Implied IFCW was only considered during full-text screening.

Table D1

Explicit Death-Related Costs and Wellbeing Terms During Title/Abstract Screening

Abstract / SLR Paper	Explicit death-related costs terms	Explicit wellbeing terms
1 / 1	Intertemporarily inflexible (such as funerals) ... may present the biggest financial stress to households.	Financial stress
2 / 2	Expenditures on ... funerals	Social wellbeing
3 / 7	Burial or cremation (conflicts due to finances ...)	Shock and stress
4 / 17	Funeral cost	Distress
5 / 10	Funeral costs	Emotional and psychological experiences
6 / 5	Respondents ... regretted not having planned better or invited more people to the funeral. Dissatisfaction tended to focus on unexplained expenses ...	Psychological effects
7 / 6	Low satisfaction with funerals correlated with higher hospital, pharmacy, and counseling costs.	Psycho-physical symptoms of grief
8 / 19	funeral expenses	stigmatisation and shame
9 / 21	funeral costs	impacts ... that are social , economic, psychological and physical

10 / -	respondents were grieving not only the loss of their children to AIDS but also the loss of financial providers	psychological difficulty
11 / 12	there was no preparation for the parental death, either through preparatory counseling or ... financial repercussions ...	severe or prolonged grief
12 / 3	funeral expenses	economic wellbeing
13 / 14	funeral expenses	emotional wellbeing
14 / 16	This study investigated the health, social, and financial consequences of traumatic work-related death	Prolonged grief
15 / 15	funerals, are homogeneous drivers of increased informal borrowing	household well-being
16 / -	For each young fatality, many relatives and friends are affected with a wide range of emotional and socioeconomic consequences	emotional and socioeconomic consequences
17 / 20	the loss of household income due to the maternal death meant school fees could not be paid	Emotional burden
18 / 9	Family fragmentation is common following maternal death ... further stretching limited financial resources.	children whose mothers died from maternal causes face nutrition deficits, and are less likely to access needed health care
19 / 18	Funeral costs	major economic burden ... which can be catastrophic
20 / 13	post-death transactions	Grieving
21 / 11	to challenge the assumption that funeral directors' motivations are primarily commercial	emotion management
22 / 4	financial implications of a death	emotional aspects of grief and loss
23 / 8	economic stressors associated with loss	poor psychological health

Note. Abstracts are displayed in their order of screening, followed by their allocated number in the final SLR – no second number means the item was excluded during full-text screening.

Death-related costs and wellbeing terms from abstracts displayed here were not necessarily exhaustive – one explicit term sufficed.

Table D2

Non-Explicit Death-Related Costs and Wellbeing Terms During Title/Abstract Screening

Non-explicit death-related costs terms	Non-explicit wellbeing terms
Funeral	Funeral poverty ^a
Death	financial toxicity
unemployment, disadvantaged and working-class communities	stigmatises those who need support with funeral costs
low family incomes	needed more help from financial and caring organisations postbereavement
economic hardship	concerns
high ... income levels?	adjust to their loss
Socioeconomic factors	impact of attempting to make good a death generally perceived as bad
financial issues	People valued community support at the end of life or in bereavement that offered connection with others, peer support without judgement, responded to their individual needs and helped them to access service
financial assets; issues related to death; prepare for death	
low-income; the needs and priorities of underserved populations	most of the respondents were not steady at farm
funeral arrangements	
low socioeconomic	
economic	

interment stress	stigma
economic hardship	tensions
socio-demographic information; poor support	without this opportunity, would have not had time to get together and mourn and celebrate life as friends, family, and community

Note. These terms are not exhaustive, however any other terms were also not explicit. Some death-related costs terms may overlap with Table D1, however inclusion here reflects there was no context in the abstract making the term explicitly death-related. Unlike Table D1, here appearance of a term on the same line does not indicate appearance in the same abstract.

^a ‘Funeral poverty’ arguably inherently includes wellbeing (Corden & Hirst, 2016), although this is neither explicit in the term, nor universally agreed, hence its inclusion here.

Appendix E

SLR: Evidence for Implied and Explicit IFCW in Reviewed Papers

Table E1 displays the key extracts used as evidence to determine whether the impact of funeral costs on wellbeing (IFCW) was discussed implicitly or explicitly in studies included at the full-text screening stage of the systematic literature review. The extracts displayed are not exhaustive, but represent the most pertinent examples that informed decision-making.

'Wellbeing' was understood using the Oxford English Dictionary (2024) definition: "...the state of being healthy, happy, or prosperous; physical, psychological, or moral welfare."

Accordingly, screening considered the exact term 'wellbeing', and/or terms directly related to physical or mental wellbeing (e.g., stress, grief, physical health). Financial burden was also treated as inherently related to wellbeing, following Lee and Cagle's (2022) conceptual framework of financial burden, where coping and subjective distress are components.

If IFCW was not explicitly mentioned in the body, papers were checked to see whether IFCW was implied. Two papers were excluded as IFCW was neither explicit nor implied – there were no references to funerals (Moore, 2008) or funeral costs (Øvstedal et al., 2017).

The 'Implied or explicit IFCW' column shows whether and how IFCW was explicit or implied in each paper. Again, these are not exhaustive, but any papers shown as 'implied' did not have any evidence of explicitly mentioned IFCW. For papers with implied IFCW, key information that was 'Not explicit' is also displayed, to justify why 'Explicit' was not chosen. The final decision for each paper, i.e., explicit or implied, is underlined in this column.

Table E1*Evidence Used to Determine Implied Versus Explicit IFCW in Systematic Literature Review Papers*

Paper no. Author	Title	Key extracts	Implied or explicit IFCW
1. Aldashev, 2023	Ceremonial expenditures, informal networks and economic consequences: Evidence from Kyrgyzstan	<p>"In households that spend more on festivities, children are more likely to miss school due to illness and due to work and also miss more weeks of school. One possible explanation is that ceremonial spending is a significant cost for a household, which drains away a household's resources from other activities. Less spending on food may affect children's health and lead to more weeks of school missed due to illness" p. 576</p> <p>"Funerals are one of the most difficult shocks for households as these are unanticipated, require enormous ceremonial spending and are intertemporarily inflexible." P. 577</p>	<p><u>IMPLIED:</u> Funeral costs form part of ceremonial spending that positively correlates with negative wellbeing, in illness and reduced food consumption / food poverty</p> <p>NOT EXPLICIT: Funerals specifically, disaggregated from other ceremonial spending</p>
2. Alkenbrack Batteh et al., 2008	Confirming the impact of HIV/AIDS epidemics on household vulnerability in Asia: the case of Cambodia	<p>"... this population is forced to live beyond its economic means. This situation is especially true for those households affected by HIV faced with catastrophic expenditures such as medical care and funerals." P.S109</p> <p>"Despite similar overall expenditures, HIV-affected households incurred proportionately larger expenditures on medical care and funerals. Income among case households was lower than comparison households. HIV-affected households were more likely to sell off assets, borrow from family members, take out loans, and ration medical care and food for children. Children in HIV-affected households reported eating fewer meals in a day, increased frequency of hunger, and increased household and employment responsibilities compared with comparison children." P. S103</p> <p>"Children and adolescents in HIV-affected households were also shown to have a lower measure of quality of life." p.S108</p>	<p><u>IMPLIED:</u> "Catastrophic" funeral expenditures exacerbate existing strain, correlating with reduced medical care, food, and quality of life for children.</p> <p>NOT EXPLICIT: Funeral costs' direct link to negative wellbeing correlations.</p>
3. Ardington et al., 2014	The economic consequences of AIDS mortality in South Africa.	<p>"... considerable funeral expenses and associated borrowing play an important role in the impact of deaths on household wellbeing" p.11</p> <p>"Funeral expenses born by the deceased's household can explain some of the impoverishing effects of death in the household. In contrast, the loss of an employed member cannot. We find no evidence that poverty following an adult death is due to the loss of an employed household member and his or her earnings."</p>	<p><u>EXPLICIT:</u> Funeral costs and associated borrowing contribute to the impact of deaths on wellbeing</p>
4.	When commerce meets care:	"Discussing money was seen to be a major threat to clients' accomplishing the public performance of private grief." p. 216	<u>EXPLICIT:</u>

Bailey, 2010	emotion management in UK funeral directing.	<p>"The first time I had to ask them, I just didn't know how to put it to them ... I was dreading it ... It took over ... the whole point was, oh my god I've got to ask this family for disbursements. Oh my god. In what part of this arrangement am I going to ask them for this amount of money upfront? (Arranger 3)" p. 216</p> <p>"I do say ... when you come in for the bill, have a chat, or you know even you've just paid your bill, come in and have a chat, it just helps your grieving. (Arranger 1)" p. 218</p>	Funeral costs discussion causes dread for funeral arrangers; is perceived as threatening the grieving process for the bereaved; but can also help grieving.
5. Becker, Taniyama, Kondo-Arita, Sasaki, et al., 2022	How funerals mediate the psycho-social impact of grief Qualitative analysis of open-ended responses to a national survey in Japan	"Several respondents worried about whether they had allocated the proper amount to each of these categories, or regretted that the participants' donations lagged woefully below their [funeral] expenses. "It's a huge financial burden in terms of meals, return gifts, donation to priests, etc." p.6	<u>EXPLICIT:</u> Funeral costs seen as a huge financial burden
6. Becker, Taniyama, Kondo-Arita, Yamada, et al., 2022	How grief, funerals, and poverty affect bereaved health, productivity, and medical dependence in Japan.	19 participants (12%) felt the funeral expense to be severe or burdensome.	<u>EXPLICIT:</u> Funeral costs seen as severe or burdensome
7. Brooten et al., 2016	Death rituals reported by White, Black, and Hispanic parents following the ICU death of an infant or child.	"That was what hurt me the most because...due to my economic resources he could not be... buried...simply what we did was cremate him."	<u>EXPLICIT:</u> Funeral (burial) costs too high, led to cremation which caused "the most" hurt
8.	When a child dies: money matters	"... the significant, long-term psychological impact of financial arrangements for paying for funerals, which some parents told us about. . . . Having been unable to pay for their child's funeral from their own private resources could become and remain a matter of	<u>EXPLICIT:</u> Funeral financial arrangements led to significant, long-term psychological impact;

Corden et al., 2002		deep regret and pain. A headstone, paid for by a charity, could turn into a permanent and sometimes bitter reminder to parents that they had been unable to bury their child without asking for help, and for some parents, 'help' received in paying for funerals and headstones brought further emotional problems that were hard to resolve" p.135	inability to privately fund funeral caused lasting deep regret and pain.
9. Corden & Hirst, 2013a	Economic components of grief	<p>"...organising a funeral turned into 'a treadmill' of things that had to be done, obstructing their grief. Having to deal with unwelcome family interventions about funerals, such as disagreements about cost, was not wanted at a time of such grief." P.10</p> <p>"Feelings of financial insecurity were common in the days and weeks after a partner died." P.9</p>	<p><u>IMPLIED:</u> Disagreements about funeral costs were unwanted at the time, implying this could increase distress and/or interfere with grief.</p> <p>Organising a funeral, which obstructed grief, involved funeral costs.</p> <p><u>NOT EXPLICIT:</u> Exactly why funeral cost disagreements were unwanted</p> <p>Whether funeral costs, specifically, contributed to obstructed grief</p>
10. Corden & Hirst, 2013b	Financial constituents of family bereavement.	"...funerals were an immediate financial concern, generating anxieties and practical difficulties at a time of grief." P.4	<u>EXPLICIT:</u> Funeral costs generated anxieties and practical difficulties at a time of grief
11. Gentry et al., 1995	The vulnerability of those grieving the death of a loved one: implications for public policy.	"They also had a personal policy on their son, and it was paid off promptly. But the person who brought the payment tried to sell them an annuity. Carl was upset, because part of the money was needed to pay for the funeral" p.137	<u>EXPLICIT:</u> Needing to pay funeral costs caused upset (when insurance firm tried to sell the bereaved an annuity)
12. Jones et al., 2003	Parental death in the lives of people with serious mental illness.	<p>"In all instances of severe or prolonged grief, there was no preparation for the parental death, either through preparatory counseling or practical plans for funeral arrangements, financial repercussions..." p. 1</p> <p>"...the severity of grief and the bereaved individual's ability to cope with parental loss is dependent not simply on the characteristics of the person her- or himself, but on the absence or presence of complicating situational factors that surround the death event." P. 5</p>	<u>IMPLIED:</u> Lack of preparation or practical plans for funeral arrangements and financial repercussions include funeral costs, and may be a factor in severe or prolonged grief.

