

Death and Grief Literacy in the Family

Ailede Ölüm ve Yas Okuryazarlığı

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ABSTRACT

Death, which begins with the birth of a living, is the biological end of life in an unknown time. As the biological existence of the deceased comes to an end, the grief, which includes different feelings and thoughts, emerges for the other relatives who continue to live. The aim of this review is to describe death and grief literacy and explain its importance in the family. Death and grief literacy aims to provide educational and empowering information on subjects such as making sense of their lives that begin with birth and end with death, the phenomenon of death and loss through death, the phenomenon of grief and continuing life with grief. There are four dimensions of death literacy in the literature. These dimensions are defined as practical knowledge (talking support, doing hands on care), experiential knowledge, factual knowledge and community knowledge (others can help me provide end of life care, support groups in my community). There are three dimensions in grief literacy. These are knowledge, skills and values dimensions. Many factors such as the relationship with the deceased, how the death occurred, the mood of the grieving individual, and culture affect the dimensions of death and grief literacy. Death and grief are multidimensional issues. Therefore, many disciplines are responsible for the development of literacy in these areas. The family is the basic social unit in which people feel safe, interact, experience and share. The death of a family member can be a devastating for other survivors. It is important to understand the death and grief correctly and to develop the ability to experience it, in order to provide a correct and effective attitude towards life. In this context, it is thought that the development of death and grief literacy in the family will clarify many issues such as the phenomenon of death, the effect of the death of a loved one on the individual and the family, grief reactions, how to talk about death with children and adolescents, the effective role of family communication, the importance of social support, and the components of the grief. It is very important for family members to have death and grief literacy, to make sense of the death and grief of individuals who have experienced the death of a loved one, to recognize their grief reactions, to return to their former functionality and to become stronger.

Keywords: Family, literacy, death, grief

ÖZ

Ölüm, canlılığın doğumuyla başlayan yaşamın, bilinmeyen bir zaman içerisinde biyolojik olarak sona ulaşmasıdır. Ölen canlılığın biyolojik varlığı sona ererken, yaşamaya devam eden diğer yakınları için farklı duygu ve düşünceleri içeren yas süreci ortaya çıkmaktadır. Bu derlemenin amacı, ölüm ve yas okuryazarlığını tanımlamak ve ailedeki önemini açıklamaktır. Ölüm ve yas okuryazarlığı bireylere, doğumla başlayan ve ölümlle sona eren yaşamlarını anlamlandırma, ölüm olgusu ve ölümlle kaybetme, yas süreci, yas ile hayata devam etme gibi konularda eğitici bilgi vermeyi amaçlamaktadır. Literatürde ölüm okuryazarlığının dört boyutu bulunmaktadır. Bu boyutlar pratik bilgi (konuşma desteği, uygulamalı bakım), deneyimsel bilgi, olgusal bilgi ve toplum bilgisi (yardıma ulaşma, toplumsal destek grupları) olarak tanımlanmıştır. Yas okuryazarlığında ise üç boyut bulunmaktadır. Bunlar bilgi, beceri ve değerler boyutlarıdır. Ölüm ve yas okuryazarlığının boyutlarını kaybedilen birey ile olan ilişki, ölümün nasıl gerçekleştiği, yas sürecindeki bireyin duygudurumu, kültür gibi birçok faktör etkilemektedir. Ölüm ve yas çok boyutlu konulardır. Bu nedenle bu alanlarda okuryazarlığın geliştirilmesinden birçok disiplin sorumludur. Aile, insanların kendini güvende hissettikleri karşılıklı etkileşim, deneyim ve paylaşımların yaşandığı temel sosyal birimdir. Aile üyelerinden birinin ölümü, hayatta kalan diğer üyeler için oldukça yıkıcı bir süreç olabilmektedir. Ölüm ve yas sürecini doğru bir şekilde anlamak ve deneyimleme becerisi geliştirmek, hayata karşı doğru ve etkili bir tutum sağlayabilme adına önem taşımaktadır. Bu bağlamda ailede ölüm ve yas okuryazarlığının geliştirilmesinin, ölüm olgusu, sevilen birinin ölümünün birey ve aile üzerinde yarattığı etki, yas tepkileri, çocuklarla ve ergenlerle ölümün nasıl konuşulması gerektiği, aile içi iletişimin etkin rolü, sosyal desteğin önemi, yas sürecinin bileşenleri gibi birçok konuya açıklık getireceği düşünülmektedir. Aile bireylerinin ölüm ve yas okuryazarlığına sahip olması, sevdiği birinin ölümünü deneyimleyen bireylerin ölüm ve yas sürecini anlamlandırabilmesi, yas tepkilerini tanıması, eski işlevselliğine dönmesi ve güçlenmesi konusunda oldukça önem taşımaktadır.

Anahtar sözcükler: Aile, okuryazarlık, ölüm, yas

Introduction

The phenomena of death and grief are a normal part of living things that exist throughout their lives and are integrated with life. People may face the reality of death by the loss of a loved one. The experienced death reveals the grief. The factors such as the identity of the lost individual, their age, and the manner of death affect how the grief will be experienced. Although people know about death, there is no consensus on how death is defined (Yelboğa 2023).

