Cross-Cultural Beliefs, Ceremonies, and Rituals Surrounding Death of a Loved One

The purpose of this qualitative study was to describe practices surrounding death of a loved one by European, Asian, Caribbean, Central American, and South American families living in the United States. A focus group with 14 masters nursing students from a wide variety of cultural and religious backgrounds was conducted to gain a better understanding of the beliefs, ceremonies, and rituals surrounding death. Many commonalties were found across cultures and religions. A pervasive theme was that beliefs about the soul of the deceased lead families to perform rituals and ceremonies that foster passage to God, the "light," or another life. The stronger their beliefs, the more dedicated the family is in completing the rituals and ceremonies in the way dictated by their religion or culture. Participants had difficulty separating the influence of culture and religion on these practices.

Sandra L. Lobar, PhD, ARNP, is Associate Professor, Florida International University, School of Nursing, and Director, Center for Leadership in Pediatric and Family Nursing, a HRSA MCHB funded project, Miami, FL.

JoAnne M. Youngblut, PhD, RN, FAAN, is Professor & Coordinator of Research, Florida International University, School of Nursing, Miami, FL.

Dorothy Brooten, PhD, RN, FAAN, is Professor of Nursing, Florida International University, School of Nursing, Miami, FL.

rieving and death rituals vary across cultures and are often heavily influenced by religion (Chachkes & Jennings, 1994: Younoszai, 1993). How and when rituals are practiced vary depending on the country of origin and level of acculturation into the mainstream society. The duration, frequency, and intensity of the grief process may also vary based on the manner of death and the individual family and cultural beliefs (Clements et al., 2003). Although cultural practices surrounding the death of a loved one have been described, there are limited research descriptions from key informants within cultures. The purpose of this qualitative study was to describe beliefs and practices of death and dying in selected cultural groups living in the United States (U.S.). Nurses from those groups were interviewed to gather data about their personal experiences with death and their experiences with deaths of patients from the selected cultural groups. Similarities and differences in the beliefs and practices of death and dying among these groups were identified.

Researchers have found greater outward expression of grief and more physiologic reactions among Mexican American college students compared to Anglo college students (Oltjenbruns, 1998) and greater grief intensity among Latinos from Puerto Rico who experienced a sudden unexpected death than other Latinos and Anglos (Grabowsky & Frantz, 1992). However, Brandhorst (2000) found no differences in bereavement for White, Black, and Hispanic adult children whose parent died from cancer. Talamantes, Lawler, and Espino (1995) identified similarities during the period preceding the death in case studies of a Mexican American family, a Cuban American family, and a Puerto Rican family experiencing the death of a family member, including the caregiver's not wanting to burden or impose on family; experiencing depressive symptoms; and relying on faith, hope, and prayer to cope with the impending death.

Sandra L. Lobar JoAnne M. Youngblut Dorothy Brooten

In another case study report, Rivera-Andino and Lopez (2000) reported that Hispanics believe it is detrimental to patients to let them know about the seriousness of the illness in order to spare them unnecessary pain and that it is the family's obligation to take over control of the situation. African Americans may hold mistrust of the health care system, especially regarding advanced directives and end-of-life care, and both Mexican Americans and African Americans verbalize a preference for decision making as a family (Perkins, Geppert, Gonzales, Cortez, & Hazuda, 2002; Waters, 2001).

Latino death rituals are described as heavily influenced by Catholic beliefs where spirituality is very important and there is a continuing relationship between the living and the dead through prayer and visits to the grave. Grief is expressed by crying openly where women may wail loudly but men may act according to "machismo" where there is a belief that men should act strong and not show overt emotion. There is preference for burial rather than cremation, novenas for 9 days, mass for the deceased during the first year and then yearly, family gatherings with food (like a wake), and lighting candles. (Clements et al., 2003; Munet-Vilaro, 1998).

Descendents from Caribbean nations and Mexico may practice a blend of Catholicism and African or indigenous folk medicine known as Santeria in Cuba, Espiritismo in Puerto Rico, or Voodoo in other Caribbean nations, and Curanderismo in Mexico (Grossman, 1997; Spector, 2000; Younoszai, 1993). Santeria death rituals are governed by the saints (orishas) as told by the santero (a clergy or holy man) and often include animal sacrifice (Grossman, 1997). Younoszai (1993) asserts that Mexicans have more understanding and acceptance of death because their country is primarily rural, poor, religious, and very young on average. Death is portrayed in Mexican statues, art, literature, and history, and Mexican children are socialized early to accept death, giving Mexicans a "cultural familiarity with death." Mexicans and other Latinos celebrate "Dia de los Muertos" (Day of the Dead) to remember and honor the dead (Talamantes et al., 1995).