		“Severe or prolonged grief is strongly related to a number of situational factors that make loss more difficult to bear, such as ... worries about ... finances” p.5	<p>Financial difficulties, a complicating situational factor that can worsen grief, might include those around funeral costs.</p> <p>NOT EXPLICIT: Whether funeral costs specifically contributed to severe or prolonged grief</p> <p>Whether financial difficulties specifically included funeral costs</p>
13. Kes et al., 2015	The economic burden of maternal mortality on households: evidence from three sub-counties in rural western Kenya	<p>The burden of these health care related costs were further exacerbated significantly by the costs incurred by households in funeral expenses.” P.9</p> <p>“Also, 27% of households reported selling assets, and close to 15% reported seeking assistance from a moneylender to finance funeral costs” P.7</p>	<p><u>EXPLICIT:</u> Funeral costs significantly exacerbated financial burden</p>
14. Lawrence et al., 2022	“There is no joy in the family anymore”: a mixed-methods study on the experience and impact of maternal mortality on families in Ghana.	“Immense economic strain resulted from ... funeral expenses ...” P.1	<p><u>IMPLIED:</u> Funeral costs were a financial burden</p> <p>NOT EXPLICIT: Whether immense economic strain was experienced as financial burden</p>
15. Liu et al., 2024	Who should the elderly borrow money from under formal financial exclusion? Evidence from China.	Influenced by traditional Chinese cultural customs, households tend to make large arrangements for major events, such as ... funerals ..., thus imposing a heavy financial burden on households.	<p><u>EXPLICIT:</u> Funeral costs impose a heavy financial burden</p>

16. Matthews et al., 2012	Traumatic death at work: consequences for surviving families.	<p>"For four participants, the financial impact of the TWD was immediate. One participant referred to funeral costs: "We didn't even have money to bury [name] when he died so his workmates at his site raised the money for his funeral. You know, like you've got two small kids at home with a house, you don't expect that to happen" (C)." p. 660</p> <p>All participants reported financial hardship following the TWD and issues with workers' compensation were prominent. Where it was possible to seek compensation, it typically took a long time to obtain, adding to families' financial strain and exacerbating stress. Participants who did not receive workers' compensation described examples of extreme financial adversity, some times necessitating long-term reliance on social security support. P. 659</p>	<p>IMPLIED: Immediate financial impact was distressing. Possible perceived inadequacy in meeting expected responsibilities, such as covering funeral costs, and the emotional weight of such challenges.</p> <p>Funeral costs might have been a contributory factor in financial strain, exacerbated stress, extreme financial adversity, long-term reliance on social security</p> <p>NOT EXPLICIT: How funeral costs related to wellbeing</p>
17. McManus & Schafer, 2014	Final arrangements: Examining debt and distress.	<p>The affects or physical sensations are clear– pressure, sick; the feelings of change are expressed. These are the feelings that acknowledge the realisation of what is involved and that there is a significant responsibility in play: that 'sick feeling' of how to pay, the 'guilt' from the feelings of wanting to do the best yet worrying about how much it will cost.</p> <p>Funeral-related "Debt is a stress for the family and should be avoided wherever possible- it can lead to so many difficulties." P. 390</p>	<p>EXPLICIT: Funeral costs cause people to feel sick, guilty, and worried. Funeral-related stress is stressful.</p>
18. Molla et al., 2015	Impacts of maternal mortality on living children and families: a qualitative study from Butajira, Ethiopia	<p>"Several male care-givers (fathers and family members) explained that they often delay seeking health care for their children, hoping that they will get better on their own and therefore will not need costly medical treatments, which become more challenging to afford due to the loss of income generated and funeral ceremony costs incurred following a maternal death." P. 5</p>	<p>IMPLIED: Delayed health care and avoiding medical treatments for children, due to funeral costs, may compromise children's (and the family's) health and wellbeing</p> <p>NOT EXPLICIT: Whether delaying seeking healthcare impacts wellbeing</p>
19. Ohemeng & Tonah, 2015	"I want to go gently": How aids patients in Ghana	<p>"Because of the church's welfare [scheme] when I die, there will be no problem [burden] on the family." P. 403</p>	<p>IMPLIED: Funeral costs may be a financial burden for families where a church welfare scheme is unavailable.</p>

	envisage their deaths.	"... some families are unwilling to spend money on a sick person who they think will die anyway As a result, some families may abandon their sick relatives, but rush to perform a lavish funeral when they die This sentiment was echoed by some participants who feared being abandoned by their relatives. Thus, some families may abandon AIDS patients due to financial reasons." P. 400	<p>Anticipated funeral costs may compromise care spending.</p> <p>NOT EXPLICIT: Whether funeral costs are experienced as a financial burden Whether anticipated funeral costs compromise care spending.</p>
20. Pande et al., 2015	Continuing with "...a heavy heart": consequences of maternal death in rural Kenya.	"The church, family members, friends, and neighbors provided material goods, food, labor and financial support for the deceased's funeral and during the mourning period. . . . 87% of the households that suffered a maternal death received some form of financial support for the funeral from family members, and two-thirds were able to fundraise in the community. Yet, a quarter of households were still compelled to sell assets, and about 15% resorted to moneylenders." P. 9-10	<p><u>IMPLIED:</u> Already impoverished people selling assets and gaining debt implies strain, financial burden, stress, and negative impact on wellbeing.</p> <p>Being supported by family, church, and others around funeral costs may ease distress; support ending after the funeral may repeat or exacerbate previous distress levels.</p> <p>NOT EXPLICIT: Funeral costs' impact on wellbeing</p>
21. Sefasi, 2010	Impact of HIV and AIDS on the elderly: A case study of Chiladzulu District.	<p>"44% of the respondents indicated having sold property to get money for meeting expenses both for medication and for the funeral ceremony." P. 2</p> <p>"The illness and eventual death of my son exhausted all our financial resources and now I do not have anybody to ask for help and support."</p>	<p><u>IMPLIED:</u> Selling property indicates funeral costs being a financial burden, implying negative impact on individuals' wellbeing.</p> <p>Death of participants' son contributed to exhausted financial resources implies funeral costs may have been a factor and a financial burden.</p> <p>NOT EXPLICIT: Funeral costs' impact on wellbeing</p>

Appendix F**SLR: Critical Appraisal Skills Programme UK Qualitative Studies Checklist (CASP, 2024)**

CASP Checklist:
For Qualitative Research

Reviewer Name:	
Paper Title:	
Author:	
Web Link:	
Appraisal Date:	

During critical appraisal, never make assumptions about what the researchers have done. If it is not possible to tell, use the "Can't tell" response box. If you can't tell, at best it means the researchers

have not been explicit or transparent, but at worst it could mean the researchers have not undertaken a particular task or process. Once you've finished the critical appraisal, if there are a large number of "Can't tell" responses, consider whether the findings of the study are trustworthy and interpret the results with caution.

Section A Are the results valid?	
1. Was there a clear statement of the aims of the research?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Can't Tell
<i>CONSIDER:</i> <ul style="list-style-type: none"> • <i>what was the goal of the research?</i> • <i>why was it thought important?</i> • <i>its relevance</i> 	
2. Is a qualitative methodology appropriate?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Can't Tell
<i>CONSIDER:</i> <ul style="list-style-type: none"> • <i>If the research seeks to interpret or illuminate the actions and/or subjective experiences of research participants</i> • <i>Is qualitative research the right methodology for addressing the research goal?</i> 	
3. Was the research design appropriate to address the aims of the research?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Can't Tell
<i>CONSIDER:</i> <ul style="list-style-type: none"> • <i>if the researcher has justified the research design (e.g., have they discussed how they decided which method to use)</i> 	
4. Was the recruitment strategy appropriate to the aims of the research?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Can't Tell
<i>CONSIDER:</i> <ul style="list-style-type: none"> • <i>If the researcher has explained how the participants were selected</i> 	

<ul style="list-style-type: none"> • <i>If they explained why the participants they selected were the most appropriate to provide access to the type of knowledge sought by the study</i> • <i>If there are any discussions around recruitment (e.g. why some people chose not to take part)</i> 	
5. Was the data collected in a way that addressed the research issue?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Can't Tell
<p>CONSIDER:</p> <ul style="list-style-type: none"> • <i>If the setting for the data collection was justified</i> • <i>If it is clear how data were collected (e.g. focus group, semi-structured interview etc.)</i> • <i>If the researcher has justified the methods chosen</i> • <i>If the researcher has made the methods explicit (e.g. for interview method, is there an indication of how interviews are conducted, or did they use a topic guide)</i> • <i>If methods were modified during the study. If so, has the researcher explained how and why</i> • <i>If the form of data is clear (e.g. tape recordings, video material, notes etc.)</i> • <i>If the researcher has discussed saturation of data</i> 	
6. Has the relationship between researcher and participants been adequately considered?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Can't Tell
<p>CONSIDER:</p> <ul style="list-style-type: none"> • <i>If the researcher critically examined their own role, potential bias and influence during (a) formulation of the research questions (b) data collection, including sample recruitment and choice of location</i> • <i>How the researcher responded to events during the study and whether they considered the implications of any changes in the research design</i> 	
<p>Section B: What are the results?</p>	
7. Have ethical issues been taken into consideration?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Can't Tell
<p>CONSIDER:</p> <ul style="list-style-type: none"> • <i>If there are sufficient details of how the research was explained to participants for the reader to assess whether ethical standards were maintained</i> 	

<ul style="list-style-type: none"> <i>If the researcher has discussed issues raised by the study (e.g. issues around informed consent or confidentiality or how they have handled the effects of the study on the participants during and after the study)</i> <i>If approval has been sought from the ethics committee</i> 	
8. Was the data analysis sufficiently rigorous?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Can't Tell
<p>CONSIDER:</p> <ul style="list-style-type: none"> <i>If there is an in-depth description of the analysis process</i> <i>If thematic analysis is used. If so, is it clear how the categories/themes were derived from the data</i> <i>Whether the researcher explains how the data presented were selected from the original sample to demonstrate the analysis process</i> <i>If sufficient data are presented to support the findings</i> <i>To what extent contradictory data are taken into account</i> <i>Whether the researcher critically examined their own role, potential bias and influence during analysis and selection of data for presentation</i> 	
9. Is there a clear statement of findings?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Can't Tell
<p>CONSIDER:</p> <ul style="list-style-type: none"> <i>If the findings are explicit</i> <i>If there is adequate discussion of the evidence both for and against the researcher's arguments</i> <i>If the researcher has discussed the credibility of their findings (e.g. triangulation, respondent validation, more than one analyst)</i> <i>If the findings are discussed in relation to the original research question</i> 	
<p>Section C: Will the results help locally?</p>	
10. How valuable is the research?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Can't Tell
<p>CONSIDER:</p> <ul style="list-style-type: none"> <i>If the researcher discusses the contribution the study makes to existing knowledge or understanding (e.g., do they consider the findings in relation to current practice or policy, or relevant research-based literature)</i> <i>If they identify new areas where research is necessary</i> <i>If the researchers have discussed whether or how the findings can be transferred to other populations or considered other ways the research may be used</i> 	

APPRAISAL SUMMARY: <i>List key points from your critical appraisal that need to be considered when assessing the validity of the results and their usefulness in decision-making.</i>		
Positive/Methodologically sound	Negative/Relatively poor methodology	Unknowns

Referencing recommendation:

CASP recommends using the Harvard style referencing, which is an author/date method. Sources are cited within the body of your assignment by giving the name of the author(s) followed by the date of publication. All other details about the publication are given in the list of references or bibliography at the end.

Example:

Critical Appraisal Skills Programme (2024). CASP (insert name of checklist i.e. systematic reviews with meta-analysis of randomised controlled trials (RCTs) Checklist.) [online] Available at: insert URL. Accessed: insert date accessed.

Creative Commons

©CASP this work is licensed under the Creative Commons Attribution – Non-Commercial- Share A like. To view a copy of this licence, visit <https://creativecommons.org/licenses/by-nc-sa/4.0/>

Need further training on evidence-based decision making? Our online training courses are helpful for healthcare educational researchers and any other learners who:

- Need to critically appraise and stay abreast of the healthcare research literature as part of their clinical duties.
- Are considering carrying out research & developing their own research projects.
- Make decisions in their role, whether that be policy making or patient facing.

Benefits of CASP Training:

- ⇒ Affordable – courses start from as little as £6
- ⇒ Professional training – leading experts in critical appraisal training
- ⇒ Self-directed study – complete each course in your own time
- ⇒ 12 months access – revisit areas you aren't sure of and revise
- ⇒ CPD certification- after each completed module

Scan the QR code below or visit <https://casp-uk.net/critical-appraisal-online-training-courses/> for more information and to start learning more.