The definition of death varies depending on the meaning people attach to death. Death means the end for some people, uncertainty for some, and eternal existence for some (Gençtan 1990). Life and death form a whole. Birth is the beginning of life, and death is known as the end of life, although accepting death is more difficult than birth (Çelik 2023). Death is a phenomenon that brings about the completion of life. Therefore, death should not be seen as a meaningless absence, but as integration with life (Jung 1997).

Although living things will certainly die one day, there is no information about where, how, when, and in what way they will die (Roper et al. 1991). Reactions to the thought of death such as the desire for immortality, denying death, challenging death, wanting death, accepting death, and grief are common aspects of human nature. Various factors such as religious, medical, economic, ideological, social, cultural, and emotional values may be effective in shaping these reactions (Altaş 2020)

People are not adequately prepared for death, which is a natural and definitive part of life. The life-centered perspective pushes the existence of death and the idea of death into the background (Göcen 2018). The desire for immortality remains a strong dream of human throughout life. Approaching the universality of death and the reality of death is expressed as people's tendency to escape from a temporary and limited life (Altaş 2020).

Grief is defined as "the pain felt and experienced due to death or disaster, and the behaviors that show this pain" (TDK 2022). Freud (1917) explains the phenomenon of grief as a reaction to the loss of a loved one or an object. Cesur (2017) states that the reactions to grief are affected by factors such as the age of the deceased, the cause of death, the manner of death, the cognitive abilities of the grieving individual, automatic thoughts, emotion regulation skills, and psychological dynamics. Emotions during grief such as sadness, regret, anger, guilt, and emptiness are generally experienced, which weakens the grieving individuals spiritually. The death of a family member disrupts daily life or joint plans for the individuals left behind. The disrupted life plan can make the process of individuals accepting the existence of death and continuing their lives long and challenging. Individuals who have lost a family member spend time with activities that will be good for them (work, sports, spirituality, etc.) during the grief, allowing them to have a healthier grief (Yelboğa 2023). When all the factors affecting death and grief are considered, the importance of death and grief literacy emerges for healthier management of the loss of a family member and grief. This review aims to define death and grief literacy and explain its importance in the family.

Concept of Literacy

The first meaning of literacy is to use writing symbols and to perceive the meaning produced by the same symbols. The effort to make sense of the world we live in, which consists of thousands of symbols, is the real meaning of literacy. Therefore, it is stated that we read everything that happens around us, knowingly or unknowingly, and write using symbols to express ourselves (Altun 2005).

Literacy, in another dimension, is an interaction tool for understanding, sharing, interpreting, and transferring knowledge, skills, and social norms in society to future generations (Altun 2005). Although the concept of literacy varies depending on the field in which it is used; It covers situations such as how the individual perceives and gives meaning to the emotions and thoughts s/he experiences, and how s/he uses her/his knowledge and skills in the social field. Beyond being knowledge and skills for people and society, they are also expressed as values identified with the concepts of culture and tradition (Aşıcı 2009). It is thought that the fact that literacy includes the emotion and thought dimension, as well as the behavioral dimension, is effective in its acceptance as a social value.

Death and Grief Literacy

Death is the biological end of life at an unknown time. As the biological existence of the deceased comes to an end, grief involving different emotions and thoughts occurs for other relatives who continue to live. The concept of grief refers to the adaptation reactions to loss or losses (Ürer 2017). According to Freud (1917), the fact that the individual or object is lost physically does not mean that it is buried mentally. At this point, grief reveals its

true existence, and attempts are made to keep it alive through mental activities by revisiting it as a representation of what has been lost. Death and grief literacy aims to provide individuals with educational information on topics such as finding the meaning of life, the phenomenon of death, loss through death, the phenomenon of grief, and continuing life after loss. Although the concepts of death and grief seem to be concepts that all people know, death and grief literacy involves examining existing definitions in a broader sense. The circumstances in which death occurs vary. Every individual has certain degrees of internal preparedness to face the death of a loved one. All the experiences and emotions gathered around the concept of death and grief (fear, foreboding, relief, gratitude, etc.) are related to realizing what it means to be human and live (Malpas and Solomon 2006). For people who live their lives in a limited period, gaining awareness of the reality of death and grief has a very important place in the individual's meaning-making (Frankl 1994).

Dimensions of Death Literacy

It is known that being able to talk about death, seeing death as a part of life, and supporting death preparation is important for both individuals and societies (Tieman et al. 2018). When studies on death in the literature are examined, it is seen that issues such as death anxiety and fear of death are mostly discussed. It is noticed that in the last 20-30 years, this focus has been tried to be expanded to include coping with death and death education (Robbins 1994, Neimeyer et al. 2003, Wass 2004). The concept of death literacy is a new subject in the literature and studies on this subject are quite limited (Hayes et al. 2017, Noonan 2018, Leonard et al. 2022).

