



Religious and Cultural Rituals That Caregivers of Muslim Palliative Care Patients Refrain From Performing During The Grieving Process

Müslüman Palyatif Bakım Hastalarına Bakım Verenlerin Yas Sürecinde Yapmaktan Kaçındıkları Dini ve Kültürel Ritüeller

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RELIGIOUS AND CULTURAL RITUALS THAT CAREGIVERS OF MUSLIM PALLIATIVE CARE PATIENTS REFRAIN FROM PERFORMING DURING THE GRIEVING PROCESS

ABSTRACT

Aim: This study was conducted to determine the religious and cultural rituals that caregivers of palliative care patients refrain from performing during the grieving process.

Method: This study was conducted between May-July 2021. The population of the study consisted of caregivers of patients hospitalised in the palliative care centre of a hospital. The sample size was 286 people.

Results: When we asked the caregivers about the activities they avoid doing after the death of their relatives; 59.1% stated that they avoid wearing make-up, 61.2% avoid wearing colourful/ornate clothes, 74.8% avoid laughing, 73.4% avoid going to wedding/parties, 71.3% avoid singing, 78.7% avoid dancing/playing. When we asked the caregivers why they did not do these activities; 71% stated that they felt uneasy, 69.6% stated that it was a sin, and 75% stated that they avoided disrespecting the deceased.

Conclusions and Suggestions: According to the results of the study, it was determined that caregivers of palliative care patients have religious and cultural rituals that should be avoided during the grieving process regarding daily life, food, colours and clothes and personal care. There are religious and cultural rituals that societies avoid applying as well as the rituals they apply. In order for public health nurses to support the family during the mourning period, they need to know the rituals that families and societies avoid applying as well as the rituals they apply in order to make the grieving process healthier.

Keywords: After Death, Grief, Mourning Process, Avoid During Grief Process, Muslim.



MÜSLÜMAN PALYATİF BAKIM HASTALARINA BAKIM VERENLERİN YAS SÜRECİNDE YAPMaktan KAÇINDIKLARI DİNİ VE KÜLTÜREL RİTÜELLER

ÖZ

Amaç: Bu araştırma, palyatif bakım hastalarına bakım verenlerin yas sürecinde yapmaktan kaçındıkları dini, kültürel ritüellerini belirlemek amacıyla yapılmıştır.

Yöntem: Bu araştırma, Mayıs-Temmuz 2021 tarihleri arasında yapılmıştır. Araştırmanın evrenini bir hastanenin palyatif bakım merkezinde yatan hastalara bakım verenler oluşturmuştur. Örneklem büyüklüğü 286 kişiydi.

Bulgular: Bakım verenlere yakınları öldükten sonra yapmaktan kaçındıkları uygulamaları sordüğümüzda; %59.1 makyaj yapmaktan, %61.2 renkli/süslü giyinmek, %74.8 gülmekten, %73.4'ü düğüne/eğlenceye gitmekten, %71.3'ü şarkı söylemekten, %78.7'si dans etmekten/ oynamaktan kaçındıklarını ifade etmişlerdir. Bakım verenlere bu aktiviteleri neden yapmadıklarını sordüğümüzda; %71'i huzursuz hissettiğini, %69.6'sı günah olduğunu ve %75'i de ölene saygısızlıktan kaçındığını belirtmiştir.

Sonuçlar ve Öneriler: Araştırma bulgularına göre palyatif bakım hastalarına bakım verenlerin yas süreci döneminde günlük yaşama ait, gıdalara, renk ve giysilere ve kişisel bakıma yönelik kaçınılması gereken dini ve kültürel ritüellere sahip oldukları belirlenmiştir. Toplumların uyguladıkları ritüeller kadar uygulamaktan kaçındıkları dini ve kültürel ritüellerde bulunmaktadır. Halk sağlığı hemşirelerinin yas döneminde aileye destek olması için, yas sürecinin daha sağlıklı geçirebilmesi için ailelerin ve toplumların uyguladıkları ritüeller kadar uygulamaktan kaçındıkları ritüelleri de bilmesi gerekmektedir.