Death rituals for Black Americans vary widely, perhaps because of the diversity in religious affiliations, geographic region, education, and economics (Perry, 1993). Researchers suggest that emotional expression varies, with some Black Americans crying and wailing while others are silent and stoic (Hines Smith, 2002). Perry describes large gatherings and an expressed obligation to pay respects to the deceased as common. Southern and rural blacks may maintain the custom of having the corpse at the house for the evening before the funeral. Friends and family gather at the house to help out where they can. Church "nurses" help family members to view the body. Women "flower girls" escort the casket with the pallbearers and pay special attention to the family (Perry, 1993). Strong religious beliefs - seeing the death as a reflection of God's will or plans, believing the deceased is in God's hands, and being reunited in heaven after death - help many Black Americans to grieve while maintaining a connection with the deceased (Hines Smith, 1999, 2002). Bereaved African Americans are more likely to seek help from clergy than health care professionals (Neighbors, Musick, & Williams, 1998). For Baptists, heaven is a place where the redeemed go to and it is described as filled, a beautiful place, and there is belief in resurrection (Spector, 2000).

In the Asian culture, the death of an infant or child is deeply mourned. Family members may wear white clothing or headbands for a period of time. Traditional elaborate funeral ceremonies were the norm for marking the soul's passing to the afterlife. Sadness and grief may be expressed as somatic complaints, since mental illness is often considered a disgrace to the family (Lawson, 1990). Buddhist belief uses death as an opportunity for improvement in the next life. To enter death in a positive state of mind and surrounded by monks and family helps the deceased to become reborn on a higher level. Local family customs require a display of grief, wearing of traditional white cloth, openly showing grief, and even wailing at times.

The body should be handled in a worthy and respectful way (Dimond, 2004; Truitner & Truitner, 1993). Hinduism is unique as a religion because its roots do not spring from single scripture, founder, or sacred place but is seen as more of an umbrella term to describe a set of philosophies, cultures, and way of life. However, the approach to death is fairly uniform because the belief in the laws of karma and reincarnation suggest that each birth is linked to actions taken in previous births, and that births and deaths are part of a cycle that each person is seeking to transcend through the accumulation of good Karmas (actions) ultimately leading to liberation of the soul.

When a Hindu dies, the body is bathed, massaged in oils, dressed in new clothes, then cremated before the next sunrise to facilitate the soul's transition from this world to the next. Rituals are conducted for 10 days while the deceased member's soul watches over the family. On the 11th day, the soul releases its attachment to the former life (Clements et al., 2003; Spector, 2000).

Yick and Gupta (2002) conducted multiple focus groups with Chinese participants to describe Chinese Americans' beliefs and practices regarding death and dying. They suggested that many of the current descriptions of cultural bereavement practices are portrayed in a static manner and noted that it is important to understand the evolving nature of culture over time and based on history. Cultural dimensions of death, dying, and bereavement in the Chinese culture included the following themes: (a) Saving Face (the more people who cry for the deceased, the more the person was loved), (b) Filial Piety (duty to one's relative), and (c) Invoking Luck, Blessing, and Fortune (Belief in life, after-life, and presence of spirit).

Death rituals for other groups identified by religious belief such as Judaism have also been described. There are several major groups within Judaism and the interpretation of Jewish law and practice may allow for wide variation in rituals. Funerals are generally performed as soon after death as possible because there is a belief that the soul begins a return to heaven immediately after death. There is also a belief that the body is a holy repository of the soul and should be treated and cared for with respect. A black ribbon or torn clothing symbolizing mourning or grief is worn by mourners. Shivah is the process of receiving guests during the grieving process. Families are cared for by their friends and the religious community while they contemplate their loss. Mourners may stay seated on low stools, mirrors may be covered, and mourners may perform only minimal amounts of grooming and/or bathing. Families may not place a headstone at the gravesite until the first year anniversary of the death coinciding with the end of the traditional year of mourning. There is a daily recitation of the kaddish, a life-affirming mourning prayer by mourners. It is important to understand the religious beliefs often change and observant people may become more or less observant when death occurs or may wish to break with tradition when faced with death (Clements et al., 2003).