Robbins (1994) defines death literacy as a set of skills people need to cope with death and a structure representing our attitudes and beliefs regarding these skills. Studies on death literacy indicate that death competence includes behavioral, cognitive, and emotional components (Leonard et al. 2022, Neimeyer et al. 2003, Robbins 1994). Negative emotions such as all kinds of anxiety, fear, threat, and uneasiness experienced regarding death and the dying, as well as thoughts such as physical extinction and uncertainty about life after death, can affect individuals' death competencies in behavioral, cognitive, and emotional (Neimeyer et al. 2003). In a study, it was stated that being informed about death, making preliminary preparations for the funeral, and being able to talk about death with children are behavioral as well as emotional and cognitive (Neimeyer et al. 2003). Cognitive components include beliefs that the individual has about death, such as inevitability and confrontation (Neimeyer et al. 2004). In another study, death literacy is defined as a set of knowledge and skills that enable access to and understanding of end-of-life care options and taking action on them (Semerci et al. 2024). Hayes et al. (2017) define death literacy as understanding what it is like to die and what death means. Dimensions of death literacy; It is classified as “practical knowledge (talking support, doing hands-on care), experiential knowledge, factual knowledge and community knowledge (others can help me provide end-of-life care, support groups in my community)” (Leonard et al. 2022).

Death literacy is an approach that emphasizes strengths in monitoring the potential gains from the death education experience by replacing the fear and anxiety that prevent the discussion of death throughout society (Bugen 1981, Robbins 1994, Wass 2004). In addition, individuals and societies with high death literacy are expected to have knowledge about death systems and to transform this knowledge into skills (Noonan 2018).

Practical Knowledge

Talking Support

Although death is explained with individualistic-biological definitions, it is a phenomenon shaped by the social relations of humans and human life and intertwined with social life. While the deceased goes through a death that ends all dynamics related to his/her biological and social life; the relatives of the deceased experience the loss of a loved one (Burcu and Akalın 2008). In case of loss due to death, the relationship with the lost individual, whether the death is sudden or expected, and situations that will affect the mood of the relatives of the deceased affect the scope of talking support. It is very difficult for individuals to discuss the nature of death and to express feelings of sadness and deprivation. Individuals may attribute different meanings to death depending on their age and experience. (Seki Öz and Kargın 2021). Especially young children's capacity to understand and accept death is related to their level of cognitive and emotional maturity. The absolute absence or re-existence in their perspective on death is not fully formed in the minds of young children (Slaughter 2005).

Children's cognitive development stages play an active role in their understanding of death (Ürer 2017). Although preschool-age children use words such as death, dead, and dying, they have not yet developed the mental development to react with emotion or fear regarding death. They may use sentences such as "I will kill

you" in their games, or they may think that a dead fish in the aquarium is asleep and say, "Let's wake it up and feed it." Since the concept of continuity or irreversibility has not yet developed in preschool-age children, being separated may make the children anxious. (Apaydın 2017).

According to Piaget, children between the ages of 7 and 12 focus on the concept of death. Nagy (1948) argues that children under the age of five deny death, children between the ages of 5 and 9 visualize death and treat inanimate objects as living, and children aged nine and above learn that death is final and universal. According to Toksoy (2005), children learning about death in an abstract sense is seen in the period from the age of 10 to the end of adolescence. During this period, children begin to understand the universality and inevitability of death. Children may initially react to the death of their loved ones such as shock, denial, objection, lack of reaction, fear, and ignoring the death. Additionally, disruption of sleep patterns, nightmares, eating disorders, behavioral problems, urinary incontinence, decreased school performance, regression, excessive attachment to the surviving caregiver, separation anxiety, fear of loss, and irritability may be observed (Dowdney 2000).

There are important points to consider when talking about death with a child who has lost a loved one or parent. Family members who are shaken and suffering from the death of a family member often have difficulty giving the necessary information to their child because they cannot explain the cause of the death to themselves ("Why?", "Where?", "How?"). When the child asks about the death, the family's current knowledge of the death makes it difficult to answer. While the child only wants to learn as much as s/he can understand, the family experiences a conflict in terms of how to convey concrete and abstract information to the child. How to talk about death with a child is important in death literacy. It is accepted that when talking about death with a child who has lost a parent or a loved one, the child's other surviving parent or one of the family members to whom s/he feels close and loved should explain this situation to her/him. Adults should explain the current situation to the child in sensitive, clear, understandable, and simple language. An approach that takes the child's needs and feelings into consideration should be adopted (Tahta et al. 2015, Apaydın 2017). For example, in a case where a child whose younger sibling died was explained as "God loves little children so much, he takes them away from us and takes them to heaven", it was observed that the child developed anger towards God. When his child died in the future, this situation turned into depression in the individual (Karaca 2000). When explaining death to children, describing God in a frightening, punishing, and separating away from our loved ones can create fear for the child (Akpınar 1988).

When explaining death to a child who has lost a loved one, people may also add spirituality to the concept. Ayhan (1997) states that when talking about death with a child, it is necessary to develop the child's perspective on death by explaining concretely that all living things have a short or long lifespan and that they will end one day, and to educate him/her spiritually (Tahta et al. 2015). At first, children, just like adults, may feel the need to protect themselves by rejecting the situation with statements such as "this cannot be true, you are lying, I will not believe you." They may not react with sadness or crying. They may want to play as if death never happened, or they may become numb as if their emotions have frozen. The main point to pay attention is to be able to help the child according to the way s/he perceives death (Tahta et al. 2015).