Anahtar Kelimeler: Ölüm Sonrası, Keder, Yas Süreci, Yas Sürecinden Kaçınma, Müslüman.



INTRODUCTION

The loss of palliative care patients is the loss that is physically present but psychologically absent. Therefore, for the caregiver, the loss of the patient begins during the physical existence of the patient. The grieving process of these caregivers lasts longer than for other caregivers. In this lengthy grieving process, there are some religious rituals that caregivers should perform, as well as some religious ri-

tuals that should be avoided. It is believed that performing or not performing these rituals will enhance the level of physiological and spiritual well-being of caregivers (Boss, 2018).

During the palliative care process, care professionals witness the grieving process of patients and their relatives from the moment of diagnosis when the possibility of death is considered (Lichtenthal et al., 2022). Grief is defined as the period of adjusting to the absence of a loved one and trying to return to normal life. The palliative care team can help prepare the patients' relatives for the grief process from the moment of diagnosis (Okan et al., 2019). The loss of a loved one is a natural and universally experienced life event, and it is also one of the most difficult experiences in life (Shear, 2012). Although it is universally experienced as a stressful situation, this experience affects people differently (Abu-Raiya & Jamal, 2019). The loss of a loved one is a natural and universally experienced life event, and it is also one of the most difficult experiences in life (Shear, 2012). Although it is universally experienced as a stressful situation, this experience affects people differently (Abu-Raiya & Jamal, 2019). The grieving process is experienced subjectively by each individual. Factors such as spiritual beliefs, culture, and coping methods influence a person's response to the loss of a loved one (Özel & Özkan, 2020).

In healthcare care, religion, belief, and culture should be embraced as potential sources of moral purpose and personal strength in people's lifelong journey of individuals between illness, healing, suffering, and death (Hordem, 2020). There are differences in Turkey and the world concerning traditional and religious practices related to death. Knowledge of these practices is essential for assessing whether grief and other reactions are "normal" and "natural" after a loss (Bahar et al., 2012). Looking at the Jewish grieving process, grieving period is divided into five main sections, with a set of fixed grief rituals and prohibitions. For example, during Shiva, the 7-day grieving period right after the burial, grievors stay at home and are forbidden to work, go to school, cook, shave, apply makeup, do housework, wear new clothes, or indulge in any form of pleasure (Silverman, 2021). In a study conducted by Bahar et al., when participants were asked what they could not do while grieving, they reported avoiding recreational activities such as watching television, listening to music, attending wedding ceremonies, and having baths (Bahar et al., 2012).

It is estimated that 56.8 million people need palliative care each year (World Health Organization, 2020). Particularly in palliative care, anticipatory grief can occur (Vierhout et al., 2019). Nurses can play an important role in the care and support of grieved individuals (Kustanti et al., 2021). Therefore, to improve the quality of nursing care in palliative care, relatives of individuals with advanced or progressive illnesses can be supported to deal with the grieving process. The content and results of this study aim to support caregivers of patients who are yet in the process of dying and to offer a different perspective on grief and mourning

care. For this purpose, nurses need to be aware of individuals' coping and grieving practices and their responses to loss such as death. Nurses should also be sensitive to individuals' religious and traditional practices when providing care (Bahar et al., 2012). Because of these rituals, family members in the grieving process, and primarily the patient's caregiver, may experience mental, physical, and spiritual health problems as they are affected. The public health nurse should support the family and individuals in the grieving process to can cope with these problems. Therefore, it is thought that it is important for public health nurses to identify the practices that are avoided as well as religious and cultural rituals during bereavement. It is also believed that it may be worthwhile to obtain findings on the reasons why individuals avoid such activities.

This study was conducted to determine the religious and cultural rituals that caregivers of palliative care patients refrain from performing during the grieving process.

METHOD

Study Type: This is a descriptive study.

Time and Place of the Study: This study is performed in a provincial centre in eastern Turkey between May and July 2021.

Study Population and Sampling: The population of the study comprises caregivers of patients treated in the palliative care units of a provincial centre hospital in eastern Turkey. The sample consists of 286 caregivers determined by power analysis of patients hospitalised in palliative care units. When calculating the sample size with power analysis, 0.05 level of error and 0.3 effect size are adopted and the sample was determined to be 286 individuals with 0.95 statistical power. The sample group was selected from the population using the convenience sampling method.