Appendix G

SLR: Mixed Methods Appraisal Tool Version 2018 (MMAT; Hong et al., 2018)

Part I: Mixed Methods Appraisal Tool (MMAT), version 2018

Category of study designs	Methodological quality criteria	Responses			
		Yes	No	Can't tell	Comments
Screening questions (for all types)	S1. Are there clear research questions?				
	S2. Do the collected data allow to address the research questions?				
	<i>Further appraisal may not be feasible or appropriate when the answer is 'No' or 'Can't tell' to one or both screening questions.</i>				
1. Qualitative	1.1. Is the qualitative approach appropriate to answer the research question?				
	1.2. Are the qualitative data collection methods adequate to address the research question?				
	1.3. Are the findings adequately derived from the data?				
	1.4. Is the interpretation of results sufficiently substantiated by data?				
	1.5. Is there coherence between qualitative data sources, collection, analysis and interpretation?				
2. Quantitative randomized controlled trials	2.1. Is randomization appropriately performed?				
	2.2. Are the groups comparable at baseline?				
	2.3. Are there complete outcome data?				
	2.4. Are outcome assessors blinded to the intervention provided?				
	2.5. Did the participants adhere to the assigned intervention?				
3. Quantitative non- randomized	3.1. Are the participants representative of the target population?				
	3.2. Are measurements appropriate regarding both the outcome and intervention (or exposure)?				
	3.3. Are there complete outcome data?				
	3.4. Are the confounders accounted for in the design and analysis?				
	3.5. During the study period, is the intervention administered (or exposure occurred) as intended?				
	4.1. Is the sampling strategy relevant to address the research question?				

4. Quantitative descriptive	4.2. Is the sample representative of the target population?				
	4.3. Are the measurements appropriate?				
	4.4. Is the risk of nonresponse bias low?				
	4.5. Is the statistical analysis appropriate to answer the research question?				
5. Mixed methods	5.1. Is there an adequate rationale for using a mixed methods design to address the research question?				
	5.2. Are the different components of the study effectively integrated to answer the research question?				
	5.3. Are the outputs of the integration of qualitative and quantitative components adequately interpreted?				
	5.4. Are divergences and inconsistencies between quantitative and qualitative results adequately addressed?				
	5.5. Do the different components of the study adhere to the quality criteria of each tradition of the methods involved?				

Appendix H

Ethical Approval for Research, with Amendment



HEALTH, SCIENCE, ENGINEERING AND TECHNOLOGY ECDA

ETHICS APPROVAL NOTIFICATION

TO Ikraam Qureshi

CC Dr Scott Steen

FROM Dr Simon Trainis, Health, Science, Engineering and Technology ECDA Chair

DATE 11/09/2024

Protocol number: **LMS/PGR/UH/05758**

Title of study: Muslim moral injury: a perspective on UK public health funerals

Your application for ethics approval has been accepted and approved with the following conditions by the ECDA for your School and includes work undertaken for this study by the named additional workers below:

Dr Rania Awaad - rawaad@stanford.edu - Stanford University School of Medicine

General conditions of approval:

Ethics approval has been granted subject to the standard conditions below:

Permissions: Any necessary permissions for the use of premises/location and accessing participants for your study must be obtained in writing prior to any data collection commencing. Failure to obtain adequate permissions may be considered a breach of this protocol.

External communications: Ensure you quote the UH protocol number and the name of the approving Committee on all paperwork, including recruitment advertisements/online requests, for this study.

Invasive procedures: If your research involves invasive procedures you are required to complete and submit an EC7 Protocol Monitoring Form, and copies of your completed consent paperwork to this ECDA once your study is complete.

Submission: Students must include this Approval Notification with their submission.

Please note:

Failure to comply with the conditions of approval will be considered a breach of protocol and may result in disciplinary action which could include academic penalties.

Additional documentation requested as a condition of this approval protocol may be submitted via your supervisor to the Ethics Clerks as it becomes available. All documentation relating to this study, including the information/documents noted in the conditions above, must be available for your supervisor at the time of submitting your work so that they are able to confirm that you have complied with this protocol.

Should you amend any aspect of your research or wish to apply for an extension to your study you will need your supervisor's approval (if you are a student) and must complete and submit form EC2.

Approval applies specifically to the research study/methodology and timings as detailed in your Form EC1A. In cases where the amendments to the original study are deemed to be substantial, a new Form EC1A may need to be completed prior to the study being undertaken.

Failure to report adverse circumstance/s may be considered misconduct.

Should adverse circumstances arise during this study such as physical reaction/harm, mental/emotional harm, intrusion of privacy or breach of confidentiality this must be reported to the approving Committee immediately.

To: Mx Mohammed Qureshi

Your application for an amendment of the existing protocol listed below has been approved by the Health, Science, Engineering and Technology Ethics Committee with Delegated Authority. **Please read this letter carefully.**

Study Title: Muslim moral injury: experiences of 'funeral poverty' in the UK

Your UH protocol number is: **0459 2025 Apr HSET**

This reference must be quoted on all paperwork, including advertisements for participants.

If you wish to use the UH Ethics Committee logo disclaimer in your communications with participants, please find it in our UH Ethics Canvas site under 'Units - Application Forms': [UH Ethics Approval \(instructure.com\)](https://www.uh.ac.uk/ethics/ethics-administration/units-application-forms).

This ethics approval expires on 31/07/2025

Amending your protocol

Individual protocols will normally be approved for the limited period of time noted above. Application for minor amendments (including time extensions) of a protocol, may be made for a maximum of 4 working weeks after the end date of that protocol.

It is expected that any amendments proposed via the online system will be minor. Should substantial modification be required, it would be necessary to make a fresh application for ethical approval.

Note that you must obtain approval from the relevant UH Ethics Committee with Delegated Authority **prior to implementing any changes**. Failure to do so constitutes a breach of ethics regulations (UPR RE01).

Adverse circumstances

Any adverse circumstances that may arise because of your study/activity must be reported to ethicsadmin@herts.ac.uk as soon as possible.

Permissions

Any necessary permissions for the use of premises/location and accessing participants for your study/activity must be obtained in writing prior to any data collection commencing. Failure to obtain adequate permissions may be considered a breach of this protocol.

Ethics Administration Team

ethicsadmin@herts.ac.uk

Appendix I

Research Supervision Contract



Doctorate in Clinical Psychology

MRP SUPERVISION CONTRACT

Please complete this supervision contract and **submit with the MRP proposal**.

Please note that **both supervisors and the trainee need to complete and sign the contract**.

This contract is intended to support conversations within the supervisory team to ensure clarity from the outset of your project regarding supervisor roles and responsibilities. **Please modify this document to fit the specific needs of your project.**

Principal Supervisor

Please fill in ALL the details below, as these will be needed to register the MRP on the University's online system RSMS.

Principal Supervisor details	
Title, First name and Surname:	Dr Scott Steen
Work Address:	Room 1F425 Health Research Building School of Life & Medical Sciences University of Hertfordshire College Lane Campus Hatfield Hertfordshire AL10 9AB
Telephone number:	01707 286322
Email address:	s.steen@herts.ac.uk
Number of current doctoral supervisions. (This includes the current trainee's project.)	4
Number of successful doctoral supervisions. This refers to how many thesis/ MRP's you've supervised in the past	0
Number of previous examinations at doctoral level. This may not apply to all- this refers to how many viva's you've held as an examiner.	0
Have you attended University of Hertfordshire Supervisor Training?	Y

Brief overview of expertise to supervise current project:	Field of Moral Injury; research design and methodology; research processes
---	--

Principal Supervisor role	
X	I agree to have at least six joint meetings across the span of the project as stipulated by the University of Hertfordshire Research Degrees Board
In addition, I agree to the following:	
<i>Please tick the areas that this supervisor has agreed to:</i>	
X	Providing specialist knowledge and advice through regular supervision.
X	Advise on the research proposal and any modifications following review by staff.
X	Provide support to obtain ethical and research governance approval.
X	Help respond to problems that occur in the course of carrying out the study.
	Facilitate access to participants.
X	Help with timetabling and time management.
X	Provide input and clarification on methodology and analyses.
X	Read and provide feedback on each section of the MRP. If specific section only- please list:
X	Help with viva preparation on issues specific to the project.
X	If required, assisting with revision or resubmission.
X	Provide support in disseminating the findings, including:
X	Support preparing a paper for journal submission for the Sept course deadline.
X	If required, support responding to reviewer comments



Secondary Supervisor

Please fill in ALL the details below, as these will be needed to register the MRP on the University's online system RSMS.

Secondary Supervisor details	
Title, First name and Surname:	Dr Rania Awaad
Work Address:	Muslim Mental Health & Islamic Psychology Lab Stanford University School of Medicine 291 Campus Drive Li Ka Shing Building Stanford, CA 94305-5101 USA
Telephone number:	+1 (650) 723-4000
Email address:	rawaad@stanford.edu
Number of current doctoral supervisions. <i>(This includes the current trainee's project.)</i>	
Number of successful doctoral supervisions. <i>This refers to how many thesis/ MRP's you've supervised in the past</i>	
Number of previous examinations at doctoral level. <i>This may not apply to all- this refers to how many viva's you've held as an examiner.</i>	
Have you attended University of Hertfordshire Supervisor Training?	No
Brief overview of expertise to supervise current project:	

Please tick the areas that this supervisor has agreed to (typically a secondary supervisor will tick fewer boxes than the principal, but if possible, the two supervisors should cover all the areas outlined between them):

Secondary Supervisor role	
X	I agree to have at least six joint meetings across the span of the project as stipulated by the University of Hertfordshire Research Degrees Board



In addition, I agree to the following:	
<i>Please tick the areas that this supervisor has agreed to:</i>	
X	Providing specialist knowledge and advice through regular supervision.
X	Advise on the research proposal and any modifications following review by staff.
	Provide support to obtain ethical and research governance approval.
X	Help respond to problems that occur in the course of carrying out the study.
	Facilitate access to participants.
	Help with timetabling and time management.
	Provide input and clarification on methodology and analyses.
	Read and provide feedback on each section of the MRP. If specific section only- please list:
	Help with viva preparation on issues specific to the project.
	If required, assisting with revision or resubmission.
	Provide support in disseminating the findings, including:
	Support preparing a paper for journal submission for the Sept course deadline.
	If required, support responding to reviewer comments

Trainee Name: Ikraam Qureshi

The trainee will take responsibility for the following:

- Take the lead for organising supervision meetings.
- Prepare for supervision meetings as guided by the supervisor(s).
- Develop a plan for the MRP with guidance from the supervisor(s).
- Send draft chapters to the supervisor(s) for feedback by agreed deadlines.
- Inform the supervisor(s) within 24 hours (or as soon as possible thereafter) of any ethical issues that arise during the project.



- Develop a dissemination plan with the supervisors and take the lead on writing presentations and publications, unless negotiated otherwise.
- Provide both supervisors with a final electronic copy of the MRP when submitted for marking.

If other actions have been agreed, please enter these below:

Mentoring

If a lead supervisor is new to this role then a second supervisor from the department can provide mentoring. If mentoring is being provided, then please enter details below:

Supervisor being mentored: Dr Scott Steen

Supervisor acting as mentor: Dr Rebecca Adlington

Agreed support that will be provided (e.g., this could include telephone consultation and advice regarding feedback that the lead supervisor provides):

Signatures

We have read the relevant programme guidelines and agree to the respective roles and responsibilities, along with the contents of this contract.

We agree that when this project is submitted for publication or presentation, authorship will be as follows (list surnames as agreed for publication submission):

Usually this will be:

Trainee, Principal Supervisor, Second Supervisor.

Since prompt publication of research is of crucial importance, the lead supervisor reserves the option of writing the paper as first author if it has not been accepted for publication within six months of project completion. By signing this form, you agree to abide by this stipulation.



Signature of trainee:

A handwritten signature in black ink, appearing to be "M. Ali".

Date: 04/02/24

Signature of supervisor:

A handwritten signature in black ink, appearing to be "S. O.". The signature is stylized with a long horizontal stroke.

Date: 29/02/24

Signature of supervisor: *Rania Awaad, MD*

Date: 2/14/2024

Signature of mentor: (If included)

Date:

Please provide a copy of this form to both supervisors and to the
Research Lead when submitting your research proposal

Appendix J

Research Advertisement (Charity Name Redacted for Participant Confidentiality)

University of Hertfordshire
 UH
 Ethics Committee



RESEARCH PARTICIPANTS NEEDED

About the study

This psychology research will be exploring your experiences of:

- Trying to secure an Islamic burial for a Muslim
- Public health funerals
- Other funerals for Muslims

(You can have experience of one or more of these)

Have you used the [REDACTED] service?

Have you required support to meet funeral costs?

Or are you a [REDACTED] staff member?

What will happen?

- You will be invited individually to an interview with me (in person, online, or telephone)
- This will last approximately 1 hour
- You will be asked to complete a questionnaire
- Your information will be **CONFIDENTIAL** and **ANONYMOUS**



Inna lillahi wa inna ilayhi raji'un

Interested?

Have any questions?