Adolescents are aware that death is an inevitable end, an irreversible fact, but they believe that this situation will happen in the distant future (Bildik 2013). Situations such as biological, psychological, and social changes during adolescence and the effort to form an identity affect the adolescent's reactions to death. Regression, social isolation, decrease in school success, stress, and depression due to grief reactions may be observed (Ürer 2017).

The death of a family member causes multiple losses such as the quality of the relationship with the deceased, the loss of the family system, and the sudden disappearance of dreams and plans (Şimşek Arslan and Buldukoğlu 2019). Just as it is difficult to explain death to a child who has lost a parent and accept the loss, the loss of a spouse is also a very difficult experience for the surviving parent. According to Wallin's (2007) study, the pain of a spouse's death is associated with more disappointment for the surviving spouse. After the death of a spouse, the surviving spouse thinks that s/he suddenly loses his/her individual and social roles with the death, depending on the "husband-wife" relationship. The loss of a spouse generally brings with it the loss of multiple roles. The losses experienced negatively affect the individual by creating stress (Hall 2012). Losing a spouse is difficult for a man or a woman in many ways. According to a study examining the loss of a spouse in the elderly, it was found that the physical impact of the loss of a spouse on the elderly was lower than others, and it was seen to cause more cognitive, emotional, and social effects (Aslan et al. 2018).

The death of a child can make the world meaningless for parents. Regardless of whether the death is sudden or expected, the difficult situation experienced by parents who lose their children is like a devastating earthquake destroying an entire city. While the order of death for people is designed as first the parent and then the child,

the death of the child before the parents creates a situation that is difficult to accept (Şimşek Arslan and Buldukoğlu 2019).

Family is the basic social unit where mutual interaction, experiences, and sharing occur and where people feel safe. The loss of any family member can be a very devastating experience for other family members (Şimşek Arslan and Buldukoğlu 2019). It is very important for the family to have death and grief literacy and to determine the appropriate speech support in terms of healing the disappointments of the deceased, holding on to life again, and becoming stronger.

Doing Hands-On Care

Doing hands-on care dimension of death literacy is important in terms of understanding the difficulties of taking part in the care of a dying individual. Doing hands-on care includes important responsibilities such as feeding or helping an individual who is dying, doing self-care needs such as bathing and toileting, moving or helping to move, and administering medications and injections (Semerci et al. 2024).

The appropriate environment for caring for a dying patient is decided based on the patient's and family's preference, patient care needs, and medical treatment requirements (Türk and Alp 2001). Home is the environment in which the individual feels comfortable, happy, peaceful, and safe. Therefore, for the dying individual, home is a more comfortable environment, physically and spiritually, than a hospital or institutional care (Öztop et al. 2008). The main purpose of caring for a patient at the end of life is to ensure the physical and spiritual well-being of the patient and to improve the quality of life. Family members should be aware of the signs of death while caring for dying patients. The dying patient has no future, it is necessary to focus on the here and now and treat the patient realistically and kindly (Karakaya and Işıkhan 2020). It should not be forgotten that the dying patient is still alive and should be treated compassionately. When verbal communication is insufficient, body language communication such as holding their hand, touching their shoulder, and smiling can be carried out. Being around people s/he loves and values can boost the patient's morale. Patient visits can be done regularly to prevent the feeling of loneliness and fear experienced by the dying patient (Türk and Alp 2001).

Experiential Knowledge

Caring for a dying patient can often be a long, intense, and tiring process for family members. Family members may experience feelings and behaviors such as fatigue, sleep disorders, weakness, shame, guilt, depression, anger, hopelessness, and physical, economic, psychosocial, and emotional problems. Mostly women take care of a dying patient in the family. Women's home, work, and patient care responsibilities negatively affect their quality of life (Karakaya and Işıkhan 2020). Economic difficulties experienced by family caregivers include the number of days off in working life and the wage they receive being insufficient to cover care costs. In addition, social and cultural difficulties may be experienced due to being around the patient to provide the necessary care. Psychological problems such as loss of self-confidence, negative mood, anxiety, burnout syndromes, loss of life meaning, depression, and anxiety can be observed (Lindstrom and Koehler 1991).

Helping a dying patient can increase emotional strength, allow caregivers to question the important things in life, increase the power to fight for similar situations, and increase patience, understanding, and self-compassion (Semerci et al. 2024). The experiential knowledge dimension is important in understanding the positive and negative effects of experiences during caring for family members and in revealing the individual's perspective on life and death.

Factual Knowledge

Death and grief literacy aims to provide individuals with benefits in terms of getting through the death process in a healthy way, as well as accessing the legal rights and resources they have. A dying individual's ability to receive the most appropriate care, to know healthcare system practices, and to have sufficient information about illness to make informed decisions significantly affects the individual's end-of-life quality (Semerci et al. 2024).

Care services are handled in two ways: formal care provided by public and private institutions and informal care provided by family, neighbors, relatives, or friends. Formal care services are palliative care and home care services (Egici et al. 2019). World Health Organization (WHO 2002) defines palliative care as "care that provides psychosocial support to patients with life-threatening chronic diseases and their families to improve their quality of life and applies the necessary support for early diagnosis and treatment of pain and other symptoms."