Inclusion Criteria: Being open to communication and cooperation, Being the primarily responsible caregiver for the patient, Giving care for at least 6 months,

Data Collection Tools

Survey Form: The questionnaire form; includes 17 questions about the socio-demographic characteristics of the participants and 13 questions about religious and cultural rituals that include prohibitions in the mourning process (buying new clothes, wearing colourful clothes, putting on make-up, taking a bath, etc.). The questions about the rituals were created by reviewing the literature (Cain et al., 2018; Silverman, 2021; Okan et al., 2019; Web, 2020) and scanning the title "Religious and cultural practices in the grieving process in Turkey" through Google search.

Collection of the Data: The survey form designed by the researchers is used to collect the data. The data are collected by the researchers through face-to-face interviews with the caregivers. The questions are read to the participants by the researchers and their answers are written down. The average time taken to complete the questionnaire is 10-15 minutes.

Ethical Principles of the Study: Approval to conduct the study was obtained from the Health Sciences Non-Invasive Clinical Research Ethics Committee, resolution number 2021/1896 and legal permission was obtained from the institutions where the study was conducted. Verbal and written informed consent was obtained from participants who agreed to participate in the study. The principles of the Declaration of Helsinki were adhered to throughout the study process.

Evaluation of the Data: SPSS software was used for statistical analysis of the data. Percentage, standard deviation, and mean are used to evaluate the data. The level of statistical significance is considered to be $p < 0.05$.

RESULTS

This part presents the results of the research conducted to determine the religious and cultural practices of palliative caregivers that are avoided during the grieving process. The socio-demographic characteristics of palliative care patients and their caregivers are shown in Table 1.

Table 1. Descriptive Characteristics of Caregivers (n=286)

Descriptive Characteristics	n	%
Gender		
Woman	184	64.3
Male	102	35.7
Marital status		
The married	215	75.2
Single	54	18.9
Divorced	17	5.9
The caregiver's presence of the child		
There is	224	78.3
No	62	21.7
Education level		
Illiterate	26	9.1
Literate	17	5.9
Primary education	103	36.0
High school	105	36.7
University	35	12.3

Employment status of the caregiver		
Working	90	31.5
Not working	196	68.5
Perceived income level of the caregiver		
Good	31	10.8
Middle	216	75.6
Bad	39	13.6
The degree of closeness with the patient being cared for		
Daughter	75	26.2
Partner	45	15.7
Son	39	13.6
Brother	31	10.8
Caregiver	26	8.2
His grandson	15	9.1
Mother	14	4.9
Other	41	11.5
Descriptive Characteristics of the Patient		
The sex of the patient		
Woman	148	51.7
Male	138	48.3
Education level of the patient		
Illiterate	98	34.3
Literate	34	11.9
Primary education	92	32.2
High school	47	16.4
University	15	5.2
The patient's diagnosis		
Cancer	66	23.0
Alzheimer's	53	18.5
Traffic accident	38	13.3
Stroke	28	9.8
Cerebral hemorrhage	15	5.2
Nutritional disorder	14	4.9
Other	72	25.3
X±SD		
Age of the caregiver	46.02 ± 13.69	
Age of the patient	63.17 ± 19.14	

In the study, 51% of the caregivers state that it is wrong to cook food at the funeral home for 7 days during the grieving period; 60.1% of them state that they do not give a specific name to the first religious festival after the funeral, and 16.8% state that they call it a black bairam.