Please contact me:
 Ikraam Qureshi
i.qureshi2@herts.ac.uk

Or scan this QR code to register your interest:




Appendix K

Online Registration Form

This form was available for prospective participants to register their interest, accessed by scanning the QR code on the recruitment poster (see Appendix J)

Research Project: UK Muslim Funerals - Register Your Interest

Salaamualaikum. Thank you for considering this psychology research project. Please leave your details below and the researcher will contact you to have an initial discussion.

* Required

1. Name: *

2. Phone number: *

3. E-mail address:

4. Today's date: *

5. I consent to the researcher (Ikraam Qureshi, Trainee Clinical Psychologist) contacting me to discuss this study *

☐ YES - please contact me by phone and/or e-mail

☐ YES - please contact me by phone only

☐ YES - please contact me by e-mail only

☐ NO - I do not wish to be contacted

This content is neither created nor endorsed by Microsoft. The data you submit will be sent to the form owner.

Microsoft Forms

Appendix L

Participant Information Sheet

UNIVERSITY OF HERTFORDSHIRE

ETHICS COMMITTEE FOR STUDIES INVOLVING THE USE OF HUMAN PARTICIPANTS ('ETHICS COMMITTEE')

Principal Researcher: Ikraam Qureshi (Trainee Clinical Psychologist, University of Hertfordshire)

FORM EC6: PARTICIPANT INFORMATION SHEET

1 Title of study

Muslim moral injury: experiences of 'funeral poverty' in the UK

2 Introduction

As-salaamu alaikum, my name is Ikraam Qureshi and I am a trainee clinical psychologist at the University of Hertfordshire. I would like to invite you to take part in a research study about the experiences of Muslims who have had some difficulties meeting funeral costs.

Before you decide whether to do so, it is important that you understand the study that is being undertaken and what your involvement will include. Please take the time to read the following information carefully and discuss it with others if you wish. Do not hesitate to ask us anything that is not clear or for any further information you would like to help you make your decision. Please do take your time to decide whether or not you wish to take part. The University's regulations governing the conduct of studies involving human participants can be accessed via this link:

<http://sitem.herts.ac.uk/secreg/upr/RE01.htm>

Thank you for reading this information sheet.

3 What is the purpose of this study?

Poverty and increased living costs in the UK mean that many people face difficulties when they need to arrange and pay for a funeral. Insha'Allah the aim of this study is to explore the experiences of Muslim people in the UK who have had difficulties meeting funeral costs (sometimes called 'funeral poverty') and/or Muslims who have experience with 'public health funerals' (limited funerals where the government covers the costs). This study also looks into whether Muslims feel 'moral injury' because of funeral poverty or the public health funeral process. Moral injury happens when someone is involved in, can't stop, sees, or hears about something that goes against their moral beliefs and values.

The study plans to interview Muslim staff and people who use the [IFSC] to understand their experiences better. The results could raise awareness about Muslim funeral poverty and possible moral injury, which might also guide government policies. Also, Muslims are not represented very much in psychology research and this study aims to help improve our representation.

4 Do I have to take part?

It is completely up to you whether or not you decide to take part in this study. If you do decide to take part, you will be given this information sheet to keep and be asked to sign a consent form.

If you agree, you are still free to withdraw up to 14 days after your interview. You do not have to give a reason for withdrawing.

5 Are there any age or other restrictions that may prevent me from participating?

Participants must be Muslims who have experienced difficulty with funeral costs and faced the possibility of a public health funeral and/or a non-Islamic funeral
AND/OR be Muslims who have used the [IFSC] service for these reasons
AND/OR be Muslim staff members of the [IFSC] with some experience assisting others facing funeral poverty, the possibility of a public health funeral and/or a non-Islamic funeral.

6 How long will my part in the study take?

There will be one interview session that will last approximately 45-60 minutes. There will be a follow-up phone-call in the days following the interview, lasting approximately 5-10 minutes. After this, there is no further requirement of your time, but you will be free to contact me with any questions or concerns should you wish.

7 What will happen to me if I take part?

You will be asked to attend an interview with me, either in person, online or on the phone. You will be asked questions about your experience with the funeral process/es where you struggled to meet funeral costs and/or struggled to obtain an Islamic funeral for the deceased. Or, you will be asked questions about your experience helping to support others meet funeral costs and obtain Islamic funerals. In the same session you will also be asked to complete one moral injury questionnaire. There will be a short follow-up phone-call in the days following the interview to check-in with you. During the interview session and the phone call, you will be also be asked for your thoughts on anything you would like me as the researcher to consider when completing this project, as it would be valuable to have your viewpoint. There will be no-one else present in the interview, other than an interpreter if required.

There is no requirement for you to do anything else after these steps are completed. The data from your questionnaire and interview will be used anonymously to conduct this research and explore your experience of funeral poverty, possible public health funerals, and possible moral injury. It will be used alongside the data of other participants, aiming to create a rich account of the experiences of you all.

8 What are the possible disadvantages, risks or side effects of taking part?

It may be distressing to think about the deceased person you knew and your experiences of the funeral process. These areas are of course sensitive and there is the risk of being upset or distressed by these discussions. In instances of distress, the interview will be paused or stopped as necessary.

9 What are the possible benefits of taking part?

It may be helpful for you to have the opportunity to speak about your experiences, which you may not have had the opportunity to do before. The researcher is receiving clinical psychology training and has appropriate skills for conducting the interview and these discussions. You will have the opportunity to make your experiences known on a topic that many people may know very little about. You will receive a £10 shopping gift voucher for your participation.

10 How will my taking part in this study be kept confidential?

Data from your completed questionnaire and interview will be stored securely on a password-protected university server. Paper and other digital copies will be securely destroyed.

This study will create a database of participants. This database will be password-protected and stored securely. There will be no paper or digital copies made. Only the researcher (myself) will have access to this database. All data on this database will be anonymous. No personal or identifying data whatsoever will be included on this database or in the research write-up.

11 Audio-visual material

In-person and telephone interviews will be recorded using a password protected Dictaphone. Online interviews will be recorded using the platform's recording function. The interview will be transcribed onto a password-protected word document and the recording will be deleted once transcription has taken place.

12 What will happen to the data collected within this study?

All data will be anonymised. I will transcribe and analyse the data and use it to write up a thesis on the topic.

- The data collected will be stored electronically, in a password-protected environment in line with University of Hertfordshire Assessment regulations, after which time it will be destroyed under secure conditions;
- All local copies of data on student's devices must be destroyed by the end of their study;
- The data will not be transmitted or displayed outside of the Assessment process.
- At the end of the study, all anonymised transcripts will be kept for 5 years and then destroyed.

The results of the research will be presented in a thesis for the purpose of gaining a qualification in Clinical Psychology. The thesis will be held at the University of Hertfordshire Learning Resource Centre and will be accessible to all interested parties. A summary of the main research findings may be published in written work or articles that myself or my supervisors write, as well as for the purposes of teaching and conferences. Information originating from the study will only be made public in a format that upholds the anonymity and confidentiality of participants.

Plain language summaries of the findings will be made available for participants. Participants will be offered an individual online meeting (or phone call), and a group online meeting if they work for the [IFSC], to discuss the findings if they wish. Full copies of the thesis can be sent if desired.

13 Will the data be required for use in further studies?

- The data will not be used in any further studies.

14 Who has reviewed this study?

This study has been reviewed by:

- The University of Hertfordshire Health, Science, Engineering and Technology Ethics Committee with Delegated Authority
- The UH protocol number is 0459 2025 Mar HSET

15 Factors that might put others at risk

Please note that if, during the study, any medical conditions or non-medical circumstances, such as unlawful activity, become apparent that might or had put others at risk, the University may refer the matter to the appropriate authorities and, under such circumstances, you will be withdrawn from the study.

16 Who can I contact if I have any questions?

If you would like further information or would like to discuss any details personally, please get in touch with me, Ikraam Qureshi (Trainee Clinical Psychologist) by phone 01707 286322 or by email: i.qureshi2@herts.ac.uk

You may wish to discuss the research with the research supervisor. This research is supervised by: Dr Scott Steen s.steen@herts.ac.uk

If you have any complaints or concerns about any aspect of the way you have been approached or treated during the course of this study, please write to the University's Secretary and Registrar at the following address:

Secretary and Registrar
University of Hertfordshire
College Lane
Hatfield
Herts AL10 9AB

Thank you very much for reading this information and giving consideration to taking part in this study.



This is an official notification by a student of the University of Hertfordshire in respect of a study involving human participants.

Title of study: Muslim moral injury: experiences of 'funeral poverty' in the UK

Protocol Number: 0459 2025 Apr HSET

Approving Committee:

The University of Hertfordshire Health, Science, Engineering and Technology Ethics Committee with Delegated Authority

If you have any queries concerning this document, please contact me, Ikraam Qureshi (Principal Researcher) by phone 01707 286322 or by email: i.qureshi2@herts.ac.uk; or my supervisor, Dr Scott Steen s.steen@herts.ac.uk

Appendix M

Participant Consent Form



**UNIVERSITY OF HERTFORDSHIRE
ETHICS COMMITTEE FOR STUDIES INVOLVING THE USE OF HUMAN PARTICIPANTS
(‘ETHICS COMMITTEE’)**

**FORM EC3
CONSENT FORM FOR STUDIES INVOLVING HUMAN PARTICIPANTS**

I, the undersigned [*please give your name here, in BLOCK CAPITALS*]

.....

of [*please give contact details here, sufficient to enable the investigator to get in touch with you, such as a postal or email address*]

.....

hereby freely agree to take part in the study entitled *Muslim moral injury: experiences of 'funeral poverty' in the UK*

.....

(UH Protocol number 0459 2025 Apr HSET)

1 I confirm that I have been given a Participant Information Sheet (a copy of which is attached to this form) giving particulars of the study, including its aim(s), methods and design, the names and contact details of key people and, as appropriate, the risks and potential benefits, how the information collected will be stored and for how long, and any plans for follow-up studies that might involve further approaches to participants. I have also been informed of how my personal information on this form will be stored and for how long. I have been given details of my involvement in the study. I have been told that in the event of any significant change to the aim(s) or design of the study I will be informed, and asked to renew my consent to participate in it.

2 I have been assured that I may withdraw from the study at any time without disadvantage or having to give a reason.

3 In giving my consent to participate in this study, I understand that voice, video or photo-recording will take place and I have been informed of how/whether this recording will be transmitted/displayed.

4 I have been given information about the risks of my suffering harm or adverse effects.

5 I have been told how information relating to me (data obtained in the course of the study, and data provided by me about myself) will be handled: how it will be kept secure, who will have access to it, and how it will or may be used.

6 I understand that if there is any revelation of unlawful activity or any indication of non-medical circumstances that would or has put others at risk, the University may refer the matter to the appropriate authorities.

8 I have been told that I may at some time in the future be contacted again in connection with this or another study.

Signature of participant.....Date.....

Signature of (principal) investigator..... Date.....

Name of (principal) investigator [*in BLOCK CAPITALS please*]

.....IKRAAM QURESHI.....

Appendix N

Protocol for Participant Distress

The distress protocol created and implemented for this study is displayed below.

Protocol for Participant Distress

This protocol is to be followed in instances where participants become distressed and/or agitated during their participation in this research into moral injury. This has been adapted from Whitney & Evered (2022) and Haigh & Witham (2015).

The former use a participant-centred approach, highlighting that researchers can project their own distress onto participants, leading to inappropriate truncation or termination of data collection. Moreover, they emphasise participant agency: "While assessing participants' distress is critical, interviewers should aim to avoid immediately stopping interviews in which participants become upset or tearful as this limits participant agency. By prompting researchers to check-in with them about if, when, and how participants would like to proceed, [this approach] protects the autonomy of potentially distressed participants" (Whitney & Evered, 2022, p.5). Thus, this protocol aims to be participant-centred and value participant agency.

All participants will receive a follow-up phone-call in the days following the interview, lasting approximately 5-10 minutes, unless this is deemed inappropriate in instances of extreme distress.

The researcher has professional experience managing distress. High or extreme distress are not expected in this research, but indicators and actions are included for the unlikely event these do occur.

A) Participant exhibiting *possible distress*

Indicators

Prolonged silence, tearfulness, voice choking / difficulty speaking, restlessness, distractedness

Actions

1. Acknowledge possible distress, e.g. 'I'm noticing [participant's state]'
2. Offer to pause the interview
3. Allow time for participant to pause and self-regulate
4. Remind them they can pause or terminate the interview at any time
5. If terminated, offer to reschedule and arrange if required

B) Participant exhibiting behaviours suggesting they are *highly distressed*

Indicators

Uncontrolled crying, shaking, inability to talk coherently, hyperventilation, panic attack

Actions

1. Researcher will terminate the interview.
2. Acknowledge and validate the participant's distress.
3. Begin debrief immediately and give debrief sheet (contacts for mental health support included).
4. Suggest relaxation techniques to regulate breathing and reduce distress, demonstrating if required.
5. Suggest participants meet with mental health professionals (outside of this research) if they wish to discuss mental health concerns further.