Palliative care is multidisciplinary care aimed at preventing the occurrence of undesirable conditions related to the disease, making the patient feel comfortable and peaceful, and improving the quality of life of individuals with serious diseases such as cancer and stroke. (Morrison and Meier 2004). The individuals who spend the most time with patients in palliative care are palliative care nurses. Nurses should have professional management in terms of the patient's participation in the good death process, the involvement of the family and caregivers, and effective communication. A good death is a timely and natural death that respects the individual's privacy and dignity, where pain and other symptoms are under control, where spiritual, emotional, and religious wishes and needs are met, and where there is sufficient time to say goodbye. The concept of a good death can be affected by factors such as the patient's clinical condition, diagnosis and treatment of the disease, the economic situation of the patient and family, various accompanying diseases, social environment, and death experiences (Yorulmaz and Karadeniz 2020). The concept of good death depends, above all, on what the individual sees as good and bad (Cipolletta and Oprandi 2013). It is important to inform the family and caregivers correctly and to encourage them to share their feelings and plans. In addition, determining the patient's wishes regarding procedures such as the place of death, burial, and religious preparations, providing an environment for saying goodbye to relatives, and having soothing conversations with the patient will also improve the trust relationship (Soyanıt Eraslan and Mumcu 2023).

Home care services are the provision of health services to patients in their living environment to improve or increase the health level of individuals (Çoban and Esatoğlu 2004). Patients have the freedom to choose treatment alternatives, individuals who will provide care, and the place where they want to receive treatment in-home care services (Tanlı 1996). Individuals who provide care along with patients are also involved in the home care services. The individual's right to a peaceful death at home and the right to respectful and reliable care are considered important in our society, and home care services provide these opportunities to the individual (Subaşı 2001, Çoban and Esatoğlu 2004). Considering home care services as a social policy tool, it is a rights-based support model that is independent of individuals' income levels. Therefore, financial poverty or neediness is not a prerequisite for receiving home care services.

The legal framework for home care services ranges from international agreements to which the state is a party at the macro level, from the constitution to local government laws and ministerial regulations (Ağcasulu 2021). Physical, emotional, social, and financial support is provided to the caregivers of the patient receiving home care services. While these supports provide empowering positive contributions to caregivers such as personal development, close relationships, social support (Toseland et al. 2001), perspective on death and life, self-respect, and compassion, they can also cause negativities in spiritual, physical, and social areas (Yıldız et al. 2016). Especially unexpected events can increase anxiety in caregivers and cause care stress (Rafiq and Sadiq 2019). In a study, it was found that supporting caregivers for their health problems and providing care to male patients by men was important in reducing care stress. (Gök Uğur and Çatıker 2019).

Although the first thing that comes to mind when it comes to preparation for death is the individual with a terminal illness feeling ready for death, it is generally defined as the caregiver's readiness for the death of their relative (Soyanıt Eraslan and Mumcu 2023). In preparation for death, there must be good communication between caregivers and the medical team. In particular, caregivers need to be cognitively ready for death, be aware of the death, and plan funeral services. Although it is difficult to prepare for death cognitively and behaviorally, it is stated that caregivers often have difficulties emotionally (Breen et al. 2018).

Community Knowledge

Others Can Help Me Provide End-Of-Life Care

The family system is a whole; when a family member dies, all members are affected. The duties of family members before and after death are considered an important stress factor (Rainsford et al. 2017). Caregivers often encounter problems related to caring, family, and work responsibilities. It needs both social and institutional support and assistance to solve the problems. Social support makes it easier to recognize the problems encountered and to cope with these problems (Demirel and Yücel 2017). The social support a caregiver needs to cope with stress is multidimensional in terms of the number and type of resources. Social support from family members, friends, health professionals, and community organizations is important. (Coşkun and Akkaş 2009). It is important for a professional and multidisciplinary team consisting of healthcare professionals and social workers to handle the services to the patient and their family with a holistic approach to maintaining home care services beneficially and effectively. Nurses who play a key role in providing this service; While contributing to the improvement of the individual's current health status due to their responsibility, competence, and professional roles, they also help the caregiver and their family discover the social resources

available to them. In this way, the quality of care is improved for both the patient, the caregiver, and their family (Sezer et al. 2015). The perceived social support may vary depending on the caregiver's personality characteristics, process, and current conditions. Perceived social support can be classified in four ways: informational support, emotional support, instrumental support, and trust support. While emotional support increases the resilience of caregivers to cope with difficulties, instrumental support creates concrete and practical alternatives for caregivers. Information support provides advice, guidance, and access to resources in finding solutions to stressful situations, while trust support ensures that the caregiver's need for trust is met by expressing positive emotions and thoughts (Kahrıman 2014).

Support Groups in My Community

Social support is defined as instrumental and spiritual support provided by family, close circle, and friends to an individual who is in a difficult situation or under stress (Aras and Tel 2009). The social support system includes economic, emotional, and cognitive support systems. Economic support is the provision by other people of the financial support an individual needs to fulfill his/her daily responsibilities. Emotional support is the satisfaction of the individual's needs, such as attention, morale, empathy, trust, and belonging. Cognitive support is solving the problem by providing support through knowledge and experience (Mermer et al. 2010).