Table 2. The distribution of rituals that the caregivers avoid (n=286)

Avoided Rituals	n	%
Naming the first religious festival following the burial (Eid Al-Adha / Eid-El Fitr)		
Black bairam	64	16.8
First bairam	48	22.4
No special name	172	60.1
Grieving bairam	2	0.7
There is no activity that I avoid doing		
Yes	19	6.6
No	267	93.4
Color and dressing rituals		
Dressing colorful/frilly		
Don't wear	175	61.2
Wear	111	38.8
Buying new clothes		
Can't buy	89	31.1
Buy	197	68.9
Food and nutrition rituals		
Cooking in the funeral home for 7 days during the grief		
We cook	146	51.0
We do not cook	140	49.0
Serving strong coffee with no sugar in the first religious festival following the burial instead of dessert, tea, and sweets		
We serve	74	25.7
We do not serve	212	74.3
Avoided rituals regarding personal care activities		
Putting on makeup		
I don't makeup	169	59.1
I do makeup	117	40.9
Taking a bath		
I don't take a bath	20	7.0
I take a bath	266	93.0
Performing special persona care		
I don't	16	5.6
I do	270	94.4
Avoided rituals regarding daily life activities		
Laughing		
I don't laugh	214	74.8
I laugh	72	25.2

Going to wedding/parties		
I don't go	210	73.4
I do go	76	26.6
Going on trips/holidays		
I don't go	140	49.0
I do go	146	51.0
Singing		
I don't sing	204	71.3
I can sing	82	28.7
Dancing/playing		
I don't do	225	78.7
I do	61	21.3

When we asked the caregivers about the practices they avoid after the death of their relatives; 6.6% of them respond that there is no such activity, 59.1% respond with putting on make-up, 61.2% respond with wearing colourful/frilly clothes, 31.1% respond with buying new clothes, 74.8% respond with laughing, 73.4% respond with going to weddings/parties, 49% respond going on trips/holidays, 71.3% respond with singing, 78.7% dancing/playing, 7% respond with having a bath, and 5.6% respond with personal grooming (Table 2).

Table 3. Distribution of the reasons for avoiding activities during the grieving process (n=286)

Reasons To Do It	n	%
I get restless when I do		
No, nothing to do	83	29.0
Slightly interested	48	16.8
Much interest	66	23.0
Absolutely, has interest	89	31.2
For those around me shame / get angry		
No, nothing to do	154	53.9
Slightly interested	67	23.4
Much interest	36	12.6
Absolutely, has interest	29	10.1
For those around me push		
No, nothing to do	209	73.2
Slightly interested	34	11.9
Much interest	21	7.3
Absolutely, has interest	22	7.6

Because religion is a sin		
No, nothing to do	87	30.4
Slightly interested	68	23.8
Much interest	72	25.2
Absolutely, has interest	59	20.6
Disrespect to the dead / it would be a shame		
No, nothing to do	43	15.0
Slightly interested	35	12.3
Much interest	103	36.0
Absolutely, has interest	105	36.7

When the caregivers are asked why they do not perform these activities; 71% of them state that they feel uncomfortable, 46.2% state that they might face humiliation/anger from their environment, 26.8% state they are forced by their environment, 69.6% state that it is a sin, and 85% state that they refrain from disrespecting the deceased (Table 3).

DISCUSSION

Loss and the grieving process are strongly influenced by the cultural fabric, values, rituals and religious beliefs. The cultural and social heritage of the family passed down through generations is unique to that family. Caregivers should respect attitudes towards death and life, death rituals, and the way of talking about grief (Townsend & Morgan, 2017; Jeffreys, 2011). Most of the grieving processes are life experiences that pass spontaneously without outside intervention. However, sometimes the process does not go as expected. According to social norms, an individual may experience unusual or complicated grief instead of a normal grief process or the individual may be at risk of complicated grief. External social support should be provided to the individual and their family in the mourning process for this exception (Puri & Treasaden 2010, Külahçioğlu, 2017). If such families are not supported, they will experience depression.

Nurses have an important role to play supporting to the family during the bereavement period. Professional support is thought to help restructure and strengthen the family, reduce psychological distress, positively influence grief reactions, increase family resilience, and manage negative emotions caused by loss.

To do all this, nurses need to be aware of the social rituals that put pressure on families. In this sense, this study contributes to the practice of health professionals in this field (Arslan & Buldukoğlu, 2019).

In the study, the majority of the caregivers state that they do not give any particular name to the first holiday after the burial, and a small number of caregivers express that they call it “black bairam”.