C) Participant exhibiting *extreme distress***Indicators**

Verbal and/or physical aggression, severe agitation

Actions

- 1) Maintain safety of participant and researcher
- 2) If participant or someone else deemed to be in immediate danger, suggest they attend the local A&E department and request the on-call psychiatric liaison team.
- 3) (*Only for extreme emergencies*) If participant is unwilling to seek immediate help and becomes violent, the Police will be called and asked to use their powers under the Mental Health Act to detain and escort to a place of safety pending psychiatric assessment.

Appendix O

Moral Injury Exposure and Symptom Scale-Civilian (MIESS-C; Fani et al., 2021) Items

Table 3. MIESS-C items in relation to exposure and distress subscales. Mean score and standard deviation provided for each item.

Item number	MIESS-C subscale	Mean (SD)	
1	Exposure	5.3 (1.3)	I saw things that were morally wrong
3	Exposure	3.3 (1.8)	I acted in ways that violated my own moral code or values
5	Exposure	3.5 (1.9)	I violated my own morals by failing to do something that I felt I should have done
7	Exposure	4.7 (1.7)	I feel betrayed by specific people who I once trusted
9	Exposure	4.4 (1.8)	I feel betrayed by the institutions that I am supposed to trust (for example, police, church, schools, governmental workers)
2	Distress	4.3 (1.7)	I am troubled by having witnessed others' immoral acts
4	Distress	3.3 (1.9)	I am troubled by having acted in ways that violated my own morals or values
6	Distress	3.3 (1.9)	I am troubled because I violated my morals by failing to do something that I felt I should have done
8	Distress	4.3 (1.8)	I am troubled by this betrayal by specific people
10	Distress	4.3 (1.8)	I am troubled by this betrayal by the institutions that I am supposed to trust

Appendix P

Moral Injury Symptom Scale-HP (MISS-HP; Mantri et al., 2020)

Moral Injury Symptom Scale: Healthcare Professionals Version (MISS-HF)

*The following questions **may be difficult**, but they are common experiences of busy healthcare professionals. They concern your experiences on your job as a health professional and **how you are feeling now**. Try to answer every question. Circle a single number between 1 (strongly disagree) and 10 (strongly agree) to indicate how much you personally agree or disagree with each statement.*

1 I feel betrayed by other health professionals whom I once trusted.

1	2	3	4	5	6	7	8	9	10
Strongly disagree	Mildly disagree		Neutral	Mildly agree		Strongly agree			

2 I feel guilt over failing to save someone from being seriously injured or dying.

1	2	3	4	5	6	7	8	9	10
Strongly disagree	Mildly disagree		Neutral	Mildly agree		Strongly agree			

3 I feel ashamed about what I've done or not done when providing care to my patients.

1	2	3	4	5	6	7	8	9	10
Strongly disagree	Mildly disagree		Neutral	Mildly agree		Strongly agree			

4 I am troubled by having acted in ways that violated my own morals or values.

	2	3	4	5	6	7	8	9	10
Strongly disagree	Mildly disagree		Neutral	Mildly agree		Strongly agree			

5 Most people with whom I work as a health professional are trustworthy.

1	2	3	4	5	6	7	8	9	10
Strongly disagree	Mildly disagree		Neutral	Mildly agree		Strongly agree			

- 6 **I have a good sense of what makes my life meaningful as a health professional.**

1	2	3	4	5	6	7	8	9	10
Strongly disagree	Mildly disagree		Neutral	Mildly agree		Strongly agree			

- 7 **I have forgiven myself for what's happened to me or to others whom I have cared for.**

1	2	3	4	5	6	7	8	9	10
Strongly disagree	Mildly disagree		Neutral	Mildly agree		Strongly agree			

- 8 **All in all, I am inclined to feel that I'm a failure in my work as a health professional.**

1	2	3	4	5	6	7	8	9	10
Strongly disagree	Mildly disagree		Neutral	Mildly agree		Strongly agree			

- 9 **I sometimes feel God is punishing me for what I've done or not done while caring for patients.**

1	2	3	4	5	6	7	8	9	10
Strongly disagree	Mildly disagree		Neutral	Mildly agree		Strongly agree			

- 10 **Compared to before I went through these experiences, my religious/spiritual faith has strengthened.**

1	2	3	4	5	6	7	8	9	10
Strongly disagree	Mildly disagree		Neutral	Mildly agree		Strongly agree			

- 11 **Do the feelings you indicated above cause you significant distress or impair your ability to function in relationships, at work, or other areas of life important to you? In other words, if you indicated any problems above, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?**

<input type="checkbox"/> Not at all	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Very much	<input type="checkbox"/> Extremely
-------------------------------------	-------------------------------	-----------------------------------	------------------------------------	------------------------------------

Appendix Q

Construction of New Moral Injury Outcome Measure Used in this Study

Table Q1 displays the items, domains, and sources for this study's MI measure. Item wordings are identical to the original measures.

Table Q1

Items and Domains for New Moral Injury Measure

Item	Domain	Statement
1	Exposure	I saw things that were morally wrong
2	Distress	I am troubled by having witnessed others' immoral acts
3	Exposure	I acted in ways that violated my own moral code or values
4	Distress	I am troubled by having acted in ways that violated my own morals or values
5	Exposure	I violated my own morals by failing to do something that I felt I should have done
6	Distress	I am troubled because I violated my morals by failing to do something that I felt I should have done
7	Exposure	I feel betrayed by specific people who I once trusted
8	Distress	I am troubled by this betrayal by specific people
9	Exposure	I feel betrayed by the institutions that I am supposed to trust (for example, police, church, schools, governmental workers)
10	Distress	I am troubled by this betrayal by the institutions that I am supposed to trust
11 ^a	Religion ^b	I sometimes feel God is punishing me for what I've done or not done
12 ^a	Religion ^c	Compared to before I went through these experiences, my religious/spiritual faith has strengthened
13 ^a	Functional disability	Do the feelings you indicated above cause you significant distress or impair your ability to function in relationships, at work, or other areas of life important to you? In other words, if you indicated any problems above, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?
<input type="checkbox"/> Not at all <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Very much <input type="checkbox"/> Extremely		

^aTaken from MISS-HP (Mantri et al., 2020). All other items taken from MIESS-C (Fani et al., 2021)

^bMantri et al. (2020, p. 2329) labelled this item "feeling punished by God"; the theoretically-grounded dimension it assesses is "religious struggle" (p. 2323)

^cMantri et al. (2020, p. 2329) labelled this item "loss of religious faith"; the theoretically-grounded dimension it assesses is "loss of religious/spiritual faith" (p. 2323).

Appendix R

Moral Injury Outcome Measure Used in this Study

The MI outcome measure is shown on the next page as it was presented in full to participants.

Items 1-11 involve positively worded items, with higher scores signifying higher moral injury. Item 12 alone involves negatively worded items, with lower scores signifying higher moral injury. Scoring was therefore be reversed for item 12 when calculating scores.

Mantri et al. (2020) used a cutoff score of 36 or higher for identifying clinically significant moral injury symptoms. While not directly applicable to this new measure, this served as a reference point. They used a 10-item scale, each item having a 10-point rating; for the present scale, with 12 MI items using a 6-point scale, the equivalent cutoff would be 25.9:

$$\frac{36}{10 \times 10} = \frac{25.92}{6 \times 12}$$

This 25.9 cutoff only served as a reference score for comparison and information, not treated as the actual cutoff for this new unvalidated measure.

New Moral Injury Exposure and Symptom Scale (Name TBC)

Instructions: Please circle the appropriate number to indicate how much you agree or disagree with each of the following statements, regarding your experiences at any time since needing to meet / help someone else meet funeral costs.

	Strongly Disagree	Moderately Disagree	Slightly Disagree	Slightly Agree	Moderately Agree	Strongly Agree
(1) I saw things that were morally wrong	1	2	3	4	5	6
(2) I am troubled by having witnessed others' immoral acts	1	2	3	4	5	6
(3) I acted in ways that violated my own moral code or values	1	2	3	4	5	6
(4) I am troubled by having acted in ways that violated my own morals or values	1	2	3	4	5	6
(5) I violated my own morals by failing to do something that I felt I should have done	1	2	3	4	5	6
(6) I am troubled because I violated my morals by failing to do something that I felt I should have done	1	2	3	4	5	6
(7) I feel betrayed by specific people who I once trusted	1	2	3	4	5	6
(8) I am troubled by this betrayal by specific people	1	2	3	4	5	6
(9) I feel betrayed by the institutions that I am supposed to trust (for example, police, church, schools, governmental workers)	1	2	3	4	5	6
(10) I am troubled by this betrayal by the institutions that I am supposed to trust	1	2	3	4	5	6
(11) I sometimes feel God is punishing me for what I've done or not done	1	2	3	4	5	6
(12) Compared to before I went through these experiences, my religious/spiritual faith has strengthened	1	2	3	4	5	6

(13) I understood what the questions in this questionnaire were about

	1	2	3	4	5	6
(14) The questions on this scale apply to my experiences	1	2	3	4	5	6
<hr/> <p>(15) Do the feelings you indicated above cause you significant distress or impair your ability to function in relationships, at work, or other areas of life important to you? In other words, if you indicated any problems above, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?</p> <p><input type="checkbox"/> Not at all <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Very much <input type="checkbox"/> Extremely</p>						

Appendix S

Interview Guide

The interview guide used in this study is displayed below. The introductory statement was read verbatim to all participants before interview.

Interview Guide

Thank you for agreeing to be interviewed.

I'm going to ask you some questions about your recent experience needing to meet funeral costs.

There's a concept in psychology you might have heard of called 'moral injury'. Sometimes our conscience or sense of morality can be harmed when we engage in, witness, or don't prevent actions that violate our personal ethical standards, moral beliefs, or values (Ames et al., 2019). This is what moral injury refers to.

Talking about your recent experiences may be difficult. Please answer these questions as openly and honestly as you can. Please let me know if you need to pause or stop the interview.

Remember that your answers and information will be anonymous and confidential.

Do you have any questions before we start? [Answer any questions]

Let's start. [Begin interview with first question]

Questions and follow-ups

Question	What was your experience of struggling to meet funeral costs? / What is your experience of the public health funeral process?
Follow-ups	<ul style="list-style-type: none"> • Can you briefly describe this experience? What happened? • Did you receive/give support towards meeting funeral costs and/or obtaining an Islamic funeral? • Have you experienced instances where it is confirmed or possible that a Muslim person could be cremated, or have a delayed or non-Islamic burial? • Have you heard of any of the above occurring? What do you make of it?
Question	What were your initial reactions like at the time?
Follow-ups	<ul style="list-style-type: none"> • Did the event have any impact on your mental health or how you feel emotionally? • What sort of thoughts and feelings did you have? • Were there any thoughts or feelings you have found difficult to cope with?

- How did you think of it in terms of what's right and what's wrong?
- What impact has the event had on your relationships with others, such as family/friends?

Question How has what you think and feel about the experience changed over time, if at all?

- Follow-ups
- How often do you think about it now?
 - When you think about it, what sort of thoughts do you have?
 - What thoughts or feelings, if any, have you found difficult to cope with?
 - Does the event have any impact on your mental health or how you feel emotionally?
 - What support from family or friends, if any, have you had since the event?
 - What other support from friends/family/others would you have liked to have had?

Question How have your Muslim identity and beliefs played a part in these experiences?

- Follow-ups
- How do you think of it in terms of what's right and what's wrong?
 - How has it affected your spirituality or religious beliefs?
 - How has it affected your understanding of right and wrong?
 - How has the event impacted how you make sense of life and its meaning?

Note. Follow-up questions are not limited solely to those listed here. In line with IPA study design and best practice, there will be some flexibility.

Appendix T**Participant Debrief Document****DEBRIEF SHEET****Muslim moral injury: experiences of 'funeral poverty' in the UK**Name of Investigator: **Ikraam Qureshi****THANK YOU FOR TAKING PART IN THIS STUDY****What are the aims of the study?**

The study is interested in the experiences of Muslims who have experienced funeral poverty and/or public health funerals in the UK. It aims to explore whether Muslims experience 'moral injury' here, which is when something happens that goes against your deeply held moral beliefs and expectations.

What if I have any questions about the study?

You can use the contact details provided on this sheet to contact the study team.

How can I contact the research team if I have any questions or if I want my answers removed?

Your answers can be removed up to 14 days after completing your interview.

Please use the contact details provided at the end of this sheet to contact the research team. After 14 days, the data is anonymised making it impossible to locate your responses, even by the research team.

What will happen to my responses?