For individuals who are dying or experiencing death anxiety, the visible and tangible social support they perceive from their families and close circle creates a positive impact on the individual (Gündoğan 2020). It is a result of the modern age that the healthcare system interacts with patients who are dying and with individuals for the post-mortem process (Afyonoğlu et al. 2021). Professionals who work one-on-one with the family system help families with crisis intervention, coping with the crisis, and accessing resources (Mavili Aktaş 2003). Social workers are important professionals who identify the needs of family members, provide support, guidance, and counseling, and have an active role in restoring family functionality (Alptekin and Duyan 2009). Social workers work on death with disadvantaged individuals, groups, or societies, such as women, children, disabled people, and the elderly, at micro, mezzo, and macro levels, at individual, cultural, and professional levels related to the client's needs. In addition, while social workers work with the client on the death, loss, or grief, they cooperate with other professional staff (such as health workers, teachers, and grief counselors) within the framework of knowledge, skills, and values. In this way, social workers create team spirit and take on the role of care-healing (Weinstein 2008).

Dimensions of Grief Literacy

The phenomenon of mourning was first defined by Freud (1917) in his article titled "Mourning and Melancholia" as "the reaction to the loss of a loved one, object or value". The mourning that accompanies losses is often associated with death (Laranjeira et al. 2022). Grief literacy is the knowledge, skills, and values that encourage the individual to behave compassionately towards herself/himself and others. (Breen et al. 2022). Grief literacy was discussed with the "knowledge, skills, and values dimension" by Breen et al. (2022). Grief literacy can be considered a natural extension of death literacy, and increasing individual competence in these areas may help reduce individuals' death anxiety or fear of death (McClatchey and King 2015).

The main goal of grief literacy is to understand grief, recognize loss, and provide skills to go through grief normally and effectively (Laranjeira et al. 2022). Considering that death and dying are common concerns in societies (Koksvik and Richard 2023), "Death Cafes", inspired by the study of Crettaz (2010), come to the fore as friendly local environments, where stories or experiences about death, loss, and grief are shared and discussed. (as cited in, Leland 2018). Death Cafes, located in more than eighty countries, allow people to discuss issues that they have difficulty talking about, raise awareness of death and grief, reduce death anxiety, and strengthen the bond of compassion by increasing loss sharing (Miles and Corr 2015, Fong 2017, Chang 2021). The Death Café model is an environment that allows people to sincerely express the memories, thoughts, beliefs, and emotions associated with death and grief (Chang 2021). Therefore, it can be said that Death Cafes were created based on knowledge, skills, and values within the scope of individual and social grief literacy.

Knowledge Dimension

The knowledge dimension of grief literacy includes being aware of grief, knowing how to access information, and recognizing early signs of more complex problems (Breen et al. 2022). In this context, it seems important to define grief and be aware of the factors that may affect grief. Each individual's grief response is as personal as their own fingerprint (Volkan and Zıntl 2010). Stroebe (2015) states that grief, which suddenly changes people's

lives, is a natural process, not a disease, although it may be challenging. Grief is more than what an individual thinks, says, or feels (Özel and Özkan 2020).

Looking at the definitions of grief, Freud (1917) explains grief as a phenomenon in which individuals develop different attitudes towards life and the meaning of life, which will improve over time. According to Engel (1961), grief is a normal process in which the individual improves over time; Grief involves deep mental pain and symptoms of physical illness. According to Kübler Ross (1975), grief is a constructive situation that can lead to the development of the individual, compared to all negative characteristics. Grief consists of the stages of denial, anger, bargaining, depression, and acceptance. In the denial stage, the individual experiences shock, rejection, or disbelief. During the anger stage, the individual may ask "Why me?". During the bargaining phase, the individual may have thoughts such as "If s/he hadn't died, I would have died" or "If only s/he had stayed a little longer." During the depression phase, the individual may experience feelings of emptiness, heaviness, desire to be alone, social isolation, and regression. During the acceptance stage, the individual accepts the reality of death or loss and tries to cope. This process can take from one to two years in normal grief (Volkan and Zıntl 2010).

Experiencing the death of a loved one, especially the death of a parent, is a challenging and devastating process for children. Children experience grief differently than adults. It was previously believed that children were unable to grieve due to their immature cognitive skills. The current idea is that children perceive death differently than adults, so they follow their path when grieving. Children may develop different grief reactions to death depending on their age, developmental level, and the manner of death (Weymont and Rae 2006). According to Yalom (2008), children begin to realize that there is death in life at a very young age, through animals, plants, the change of nature, or the sun's rising and setting (such as the death of insects or fish, or falling leaves). For children, factors such as the death of the elderly within the family or close relatives, grieving parents, and cemeteries may also be involved in observing the death and grief. Peseschkian (2002) states that the child's reaction to death is shaped by her/his environment and that s/he develops an attitude about death according to the behaviors s/he sees in her environment.

It is an expected and universally accepted situation that people show a grief reaction to losses that result in death (Kırcalı 2020). Even if the grief is healthy, the emotional pain or emptiness does not disappear completely. It does not only disrupt the individual's functionality (Lindemann 1944). Individuals try to continue their lives with the influence of the worldview, beliefs, or culture they believe in, to make sense of the loss experienced (Kırcalı 2020).