Religious and cultural rituals that should not be performed on the First Feast are well known in some regions of Turkey. Because of the strong roots of rituals in society, this issue has been studied for the caregivers of palliative care patients. In our region, there is a high rate of rituals surrounded by unofficial prohibitions created by society that should not be done during the mourning process. For nurses trying to help the family after the death of a palliative care patient, knowing these prohibitions can help us to support them better. It is also important to learn about the advantages and disadvantages of rituals in helping families to grieve. In a study conducted by Okan et al., 75.9% of participants reported reading the Quran as their first holiday ritual after death (Okan et al., 2019).

Rituals Restricting Colour and Clothing

When we look at the rituals of colour and clothing that caregivers avoid during the grieving process, it is stated that they avoid wearing colourful/frilly clothes and buying new clothes.

From an intercultural perspective, colour has been used almost universally to symbolise both the grief and trauma associated with death and the concepts of “eternal life” and “vitality.”

Black, with its traditional association with gloom and darkness, has been the traditional colour of grieving for men and women in Britain since the fourteenth century. However, it is important to note that although black is widely used to symbolise death, it is not the universal colour of grieving. It has not always been the colour of mourning, even in Western societies.

White is considered appropriate in many cultures to symbolise purity and unity with God in some religions or eternal life in others. Sikh women often wear white for grieving, although they may also wear black.

Although there are differences in Hindu traditions, women often wear white or black. Even when people feel sad, black or white cannot be worn if the deceased is old as they have lived a long and satisfying life.

Sikh families decide what clothes the deceased will wear. For men it may be a Western dress and turban (white, black or coloured) or a Punjabi suit. Women wear a Punjabi outfit. Young women wear bright colours, older women wear ligh-

ter colours. The deceased is wrapped in a white shroud and a rumal (a special silk cloth used to cover the body). The Guru Granth Sahib (usually in a bright colour) is placed on top (Web, 2020).

Syriacs wear black dresses at funerals and during condolence visits. Some relatives of the deceased wear black for a life. Some people prefer to wear black dresses for seven days after the death and others optionally for a year. The relatives of the deceased do not wear clean clothes. New clothes are not worn. They dress from the inside out, and this continues for a long time (Dikmen, 2015).

In Buddhism, friends and relatives go through a period of grieving immediately after death. For example, grievors should wear plain white clothes and avoid wearing jewellery (Web, 2020).

During the grieving period, there are some rules that the relatives of the deceased must follow; these include avoiding frilly and colourful clothes and wearing black clothes for the first three days of grieving. It is also customary for women to wear black cheesecloth for forty days. However, an important point to consider during this process is not to exaggerate the grieving, as this will be considered a “rebellion against Allah” (Keskin, 2003).

According to Okan et al.’s study bright and colourful clothes are not worn in the grieving home during the first religious festival after the loss (Okan et al., 2019).

Food and Dietary Rituals to Avoid

Looking at the food and dietary rituals that caregivers avoid during the mourning process; the vast majority refrain from cooking at home for 7 days.

The Bhumij tribe in Bangladesh forbids the use of spices, onions and garlic in their meals for 11 days after the death. According to the beliefs of the local people of Munda, Bangladesh, the family members of the deceased do not cook anything at home on the day of death, and they are forbidden to eat or drink anything (especially rice and water). The Korta people of Bangladesh have to eat vegetables for 12 days during the grieving process. It is forbidden to eat fish. Normal life is gradually introduced, and this is seen as a sacrifice for the peace of the deceased soul (Rashid, 2020).

In Judaism, there are some prohibitions to the grievors during the periods of Aninut (entry into grieving), Shiva (first week), Shloshim (first 30 days), and Shanah (first year). Accordingly, mourners may not eat meat, drink alcohol, cook, etc. (Silverman, 2021).

In Hinduism, the relatives of the deceased traditionally eat only simple vegetarian food for thirteen after the death (Web, 2020).

According to the study conducted by Okan et al., in the first religious festival after the loss, only black coffee can be drunk in the grieving home; desserts are not served (they are usually offered in religious festivals) (Okan et al., 2019).

Personal Care Rituals to Avoid

When we look at the rituals related to personal care that caregivers avoid during the mourning process, they state that they avoid make-up, bathing, and personal care.

During mourning, there are some rules that the relatives of the deceased have to follow such as avoiding shaving (for men), etc (Keskin, 2003).