Data from your completed questionnaire and interview will be stored securely on the researcher's computer. Paper and other digital copies will be securely destroyed. Your answers will be combined with others and reviewed in a grouped way. 14 days after giving your answers, the information will be de-identified, meaning it will not be possible to link your answers with you. A final anonymised file will be transferred to a University of Hertfordshire secure computer and analysed as part of the final write-up.

Can I get a summary of the results?

Once the report is complete, plain language summaries will be made available. You are offered an online meeting (or phone call) to discuss the findings if you wish. Full copies of the final report can be sent if desired. Summarised research will also be available on the [IFSC] website, with permission. It will not be possible to identify those who took part because of the anonymisation. The analysis and report write-up are expected to take around 1 year.

This study has raised issues that I am not comfortable discussing with the researcher – what should I do?

You can speak with your GP, or any care teams you may see, about any mental health issues raised or use the contact details provided below to contact a person independent of the study team.

If you feel you have been affected by taking part and would like to speak to an independent support service, you may wish to contact:

The Muslim Community Helpline

Tel: 0208 904 8193 or 0208 908 6715

Website: www.muslimcommunityhelpline.org.uk

E-mail: ess4m@btinternet.com

A confidential, non-judgemental listening and emotional support service.

Service hours: Monday to Friday: 10 am to 1 pm (core hours). Extended Service: Mondays 1pm to 3pm, Fridays 1-4pm.

Muslim Women's Helpline

Tel: 0800 999 5786

Website: www.mwnhelpline.co.uk

Email: info@mwnhelpline.co.uk

The helpline is a national specialist faith and culturally sensitive service that is confidential and non-judgmental, which offers information, support, guidance and referrals.

Inspirited Minds

Website: www.inspiritedminds.org.uk

Inspirited Minds is a faith-based mental health charity that aims to provide professional, non-judgemental, confidential support to those suffering with mental health issues, and their families.

The Samaritans

Tel: 116 123

Email: jo@samaritans.org

For emotional support to anyone in emotional distress, struggling to cope, or at risk of suicide.

Patient Advice and Liaison Service (PALS)

Tel: 0800 731 2864

For confidential advice, support and information on health-related matters.

****Please note any reference to organisations does not imply endorsement by the research team and this is not an exhaustive list as other organisations are available.****

I have concerns about this study, or the way in which it was conducted – who should I contact?

You should contact the supervisor using the contact information provided below. If your concerns are not dealt with then you can contact a person independent of the study team using the contact details below.

What if I have a complaint?

If you have concerns or complaints about any aspect of this study, and want to speak to someone independent of the study team, you can write to the university's Secretary and Registrar at the following address:

Secretary and Registrar
University of Hertfordshire
College Lane

Hatfield
Hertfordshire
AL10 9AB

Contact details of the study team

IKRAAM QURESHI
(Principal Investigator)
Trainee Clinical Psychologist
i.queshi2@herts.ac.uk
T: 01707 286 322

Dr SCOTT STEEN
(Research Supervisor)
Clinical Psychologist & Senior
Lecturer
s.steen@herts.ac.uk
T: 01707 286 417 (3417)

Dr RANIA AWAAD
(Research Supervisor)
Clinical Professor of Psychiatry

Again, thank you for taking part in this study.



This is an official notification by a student of the University of Hertfordshire in respect of a study involving human participants.

Title of study: Muslim moral injury: experiences of 'funeral poverty' in the UK

Protocol Number: 0459 2025 Apr HSET

Approving Committee: The University of Hertfordshire Health, Science, Engineering and Technology Ethics Committee with Delegated Authority

If you have any queries concerning this document, please contact me, Ikraam Qureshi (Principal Researcher) by phone 01707 286322 or by email: i.queshi2@herts.ac.uk; or my supervisor, Dr Scott Steen s.steen@herts.ac.uk

Appendix U

Questionnaire Results

Table U1 displays participants' results on the MI outcome measure. Median participant score is displayed at the item, subgroup, and total levels.

Table U2 displays raw and normalised subgroup and total scores, for participants and the group overall. It also displays the percentage that scores contributed to the maximum possible subgroup score, and to the maximum possible total score. This is shown for both the individual and group level. Note that *Betrayal* raw and normalised scores are identical – this is because *Betrayal* already had 4 items, so no change was necessary when normalising all subgroups to equally contain 4 items. Note also that '% Subgroup Max' does not have a Raw/Normalised score pairing – this is because normalisation retained the same proportion as the raw score, in terms of its percentage of the subgroup maximum, i.e. '% Subgroup Max' was unchanged. Since both raw and normalised versions had 12 items, the clinical cutoff guideline score of 25.9 remained unchanged (see Appendix R).

Item ratings: 1= Strongly Disagree; 2 = Moderately Disagree; 3 = Slightly Disagree; 4 = Slightly Agree; 5 = Moderately Agree; 6 = Strongly Agree.

See Appendix R for the full questionnaire.

Table U1*Participant Questionnaire Results*

Subscale	Subgroup / Domain	Type	Item	Name					Mdn ^a
				A	H	L	R	G	
Moral injury (MI)	<i>Self / others</i>			6	10	7 ^b	9	32	8
	Witnessed moral wrongs	Exp	1	1	4	2	4	11	3
		Dis	2	1	2	1	1	5	1
	Acted in violation	Exp	3	1	1	1	1	4	1
		Dis	4	1	1	1	1	4	1
	Failure to prevent	Exp	5	1	1	1	1	4	1
		Dis	6	1	1	1	1	4	1
	<i>Betrayal</i>			8 ^b	23 ^b	7 ^b	14 ^b	52 ^c	11
	Interpersonal betrayal	Exp	7	1	6	3	1	11	2
		Dis	8	1	6	2	1	10	1.5
	Institutional betrayal	Exp	9	3	5	1	6	15	4
		Dis	10	3	6	1	6	16	4.5
	<i>Religious</i>			7	5	6	2	20	5.5
	Punished by God		11	1	4	1	1	7	1
	Strengthened faith		12	6	1	5	1	13	3
Questionnaire	<i>Questionnaire</i>			10	12	8	7	37	9
	Understandability		13	6	6	5	3	20	5.5
	Relevance		14	4	6	3	4	17	4
Functional disability (FD)	<i>Functional disability</i>			1	3	1	4	9	2
	Functional disability		15	1	3	1	4	9	2
MI subscale total, plus FD				22	41 ^d	21	29	113	25
MI subscale total, less FD				21	38 ^d	20	25	104	23

Note. Name abbreviations: A = Abdullah; H = Hafsa; L = Layla; R = Raheem; G = Group, i.e. all 4 participants. Type abbreviations: Exp = Exposure; Dis = Distress. Only items 1-12 had exposure / distress pairings. This novel questionnaire has not been validated.

^a Median participant score. ^b Participant's highest / joint-highest scoring MI subgroup. ^c Group's highest scoring MI subgroup. ^d Highest scoring individual total

Table U2

Questionnaire Raw & Normalised Scores, with Percentage Contributions to Subgroup & Total Maximum Scores

Subgroup	Metric	A	H	L	R	Group	Mdn ^a
Self/Others	Score (R)	6	10	7 ^b	9	32	8
	Score (N)	4.0	6.7	4.7	6.0	21.3	5.4
	% Subgroup Max	16.7	27.8	19.4	25.0	22.2	22.2
	% Total Max (R)	8.3	13.9	9.7	12.5	11.1	11.1
	% Total Max (N)	5.6	9.3	6.5	8.3	7.4	7.4
Betrayal	Score (R)	8 ^b	23 ^b	7 ^b	14 ^b	52 ^d	11
	Score (N)	8	23 ^c	7	14 ^c	52 ^d	11
	% Subgroup Max	33.3	95.8	29.2	58.3	54.2	45.8
	% Total Max (R)	11.1	31.9	9.7	19.4	18.1	15.3
	% Total Max (N)	11.1	31.9	9.7	19.4	18.1	15.3
Religious	Score (R)	7	5	6	2	20	5.5
	Score (N)	14 ^c	10	12 ^c	4	40	11
	% Subgroup Max	58.3	41.7	50.0	16.7	41.7	45.9
	% Total Max (R)	9.7	6.9	8.3	2.8	6.9	7.6
	% Total Max (N)	19.4	13.9	16.7	5.6	13.9	15.3
TOTAL	Score (R)	21.0	38.0 ^e	20.0	25.0	104.0	23
	Score (N)	26.0	39.7 ^e	23.7	24.0	113.3	25
	% of Total Max (R)	29.2	52.8	27.8	34.7	36.1	32.0
	% of Total Max (N)	36.1	55.1	32.9	33.3	39.4	34.7

Note. Name abbreviations: A = Abdullah; H = Hafsa; L = Layla; R = Raheem; G = Group, i.e. all 4 participants. Metric abbreviations: R = Raw; N = Normalised. Values are reported to 1 decimal place, but all calculations were performed using the full unrounded values.

^a Median score or percentage. ^b Participant's highest / joint-highest scoring MI subgroup (Raw). ^c Participant's highest / joint-highest scoring MI subgroup (Normalised).

^d Group's highest scoring MI subgroup (Raw & Normalised). ^e Highest scoring individual total

Appendix V

Constituent Personal Experiential Themes (PETs) for Group Experiential Themes (GETs)

Table V1 displays the PETs that constituted and informed the GETs during IPA analysis , grouped by sub-GET. Instances of overlap were retained where meaningful and the write-up elaborated and linked such instances.

Table V1

GETs and Subthemes / Sub-GETs

GET	Sub-GETs	PETs
Undertaking obligations: burial under pressure	Moral and religious centrality of Islamic burial	RP1: Believing burial is right and cremation is wrong RP2: Muslim beliefs fundamental in the importance of burying her mum RP3: Believing cremation is not good, but not necessarily blameworthy RP4: Personally and religiously opposed to cremation, especially for Muslims
	Powerless vs powerful: Facing systemic barriers and institutional injustice	RP1: Feeling forced, powerless, having no choice or autonomy RP1: Anxious and offended that Jack's Muslim identity could be questioned as a revert RP1: Kicked while down, give me a break: overwhelmed by problems, then grief, then FP RP1: Status quo around funerals seen as deeply wrong and distressing RP2: Outnumbered and vehemently opposed by mum's family RP2: Acted fast: quickly and easily able to source help

	<p>RP3: Feeling frustrated or resigned to a money-centric system</p> <p>RP3: Held back by significant poverty and language barrier</p> <p>RP3: Feeling let down, invalidated and offended by the imam</p> <p>RP3: Fighting the battle alone: isolated with no-one willing to help</p> <p>RP3: Funeral affordability feels completely out of reach</p> <p>RP4: Lingered, unresolved question around funeral industry exploitative profits</p> <p>RP4: Annoyed at excessive bureaucracy</p> <p>RP4: Feeling the pinch of the COL crisis</p> <p>RP4: Treated offensively and insensitively</p> <p>RP4: Feeling ripped off by the government</p>
--	---

Emotional distress under pressure	<p>RP1: Feeling sad, angry, and afraid</p> <p>RP1: Shock after shock</p> <p>RP1: Kicked while down, give me a break: overwhelmed by problems, then grief, then FP</p> <p>RP2: Outnumbered and vehemently opposed by mum's family</p> <p>RP2: Anger and sadness</p> <p>RP3: Feeling very sad and very worried</p> <p>RP3: Deep in mental distress, rumination and social withdrawal</p> <p>RP3: Stunned and very surprised</p> <p>RP4: Concerned, worried and stressed</p> <p>RP4: Drawing on reasonableness and rationality to manage difficult feelings</p> <p>RP4: Embarrassed to ask for help – underlying shame and/or humiliation?</p> <p>RP4: Treated offensively and insensitively</p> <p>RP4: How expensive it is!: stunned and shocked</p>
-----------------------------------	--

Disorientation and existential questioning	<p>RP1: Questioning and not knowing: why it's happened and what to do</p> <p>RP2: Things happened too quickly to process what was going on</p> <p>RP3: Not knowing what to do, at a loss</p> <p>RP3: In the dark: Strong disillusionment, questioning the point of life and relationships</p> <p>RP4: 'Holy macaroni!': not knowing how to proceed or even start</p> <p>RP4: Reconsidering beliefs / God during grief</p>
"Unforgivable": Moral injury and betrayal	<p>RP1: Feeling moral anxiety and fear of moral violation – anticipating MI?</p> <p>RP1: Status quo around funerals seen as deeply wrong, unjust and distressing</p> <p>RP1: Sean's own potential MI around conversion and burial (N.B. not RP1's lived experience)</p> <p>RP1: Perceiving moral hypocrisy and betrayal of British values</p> <p>RP1: Irreparable betrayal by Sean, ongoing damage</p> <p>RP2: Mum and RP2 wronged by family</p> <p>RP3: Profoundly troubled by deep betrayal by Malik's 'friends'</p> <p>RP3: Indignant at family and others for their moral failures</p> <p>RP4: Lingering, unresolved question around funeral industry exploitative profits</p> <p>RP4: Feeling ripped off by the government</p>
Growth, protection, and laying to rest	<p>Being driven by belief</p> <p>RP1: Strongly believing in and being compelled by burial being the right thing to do</p> <p>RP2: Muslim beliefs fundamental in the importance of burying her mum</p> <p>RP2: Sticking to her guns: Unwavering conviction and confidence</p> <p>RP2: Honouring mum's autonomy above all</p>