Skill Dimension

The skill dimension of grief literacy includes listening, asking questions sensitively, and helping individuals in need of support find resources (Breen et al. 2022). Cognitive, emotional, behavioral, and physical reactions may occur due to grief. Reactions such as constantly wanting to talk about the deceased, social isolation, restlessness, anger, guilt, helplessness, shortness of breath, feelings of emptiness, and hypersensitivity to sounds can be given as examples. When these symptoms are experienced, it is very important to listen to the individual, ask questions to clarify the situation, make him/her aware of his/her feelings, and direct him/her to resources if necessary.

Individuals' reactions to the losses they experienced previously determine the content of grief (Weymont and Rae 2006). Grieving helps us adapt to change and move on with life. It is necessary to understand how we feel to recognize loss, separation, and grief. Those who have lost someone to whom they were deeply attached may feel angry, hostile, or painful during grief. Emotions, in addition to providing a facilitating effect on human life, have a harmful effect when they are not present in the required manner, duration, and intensity in a certain situation (Çelik 2022). Emotional health depends on emotions being meaningful, appropriate, and measured (Weymont and Rae 2006). This is valid not only for negative emotions but also for states of love, joy, and happiness, which are described as positive emotions. Emotion regulation is a skill that people use in ordinary or extraordinary situations they encounter in life (Kırcalı 2020). Emotions, thoughts, and reactions to events affect many areas of life (Gross 1998). For example, in a study conducted by Wagstaff (2014), athletes were shown a video before the performance and then their reactions to this video were examined. Accordingly, it was found that those with high emotion regulation skills had higher performance levels. According to Harzadın (2021), individuals who go through severe and painful grief dominated by bad and intense emotions are individuals who have difficulty regulating emotions. These individuals may experience fluctuations in their emotions when they are in a crowd or alone. In such cases, the individual in grief may laugh at a sad situation or react badly to a laughing situation. The management of felt emotions can be associated with the individual's self-compassion and conscious awareness.

According to Worden (2009), how people who experience loss go through grief determines their subsequent grief experience. According to Freud (1917), there are two components necessary to successfully experience grief. One of these is to review the relationship to evaluate what the death of the individual means for survivors, and the other is to turn it into a memory with no future. To provide these two components, it is necessary to have the skills of emotional regulation and managing emotions with awareness. Every positive or negative emotion experienced consciously or unconsciously can lead to new physical, spiritual, and social losses if not managed correctly. It is thought that secondary losses can be prevented by increasing the skill dimension of grief literacy.

Values Dimension

Another dimension of grief literacy is the dimension of values. The values dimension includes care, community, and relationship ethics. The skills required to improve the grief literacy of communities need to be determined within the context of their culture. It should not be forgotten that ethnicity, gender, sexual orientation, age, religion, and other socioeconomic factors may be effective in developing culturally sensitive skills. In grief literacy, values should be constructed in the light of available information, including other assumptions (Breen et al. 2022).

It is thought that the family is important in the development of values. According to Barker (2003), families are primary groups that share common norms and deep interactions and are generally in close contact with each other. Family is an institution where common plans are shared in deep interaction as well as individual goals for life, depending on the holistic existence of psychosocial, economic, social, emotional, cognitive, structural, functional, and systemic relationships. The concern that all these characteristics in children will suddenly disappear as a result of the death of the parents, who are the foundation of the family and the thought that the system will be disrupted can be seen (Şimşek Arslan and Buldukoğlu 2019). According to Worden (2009), grief and family systems are evaluated according to the functional position of the deceased within the family, the emotional integrity of the family, and the factors that facilitate or hinder emotional expression.

Another important element in the development of values is spirituality. It cannot be said that spirituality, which adds deep meaning to life, is always tied to any belief system or religious belief. In a study examining spiritual beliefs and grief, it was observed that participants with strong spiritual beliefs managed the grief faster and more effectively than participants with weaker spiritual beliefs or those with no spiritual beliefs (Becker et al. 2007). In their review of 73 studies, Wortmann and Park (2008) stated that there is generally a positive relationship between religious belief and spirituality and adaptation to the experience of loss. Additionally, no belief is more helpful than another in grief. Therefore, it is understood that having a belief is more useful than not having a belief (Kahraman 2021).

Death Education

Death was not included as a research area within education until the 1960s (Kastenbaum 2018). On the other hand, some "death education" experiences related to death have always been found in people's lives, although not in the modern sense, but mostly in the form of religious and philosophical rituals (Leary 1997). While death education was initially thought to be partly responsible for raising awareness of the emotional pain of death, it is known that it was later adopted as a way to reduce death anxiety and strengthen the mind's sense of control (Kastenbaum 1977). Modern death education content focuses on helping people cope with the process of dying now or in the future. The focus of death education given in this way is the inevitableness of death. From this perspective, the main goal is to re-evaluate life and achieve life goals (Tanhan and Arı İnci 2009).