In the Syriacs, the relatives of the deceased are not washed before the body is buried (as long as it is on the ground). If the deceased is young, this period of not washing lasts for forty days. These are the days of grieving. The relatives of the deceased do not take a bath, do not wear clean clothes, and do not take special care. They wear their clothes inside out, and it remains this way for a long time. Relatives of the deceased do not get washed for a while. New clothes are not worn (Dikmen, 2015).

According to the belief of the local right in Munda, Bangladesh, the eldest son of the deceased must perform the Ashchua ritual, shave his hair, and stay away from other people. The Korta people of Bangladesh, do not clean their house for 12 days during the grieving process. The house is cleaned on the 13th day (Rashid, 2020).

In Judaism, there are some prohibitions for griever during the periods of Aninut (entry into grieving), Shiva (first week), Shloshim (first 30 days), and Shanah (first year). Accordingly, mourners may not bathe, shave, apply make-up, or have their hair cut at will. (Silverman, 2021).

Avoided Rituals Related to Daily Activities

When we look at the daily life rituals that the caregivers avoid during the grieving process, they report that they avoid laughing, going to weddings/parties, travel/holidays, singing, dancing/playing.

During the grieving process, there are some rules that relatives of the deceased must follow, such as not having fun, not watching television (except the news), and not having sexual intercourse (Silverman, 2021).

Weddings and entertainment activities that overlap with the day of death and the days that follow are cancelled or postponed (Dikmen, 2015).

In Judaism, there are some prohibitions to the grievors during the periods of Aninut (entry into grieving), Shiva (first week), Shloshim (first 30 days), and Shanah (first year). Accordingly, sexual intercourse, going to work or school (for 7 days after the burial), using social media, attending musical parties, etc. are forbidden for the grievors (Silverman, 2021).

In Buddhism, friends and relatives of the deceased experience a period of grieving immediately after the loss. This is done symbolically by observing a certain amount of austerity and frugality in the home of the deceased. For example, mourners avoid entertainment (Web, 2020).

When we look at the timing of caregivers to mourners end the grief process; those who state that grieving ends after the seventh day are 10.2%, after the fortieth day are 26.1%, after the fifty-second day are 10.2%, after the first religious festival are 72.2%, and after the anniversary are 4.5%.

Looking at the grieving process in Judaism, the timeline of grieving is divided into five main sections; Aninut (entry into grieving), Shiva (first week), Shloshim (first 30 days), Shanah (first year), and the entire lifetime of the grievors (Silverman, 2021).

When we ask the caregivers the reason why they do not perform these activities; 75% of them state that they might be disrespectful/shameful to the deceased, 71% state that they feel uncomfortable, 69.6% state that it is a sin, 46.2% state that they might face humiliation/anger from their environment, and 26.9% state that they are forced by their environment. Thus, it can be observed that people avoid some religious and cultural rituals in order to avoid disrespecting the deceased during the grieving process, to make their relatives more peaceful, and to avoid religious and social pressure. This shows us the effect of social and religious rules on people's grieving process.

Study Limitations

This study has some limitations. This study was conducted only in one hospital in the centre of a province in eastern Turkey. Caregivers were included in the study from among volunteers using the convenience sampling method. Data were collected through self-reporting by caregivers. In addition, asking caregivers of seriously ill patients and palliative care patients about the mourning period was emotionally challenging.

CONCLUSION

According to the study, it is determined that caregivers of palliative care patients have religious and cultural rituals related to daily life, food, colour and clothing, and personal care, that should be avoided during the grieving period.

From the moment a person dies, funeral, grieving, and memorial ceremonies in any society follow a set of religious principles and procedures. At the same time, these ceremonies and practices are influenced by culture. There are religious and cultural rituals that societies do not practice as much as those that they perform. In order to support the family during the grieving process, public health nurses should be aware of the forbidden rituals that families and societies avoid, as well as the rituals that families and societies perform to help them with the grieving process in a healthier way. Otherwise, they cannot approach and support the family and society as a whole during the grieving process. This study aims to contribute to the gaps in the relevant literature. Future studies with larger sample groups with different socio-demographic characteristics are recommended.

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