In addition to Judaism and Christianity, Islam is a third major monotheistic religion that guides death practices. At the time of death it is believed that the soul is exposed to God. There is a belief about afterlife, and Islam dictates that the purpose of the worldly life is to prepare for the eternal life. The dying patient should be positioned facing Mecca, the room is perfumed, and anyone who is unclean should leave the room. Passages for the Quran are read to the dying patient. Organ donation is permissible with family permission when a patient is determined to be brain dead. Family members prepare the body for burial following the pronouncement of death. Muslim culture does not encourage wailing but crying is permissible. Personal prayers are recited while standing but prayers from the Quran may not be recited near the corpse. Women are traditionally prohibited from visiting cemeteries (Ross, 2001).

Little research has been done regarding nurses' perceptions of cultural practices surrounding death. Engler et al. (2004) described neonatal nurses' perception of bereavement/ end-of-life care of families of critically ill and/or dying infants. Although this study included the nurses' role, comfort and involvement with bereavement/end-of-life issues, findings only noted that "providing culturally sensitive bereavement/end-of- life care was an issue of some discomfort for all respondents" (p. 496). The authors also noted that most of the respondents indicated that language and culture were barriers that significantly influenced their level of involvement with patients' families. There was no mention of the type of nurses' involvement with cultural practices surrounding the death of the infant in the Neonatal Intensive Care Unit (NICU) or what the role of the nurse was in facilitating cultural practices. The researchers found that there was a significant relationship between culture and grief after a perinatal loss.

In summary, grieving and death rituals vary widely across cultures and are often heavily influenced by religion (Chachkes & Jennings, 1994; Clements et al., 2003; Younoszai, 1993). The literature suggests that there are many similarities across cultures, but also some important differences. The purpose of this study was to describe beliefs and practices of death and dying in selected cultural groups living in the United States. Nurses from those groups were interviewed to gather data about their personal experiences with death and their experiences with deaths of patients from the selected cultural groups. Similarities and differences in the beliefs and practices of death and dying among these groups were identified. It is hoped that the insights gained can help all nurses provide more culturally competent care when working with dying patients and their families.

Methods

Sample. The sample of 14 female masters nursing students at Florida International University ranged in age from 25 to 54 (M = 39.4, SD = 7.75). All participants were bachelor's-prepared registered nurses with an average of 14.6 years (SD = 8.7) as a nurse. They were enrolled in the adult health (n = 6), child health (n = 6), or family health (n = 2) masters nursing track. Their race/ethnicity was: 5 Black, 4 white non-Hispanic, 3 white Hispanic, and 2 Asian. Five were born in the United States, 3 in Jamaica, and one each in Thailand, Philippines, Nicaragua, Cuba, Trinidad, and Guyana. They identified themselves as Black American, Caucasian (European descent), Columbian, Cuban, Filipino, Jamaican, Mexican, Nicaraguan, Trinidadian, Guyanan and Thai. Their religious affiliations were Catholic, Baptist, Episcopalian, Jewish, Hindu, and Buddhist. All participants were fluent in English, and many also spoke Spanish.

Procedure. The study protocol was approved by the University's IRB. Students in the graduate research class were invited to participate in a focus group discussion about personal experiences and

Table 1. Semi-Structured Interview Questions

Grand tour question What is it like in your culture when a family member dies?

Probes:

- What does the immediate family do when a family member dies?
- What do friends and other relatives do when a family member dies?
- What expectations do people in your culture have for the immediate family and for other relatives?
- How long is bereavement expected to last?
- What is different if it is a child or an adult who dies?
- · What meaning is attached to the death of an infant or child?
- How does religious affiliation affect what family members do and what is expected of them?

practices with death of a family member. Focus group interaction is used not to reach consensus but to obtain rich data by allowing participants to think about and voice their own views within the context of the views of others (Patton, 2002). Fourteen of the 17 students (82.4%) agreed to participate.