	RP3: Striving to do right by and care for Malik, in the face of opposition and indifference
	RP4: Self-confidence, self-reliance, confidence in community
Sensing God's presence	RP1: Seeing divine signs in things
	RP2: Felt God's presence
	RP3: Recognising fortuitousness in events, implying divine hand
Qadr, appreciation, and acceptance	RP1: Sensing and attributing things to qadr
	RP1: Consciously and sincerely grateful
	RP2: All's well that ends well: validated by outcome, self and others
	RP2: Belonging and acceptance
	RP2: Reasoning that God made things happen this way
	RP3: Deep appreciation for IFSC, ongoing today
	RP3: Radical acceptance of God's will
	RP4: Appreciated government and IFSC support, averted hardship
Fulfilment in burial, peace and resolution in life	RP1: Oh, so different, like, just at peace. . . . Calm. Content {?}. Erm... content, that I've done the right thing. There's no moral injury there
	RP2: All's well that ends well: validated by outcome, self and others
	RP3: Reconnected: repairing family relationships, increasing community ties

	RP4: Appreciated government and IFSC support, averted hardship
Embodied solidarity and pride in Muslim identity	RP1: Emotionally moved by the support of family and strangers RP1: Strongly feeling proud to be Muslim RP2: Witnessing cross-faith community togetherness RP3: Strongly feeling proud to be Muslim RP3: Moved and humbled by Muslim strangers supporting him despite not knowing him RP3: Paying it forwards: setting up a community burial RP4: Pride, appreciation, implicit gratitude for Muslim community & identity
Growing through adversity	RP1: Increased God-consciousness, religious practice and knowledge, joy of worship RP1: Embodying greater community consciousness RP1: Formed new relationships and new relationship quality RP1: Ongoing feeling of greater conviction and moral resoluteness RP2: 'It did make me stronger' – boosted confidence, conviction and belief RP3: Embodying retrospective clarity RP3: Believing in God more and feeling more knowledgeable about Islam RP4: Consistent, unchanged beliefs

Appendix W

Interview Transcript Example

Figure W1 an extract from an interview transcript, with exploratory noting and emergent personal experiential themes (PETs). The extract is displayed in its original form for authenticity. PETs displayed here were shorter forms of longer names, for space purposes, or reworded for their final titles. Abbreviations: RP1 = Hafsa; *ind* = indecipherable; M = Muslim; *n* = nodding

Figure W1

Interview Transcript Example

Transcript	Exploratory Notes	PETs
<p>RP1: [And] *ind* perspective, you know, you know, the cremation, is the, <u>cheapest</u> option, in terms of a public health funeral, and I was very frightened, that they were going to push me into that corner...</p> <p>Int.: Hmm.</p> <p>RP1: ...Especially because he was a revert. And um...</p> <p>Int.: Yeah. Could you say a bit more about that, about pushing into a corner and hi- the relevance of him being a revert?</p>	<p>Cremation is cheapest option</p> <p>Fear. Significant fear of being pushed into a corner and pressured / almost forced to pick cremation. Suggests broader context where costs/ability to pay is given ultimate priority and importance, regardless of individual wishes/beliefs? Suggests power imbalance, state/institutional power vs her passivity due to finances, finances removing some agency? Aggressiveness suggested?, not explicitly experienced but may suggest broader perception of state/institutional power/behaviour esp around finances.</p> <p>Revert status seen as especially significant</p>	<p>Feeling forced, powerless, having no choice or autonomy</p> <p>Feeling sad, angry, and afraid</p> <p>Anxious and offended re: Jack's revert status</p>

<p>RP1: Yeah because you know, Jack... he was English, and you know like it's very-, like, I think reverts... they a:re... <u>isolated</u> at times, you know because...</p> <p>Int.: Yeah.</p> <p>RP1: ...You know, they're not seen like you and I,</p> <p>Int.: -Mmhmm.</p> <p>RP1: ...Born Muslims {}, they've lived that all their life, you know, is their faith really strong, is their- you know...</p> <p>Int.: [Yeah.]</p> <p>RP1: [Oh] it doesn't really matter, he would have been cremated anyway you know like...</p> <p>Int.: Mmmm.</p> <p>RP1: And also his dad, wasn't very supportive, he wanted him to be cremated {?}</p> <p>Int.: Okay, OH okay. So his dad wanted him to be cremated?</p> <p>RP1: Yeah, so there was like no-, this is what I mean about the betrayal, about-</p>	<p>English and other reverts isolated at times</p> <p>Reverts seen differently. She knows very little about me, suggesting reasons are v superficial.</p> <p>Reverts seen differently to born, lifelong Muslims. Strength of reverts' faith is questioned/doubted, compared to those with life-long faith/belief/practice. Unclear if from Ms, non-Ms, or both.</p> <p>Wishes of indiv & Islam lessened or dismissed. Pre-M identity seen as still partly alive or somewhat more real? Implicit this wouldn't happen to born Ms. Unclear whether she means from Muslim or non-Muslim communities, or both. (But narratives ?relatively well-known about revert isolation, different treatment/perception, questioning/doubting their Islam by both Ms and non-Ms.</p> <p>J's dad not v supportive. Wanted him to be cremated. Implied he's not M. Following on from above, implies he didn't take J's conversion seriously and was dismissive?</p> <p>Betrayal. Referencing betrayal qs in MI measure.</p>	<p>Anxious and offended re: Jack's revert status</p> <p>Anxious and offended re: Jack's revert status</p> <p>Anxious and offended re: Jack's revert status</p> <p>Dad's own PMIEs</p> <p>Betrayed by J's dad</p>
---	--	--

<p>Int.: -Was there any reason that he-, that that was his preference?</p> <p>RP1: When I spoke with him about it, he said... it'll be the cheapest option, because he couldn't, afford to... he wanted me to sell Jack's things and, he also felt like, you know his mum, Jack's mum was cremated, and he, wanted the same for Jack he didn't, you know, want, him to be buried. But Jack and I, you know like... pillow talked, you know like, husband and wife, we spoke about what would happen if we <u>died</u>,</p> <p>Int.: Mmm.</p> <p>RP1: ...and we always said, you know we'd want to be buried, be buried together, we'd want to be buried side by side.</p> <p>Int.: Yeah.</p> <p>RP1: Um, and he is a Muslim! you know, he was a Muslim, until the day he... that he <u>died</u>, you know...</p> <p>Int.: Yeah, yeah.</p> <p>RP1: Umm... and yeah and his dad I think he, he; didn't- he never <i>really</i> accepted the fact that he w-, he was a Muslim, and... I don't think he <i>respected</i> it either, you know.</p> <p>Int.: Mmm. Yeah. *n*</p>	<p>J's dad prioritising affordability.</p> <p>J's dad wanted her to sell J's things, implied to raise funeral funds. J's family tradition of mum being cremated, dad wanted same for J. Conflict between Islam and J's dad's wishes. Does J's dad experience MI around his burial (or even his conversion)?</p> <p>J's views explicated and differed from dad, long-standing existing plan to be buried next to RP.</p> <p>Ms get buried, cremation prohibited. Reinforcing his M identity and conviction, in contrast to attitudes above.</p> <p>Dad didn't truly accept J's conversion. Does this echo above wider attitudes to conversion? Dad seemed to not respect conversion – does he hold similar views to the rioters or J's colleagues? But 'think' implies it was never explicit. Was son's conversion a PMIE?</p>	<p>Betrayed by J's dad</p> <p>Dad's own PMIEs</p> <p>Convinced and compelled around burial</p> <p>Convinced and compelled around burial</p> <p>Believing burial is right and cremation is wrong Convinced and compelled around burial Anxious and offended re: Jack's revert status</p> <p>Anxious and offended re: Jack's revert status</p> <p>Dad's own PMIEs</p> <p>Betrayed by J's dad</p>
---	---	--

<p>RP1: So, yeah he was, was <u>already against</u> me, and / didn't really have the funds to be like, no, I will pay for the burial. Um...</p> <p>Int.: Yeah.</p> <p>RP1: ...And then <u>not</u> knowing what to do, it was just a very very difficult time- sorry, this is a very long winded answer-</p> <p>Int.: No no, that's fine.</p> <p>RP1: -But it was just very hard, <i>really</i> really hard.</p> <p>Int.: Yeah.</p>	<p>Pre-existing tension between dad and RP, implies this was compounded around death/funeral</p> <p>'Against me' suggests adversarial relationship/attitudes and personal component/objection. Suggests dad blames her for 'losing' his son to Islam?</p> <p>Without funds, she had limited power/ability to engender burial. Suggests that if she could pay, J could have had a burial more easily, despite dad's wishes. Without funding, religious/personal wishes hold less power? Link to earlier point about power imbalance.</p> <p>Not knowing what to do. Potential overwhelm, anxiety, fear, confusion.</p> <p>Compounding stressors above meant it was v v difficult time.</p> <p>Again emphasising how hard it was. [Go through and count/note how many times she emphasises this].</p>	<p>Kicked while down, overwhelmed by problems</p> <p>Feeling forced, powerless, having no choice or autonomy</p> <p>Questioning and not knowing</p> <p>Kicked while down, overwhelmed by problems</p>
--	---	---

Appendix X

Reflective Log Extracts

Extracts from the reflective log are displayed below, presented as they appeared in the original document for authenticity. This is not the exhaustive reflective log. Gaps between extract entries, containing other entries, are not displayed.

Edits and redactions are shown in square brackets. Abbreviations: EBE = expert by experience; EN = exploratory noting; FTF = face to face; P = participant; RP = research participant; RP3 = Abdullah; T/C = telephone call; sv = supervision; potn = potential.

Date	Event	Notes
14/06/25	Write-up	Thinking about Raheem's rationalisation and whether this reflects a bias in psychology, maybe especially psychoanalytic / psychodynamic where it's seen as a coping mechanism rather than genuine reasonableness. Although a 'coping mechanism' isn't necessarily negative, but it does have negative connotations. Wonder if it may be a gendered bias to infer he is using rationalisation to manage underlying difficult emotions he may want to avoid. Want to be conscious of not forcing a narrative that he perhaps likely wouldn't agree with, i.e. it's not 'pure' reasonableness but a means to cope / manage distress.
14/06/25	Creating GETs	Seems better to have 2 main GETs as 3 GETs so far ultimately fit into ~distress pre-burial and ~positives post-burial. Can have enough subGETs to speak to the nuances and details. Need to not overlap too much between distress, systemic and MI. And not to force MI although they all mentioned moral views. Might not meet threshold for MI for all though. Can bring systemic under broader ~distress as lived experience can be grouped with other distresses. Less separation between those than between those and positives post funeral.
12/06/25	Email to Rania	Using Fusion of horizons to inform interpretations. Need to stay mindful of not putting words in mouth or forcing things to fit. Helpful to note whats explicitly said and whats not. Rania's reply will be helpful around Islamic concepts. Need to be clear when Ps have not explicitly said something. Line between results and discussion interpretations feels a bit blurred in IPA.