According to Morgan (1998), death education, which is of interest to various fields today, should be addressed in three dimensions. The first dimension is the religious dimension within the scope of faith teachings. The second dimension is the informative dimension, where specific information regarding the professional field is provided in death cases. Lastly, the third is the death preparation dimension that should be given to individuals to cope with the anxiety felt during the death and grief (as cited in, Tanhan 2007). According to Wass (2004), death education can be given as a part of cultural education, to prevent suicide and violence, and to combat disinformation. With these dimensions, death education programs can be included in school curricula or presented in the form of seminars, training programs, and short studies for families and experts (Wass 2004).

It is reported that individuals' sense of control regarding death can be strengthened through death education (Warren 1982). The goals of the death education program must be determined for death education to be beneficial to individuals (Harrawood et al. 2011). As stated by Bailis and Kennedy (1977), the purpose of death education is to instill in individuals a lifestyle that is aware of death, which we cannot avoid, and to provide them

with a realistic perspective on death and life. One of the most important goals of death education is to improve individuals' skills in coping with loss (Stevenson 1994).

Death education programs are recommended for high school, college, and nursing students, patient care personnel, adults, and children (Reed 1996). Regardless of the level and the purpose of education, the activities to be offered in the death education program must also include grief literacy (Corr et al. 2008). Death education in schools can be taught in different ways as a part of cultural education, as an alternative model for preventing situations such as violence and suicide, conflict resolution, anger management, stress management, and social skills development (Wass 2004). Providing death education for children and young people who have developed an anxious view of death due to media or other environmental factors can help them cope with many negative problems (King and Hayslip 2002).

The scope of death education continues to expand day by day. Ö Many experts from fields such as anthropology, psychology, psychiatry, medical ethics, nursing, social work, and sociology can provide death training. Especially professionals working in the field of caregiving are interested in this field. Additionally, service providers such as teachers complete their training in this field in case, they encounter individuals who are dying, grieving, or at risk of suicide (Kastenbaum 2018).

Importance of Developing Death and Grief Literacy in the Family

It is seen that death and grief literacy in the family clarifies many issues such as the phenomenon of death, the impact of the death of a family member on the individual, reactions to grief, how to talk about death with children and adolescents, the active role of communication within the family, the importance of social support, and the components of the grief. According to Worden (2009), the identity of the deceased, the relationship with the deceased, the manner of death, personality traits, social support, the presence of past losses, and the difficulties encountered during grief are the main factors that determine grief reactions. In addition to these factors, grief in the family is affected by factors such as the family's life cycle, values, beliefs, cultural characteristics, and the family's level of functionality (Şimşek Arslan and Buldukoğlu 2019). In Akyıldız's (2019) study, it was found that adults who had difficulty regulating emotions and had high levels of emotional suppression exhibited more grief reactions. It was also concluded that perceived social support has a positive effect on coping with grief reactions.

Both adults and children are greatly affected after the death of a loved one. Children who experience the death of a family member may show behaviors depending on their age and developmental stage such as rejecting the death, interpreting death differently (such as assuming that he will return), acting as if death did not happen, and accepting the death. Regardless of the interpretation of death that children accept after the loss of a loved one, they are deeply affected as a result, and these effects can last a lifetime (Köylü 2004). It is thought that children will understand death and grief more accurately with the development of death and grief literacy in the family.

After the death of a family member, family members may experience significant changes in their lives. A mother who lost her husband may worry about how to meet the needs of her children. The child who lost his mother may have to care for himself and other family members. A husband who loses his wife may ignore the grief because he is worried about how he will cope with his responsibilities as both mother and father to his children (Köylü 2004). The transition to the new situation worries family members and makes the adaptation process difficult. The social support people receive from individuals who can understand the sadness and pain they experience reduces the severity of negative emotions, fears, and concerns surrounding death and grief (Döveling 2015). In this context, it is thought that improving death and grief literacy in the family can strengthen the coping mechanism of family members and facilitate readjustment.

CONCLUSION

Life and death, which form a whole, are two intertwined phenomena. Death, which completes life, is not just a meaningless ending but is directly related to integration and harmony with life. Being aware of death, accepting death, adapting to death, understanding grief, being able to grieve, and returning to the pre-bereavement level of functionality are situations that require conscious awareness for families. The uncertainty of where, when, and how we will encounter death shows the necessity of improving death and grief literacy.

The family system is a whole and each part of the family affects the whole. In this review, death and grief literacy are defined, the dimensions of death and grief literacy are explained, and information on how it can be improved in the family is given. Family members need to have death and grief literacy for individuals who experience the

death of a loved one to make sense of the death and grief, recognize grief reactions, return to their former functionality, and become stronger. In this context, it should be aimed at improving the death and grief literacy of the individual, family, and society from a multidisciplinary perspective. It is thought that developing death and grief literacy in the family will clarify many issues such as the phenomenon of death, the impact of the death of a loved one on the individual and the family, grief reactions, how death should be talked about with children and adolescents, the active role of communication within the family, the importance of social support, and the components of grief. Death education is thought to be very important in developing death and grief literacy. It is thought that death education, especially given by taking into account age, developmental characteristics, and sociocultural characteristics, will contribute to the development of death and grief literacy and strengthen the individual. In this context, there is a need to carry out studies to increase death and grief literacy in the family. It is recommended that these studies be planned by taking into account the variables that may affect grief.

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