11/06/25	EN	<p>RP3 conveying a powerful image to me that reminds me of Islamic / Abrahamic prophets. Real sense of moral strength, resoluteness, clear conviction. A lone voice fighting and standing up for what is right, against a powerful tide of opposition, of people that don't care and don't share his morals, or at least don't uphold them. Feels spiritually validating, especially as it worked out in the end alhamdulillah. Symbolises all participants' experiences to some degree. Makes me think of righteous struggle, jihad, istiqamah. Must have been so isolating. He comes across very strong. His existential crisis and sadness feels so painful, the contrast exacerbates it. The strength, conviction, determination to do the right thing is inspiring and moving. His strength of faith and character is like what Muslims aspire to. His frustration with others who seem way more money-focused makes me feel a sense of loss, like losing a world where doing what's right is the main priority, realizing that the world or people around him aren't as he'd hoped. Almost a loss of innocence, yet he still stayed determined.</p>
06/06/25	EN	<p>Seems like doing these ENs reflects the process of retrospective clarity. RP3 is able to look back to events quite a while ago and remember them clearly, with clarity conveyed in his recounting style too. Having read his transcript, it's made me able to understand things in the first instance, knowing what comes later, that I wasn't able to understand at the time in the interview and needed RP3 to clarify. This helps me get some sense / empathy / experiential knowledge of moving from confusion to clarity, absence of knowledge & understanding towards understanding, ability to look back and see the meaning of things, retrospectively make sense of them, having another person / Muslim help me understand and lead me towards knowledge and understanding. Moreover, the iterative process of IPA has done similar things, like finding sense and meaning in things that were initially unclear to me, including things I didn't notice or realise the significance on at the time. Sense of clarity and meaning making over time.</p> <p>When you read it now you also see why he includes/says certain things, see the significance of them eg the groupchat, which shows cross-community Muslim unity, in contrast to imam/hospital, which I didn't necessarily pick up on first time.</p> <p>RP3 I was a bit nervous etc about, [but feel very differently now]. Inspiring, as are other RPs.</p> <p>Feeling highly stressed due to impending deadline. But feeling more emotional reading it this time compared to hearing & transcribing, when incidentally I was less stressed. Although not comparable as such, perhaps my own current stress is lending to more empathy and insight into his experiences. Unusually emotionally activated, more felt experience of some of his pain.</p>

		Really moved by RP3's story and his character, beauty
05/06/25	EN	RP3: Really noticing importance of being heard. Didn't pick up on it as much initially. Hope these interviews played a part too. He presents strong, confident, big, etc. Vulnerability is saddening.
29/05/25	EN	Like with transcription, annoyance frustration anxiety concern that I interrupted potentially/seemingly 'useful' bits. Didn't feel that way at the time. Interesting learning about the ?iterative and ?hermeneutic process experientially like this. Trying to remember the time-limited nature of interviews, concern at time of fitting everything in. Need to not treat it as fact that I defo cut off something useful, and not force that meaning into places it may not be.
25/05/25	EN	Tons of meaning, encouraging. Also anxiety around too much! Esp in context of 2 nd sv deadline. Tension between doing it justice, doing it well, and doing it quickly. Don't want to rush but kind of forced.
22/05/25	Called DNA RP	No answer again. Did not leave vm to align with ethics around over-persistence. Frustration but empathy and humility. Anxiety about having enough data / quality of research.
11/05/25	Paper finding	Read a paper that said someone with MI and PTSD met with an ~imam who said she can do acts of charity for a child P accidentally killed in a road accident. She began donating to a road safety charity on her behalf. This seems to link to the 2 Ps that donated their voucher to charity. Esp 1 who did it in late husband's name. Wondering if I can disclose that in the write-up. Although its not clear whether that related to any MI, or just love for him. Also wondering if knowing about asking once/forgiveness has a moderating role on MI, rumination etc.
27/02/25	Call to [EBE]	Finally said he's got the list for me. Felt very relieved but also a sense of not counting any chickens before they hatch. Today's call would have determined whether I needed to speak to Scott about changing to wider recruitment or case study. Also some nerves
07/11/24	Text to [EBE]	Feeling more anxious about recruitment. Confidence about meeting guide deadlines from Scott now feels dwindling

31/10/24	Text to [EBE]	Feeling more anxious about recruitment
Fri 11/10/24	Scott meeting	Meeting w Scott boosted my confidence as it seemed my questions etc were v much on the right track. I felt, then, that taking initiative was indeed going well, which made me feel that my understanding of the task requirements etc for this project were improving and I was optimistic that they would continue to improve. He praised my logging of search strings, as well as their robustness – hearing they were more robust than many others he had supervised made me feel competent and validated. At the same time, his reminder that I am a trainee not a senior research professional was helpful, and made me realise there may likely be ways that this project might not mirror formal research papers, i.e. may not be quite as robust but that is OK. I felt relieved and more confident after the meeting, a little excited that I could now properly begin the SLR itself.
Thu 10/10/24	Testing search strings	<p>Able to find and use Mesh/subj headings on Ebsco (Medline only) and Pubmed. This made searching a lot easier and more streamlined, since my synonyms were virtually all covered by a respective Mesh/heading. Also, I was now able to include death and dying without returning a huge amount of search results; prev i had to eliminate these to return a manageable amount. In theory, this shouldn't have been the case since M/SH retrieve all terms under them, but for whatever reason – perhaps a tighter search in the system coding wise? - it returned a manageable amount while still including the v important terms of death and dying. I was not able to use M/SHs for Scopus though, so did have to exclude death and dying for this database. Moreover, I had to limit searches to Title/Abs/Keyword to retrieve a manageable number. This highlighted how the search functions potentially work quite differently on different databases.</p> <p>I included "FP" for all 3 searches as an OR to the main (3 domain) search string. There was a big difference: 0, 1, 47. GS was currently returning ~180 for FP; I couldn't retrieve a manageable number either with/out death/dying, nor was I able to use M/SH for GS.</p> <p>I created a list of questions to ask Scott tomorrow, partly to test how successful taking initiative had been so far. At this stage I wasn't too sure how acceptable what I was doing was, but was optimistic that I was largely on the right track.</p>
Tue 24/09/24	E-mail to [EBE]	Sent flyer and registration form link. Outlined research process and EBE role. E-mail felt a bit long and I wondered how it would be received, potentially asking too much?
Tue 24/09/24	T/c to [EBE]	Confirmed ethics approval. Outlined next steps. Suggested joining a team meeting. [redacted].

		<p>He said 'Born here' more likely to engage – structural/systemic etc factors in (perceived) willingness to engage with research. Generational/ cultural influences.</p> <p>He said he has one person in mind, felt encouraging.</p> <p>[redacted]</p> <p>Discussed EBE role.</p>
--	--	--

Appendix Y

Reflection on Identity and Minority Subjectivity

Below is the full reflection on identity and minority subjectivity. An abridged version is included in the *Discussion* section.

Identity and Minority Subjectivity

Demetriou (2016, p.219) argues that minority subjectivity involves “the constant reflection, rethinking and negotiation of the power that underlies everyday encounters.” Prvulović (2025, p.11) further argues it is “defined by the liberal virtue of multiculturalism as the ideal form of difference management”, where “social recognition is contingent on a tolerable embodiment and performance of difference.” Moreover, she argues “the exemplary minority must perform an acceptable liberal minority subjectivity in order to be recognized [sic] and tolerated in the national space” (Prvulović, 2025, p.11). Her paper concerned Croatia, reportedly where “the political system is dominated by one ethnic group within a democratic framework” (Prvulović, 2025, p.11). While the present study concerns the UK, similar dominance is present (Lambert, 2020).

Several participants, all minoritised people of colour, demonstrated possible manifestations of minority subjectivity during their interviews. Hafsa appeared to embody this most clearly. If so, this would reflect pre-existing lived experiences of minority subjectivity, being then reflected in interview. The intersectionality of her Muslim, female, and person of colour identities likely shaped her minority subjectivity.

Hafsa described shock, anger, and moral injury after reading online about default state cremation enforcement, regardless of religious requirements, unless a formal “case” is made for burial, or even despite one. She saw this as a betrayal of purported British values of equality,

rights, and freedom of religion. She suggested the state may exploit the absence of advocacy for the deceased. She concluded, “*morally*... . . . it’s just so, *wrong*. To me.”⁷⁹

Hafsa made a clear, emphatic, objective moral claim – initially. Her qualifier “to me”, after a pause, might be interpreted as intentional humility and caution around objective moral claims. However, contextually it may exemplify the reflection, rethinking, and negotiation of power Demetriou (2016, p.11) described. She reconstructed her moral claim from objective to subjective, perhaps correctively demonstrating a moment, and history, of “tolerable embodiment and performance of difference” (Prvulović, 2025, p.11), for a UK context perceived as disapproving of moral absolutism.

Furthermore, when Hafsa reported that “smooth” events around Jack’s funeral seemingly felt divinely orchestrated, she self-interrupted with “I know I’m like, delving into like the... religious side of things.” While speaking of sensed divine “sign[s]” in everyday occurrences⁸⁰, she exclaimed, “I sound crazy!” This conveyed self-conscious hesitation around religious expression, notably despite being interviewed by me, another Muslim person of colour.

This may demonstrate the power of minority subjectivity even within somewhat ‘shared’ identities. As an interviewer for a university project, this may have understandably positioned me as a representative of UK establishment or institutions. She may have been self-conscious that people with majority subjectivity could encounter her views via this research. Thus, her softening around moral claims and religious thinking may reflect minority subjectivity elicited by a felt presence of the majority.

Perceiving our interview as a potentially inappropriate space for religious expression suggests an embedded history and/or perception of such institutional attitudes or realities. Indeed, this was mirrored in her experiences around ‘funeral poverty’, where she perceived religious beliefs to be invalidated, minimised, neglected, or rejected by institutions.

⁷⁹ See 4.3.5 “*Unforgivable*”: *MI and Betrayal*

⁸⁰ See 4.4.2 *Sensing God’s Presence*

One key moment came when I gently questioned Hafsa's repeated use of the terms 'fortunate' and 'lucky'. This seemed to elicit a closer insight into her lived experience: she said "it was *qadr*, it wasn't *luck*" shortly afterwards. I had not encountered the term 'minority subjectivity', but had been wondering if she truly saw such events as luck, given her Islamic framework. This was rooted in my lived experience as a Muslim, wherein I encounter fundamental beliefs around *qadr* and God's will being all-encompassing; as well as my own lived experience of observing how expressions of Islamic belief are often moderated in public contexts, by myself and others. I avoided directly introducing *qadr*, wanting to adhere to IPA's commitment to openness and non-imposition (J. A. Smith et al., 2022), especially given the researcher-participant power dynamic. Instead, I asked whether she viewed the events "as fortune and luck, or if [she saw] it as something else". Her answer above appears to demonstrate the value of incorporating Gadamer's (2004) 'fusion of horizons' ideas, where my positionality seemingly helped elicit a deeper, more situated understanding of her experience, rather than impeding authenticity.

Before Hafsa's interview, I had not specifically acknowledged preconceptions around *qadr*, therefore the experience also highlights how one may only become aware of one's preconceptions during interpretation (J. A. Smith et al., 2022, p. 21). However, I had acknowledged my Islamic beliefs more broadly, which perhaps enabled co-construction of Hafsa's experiences as *qadr* to be more readily available, rather than 'bracketed off'.

Despite Hafsa's possible minority subjectivity, my 'shared' identity as a Muslim interviewer may have nevertheless moderated it in her and others' interviews. Participants sometimes used phrases like "as you know" when explaining Muslim beliefs, seemingly indicating they assumed shared religious knowledge. This may have allowed them to spend less time on terminology explanations and more on lived experience, facilitating depth.

By contrast, participants might have perceived an interviewer less familiar with Islam as requiring more explanation, or even apologism, for their beliefs (Fricker, 2007). Moreover,

participants may offer more simplified accounts of their lived experiences, if the interviewer is perceived as less culturally understanding. These both could limit phenomenological depth. Thus, my positionality, and being perceived as having some cultural awareness, may have shaped the depth and nuance of the data elicited. This suggests that some awareness of Islamic beliefs and practices, alongside cultural humility (Tervalon & Murray-García, 1998), could support richer articulation of lived experiences in qualitative research involving Muslim participants.

However, effects in the opposite direction may also emerge. I sometimes asked participants to explain their Muslim beliefs further, while statedly acknowledging my own familiarity, to explore their idiographic meanings and facilitate data richness. I did not reference ideographic or 'individual' meaning explicitly in interviews, which on reflection could be something to include in future. Yet, I anticipate possible resistance from Muslim participants around over-emphasised individualism in Muslim beliefs, since mainstream Islam prioritises authoritative sources and consensus (*ijmā'*) over subjective truth (N. Khan, 2024). Additionally, my reflections included that answers around Islamic beliefs were sometimes short, with the implication they were obvious. This matched my acknowledged preconceptions beforehand; it also may have been less common with a non-Muslim researcher.

Moreover, shared Muslim identity may have introduced other forms of inhibition. Participants may have felt reluctant to express culturally taboo or sensitive views, for example. However, a non-Muslim researcher may have increased or decreased this inhibition, for example through higher cultural protectiveness or lower fear of internal judgment respectively.

Additionally, my perceived familiarity seemed based on my implied⁸¹, or sometimes⁸² stated, Muslim identity; participants had no knowledge about my actual beliefs. This highlights two possibilities. First, non-Muslim interviewers sufficiently familiar with Islam may foster

⁸¹ Implied for example through my name, appearance, Islamic language in research materials, phone calls and interviews; and apparent understanding of topics discussed

⁸² I did not explicitly state my Muslim identity to all participants

similar dynamics and data richness. Second, the perception of someone being Muslim may create a stronger sense of shared understanding for participants than with someone who, even if possessing superior intellectual knowledge of Islam, lacks lived experience as a Muslim. This could highlight the value participants may place on interviewers' (perceived) lived experiences over intellectual understanding.

These reflections have been helpful in giving me a name for an experience I am familiar with. It makes me think that minority subjectivity would be useful to consider in future research with Muslim populations around FP and generally.