Discussion started with the grand tour question, "What is it like in your culture when a family member dies?" Further probing questions are listed in Table 1. Participants described their experiences with death, ritual, and ceremonies in their families, with their friends, and at work in the hospital. Two interviewers moderated the discussion and took detailed field notes. Audio-tapes were transcribed word-for-word. Field notes were used to supplement the transcripts by adding detail to the record of the interaction.

Setting. The interviews took place at the University (a designated Hispanic serving institution) in a classroom. The University is located in Miami, a multicultural, urban setting. The participants were first and second generation Americans and many of them return periodically to their native countries. During the discussion they commented on their childhood in the United States and/or in their native country. The respondents stated that they were speaking about what they believed and/or what they had been told about the practices surrounding the death of a loved one in their culture.

Data analysis. Content analysis and matrix building (Miles & Huberman, 1994; Patton, 2002) were used for data analysis. Transcripts of the data and field notes were read and re-read line-by-line both independently and simultaneously by one investigator and two research assistants to derive concepts related to the participants' experiences. The experiences were coded, grouped by their self-identified cultural and/or religious group and analyzed on a caseby-case basis to look for codes, categories, and themes within that individual's experiences. The experiences were compared across cultures and religions to look for similarities and differences in categories. Matrices were used to organize and collapse codes into categorizes.

Results

Focus group participants identified themselves by their own or their parents' countries of origin, their religious affiliations, and some as belonging to larger racial/ethnic groups such as Hispanic. They spoke about the influence of the British and Spanish colonies and Catholicism on their families' beliefs, ceremonies, rituals, and celebrations. Ceremonies are formal activities for important or solemn occasions, and rituals are practices or patterns of behavior regularly performed in a set manner. Celebrations are done to preserve or commemorate events (Barfield, 1997).

Pervasive Themes

A pervasive theme was that beliefs about the soul of the deceased lead families to perform rituals and ceremonies that foster passage to God, the "light," or into another life. The stronger their beliefs, the more dedicated the families of the deceased are in completing the rituals and ceremonies in the way dictated by their religion or culture. Participants did not practice some or all of their parents' rituals and did not know the meaning or significance of certain rituals and ceremonies. Participants had difficulty separating the influence of culture and religion on these practices. Prayer was a pervasive practice performed to ease the passage of the soul.

Before Death: Beliefs

Preparing for death. Participants discussed the choice of visitors, preparation of the environment, and decisions to be made for a dying family member prior to death. Catholic, Hispanic participants described the practice of calling a priest for last rites when a loved one may be dying, although they might hesitate because this sacrament may somehow assure the death. Baptist participants also described clergy as giving last rites.

Asian participants said the family may feel they are assuring death if the loved one is in a room with the number "4" in it, since this number is associated with death. Asian patients and families may be wary of having the ill person's feet facing the door because the dead are carried out of the room feet first. In their culture, bad karma causes sickness and death. It is believed that if a person takes care of a family member it is because he/she did something bad in a past life but if he/she fulfill his/her obligation then good things will happen in the future.

An East Indian participant stated that there are good and bad times to die. Eastern Indian families may need to go to a pundit (priest) who checks a special book to determine if it is a good time to die. If it is, then ceremonies described in the book will proceed. If not, the book will tell them what to do to ward off evil and to protect the living. A series of deaths may occur if the book is not checked properly and the pundit may need to go back to previous deaths to determine whether it was a bad time and if so, perform certain rituals to rid evil. The pundit also may be called to ease passage into death so the person can achieve another life. This participant said that, in her experience as a nurse, an infant or child is removed from a ventilator with prayer by the pundit to allow passage to another life because a young person's death may be seen as premature.

Some cultures prefer that death occur in the home. One Jamaican participant (born in Jamaica but living in America for many years) said that, especially with a child, the family will take the loved one home to die to keep him/her "close." Children used to be buried at home to be close to the family, but now are buried in cemeteries.

Knowing there is a time to die. Participants discussed beliefs surrounding the death of a child as opposed to the death of an older person. Three Catholic participants (Filipino, Nicaraguan, and Polish) and a Buddhist participant stated that children should never die before their parents. Buddhist belief is tied to karma – good and bad; children may leave the earth early (die) because they did not do enough good in a past life.

All of the participants in this study said that, for their cultures, the death of a child is often much more painful for families and recovery may take much longer. Families may understand that it is better for a sick child to "go" and the family's pain is born more quietly inside. If a younger person is dying, Hispanic families have a strong belief that they need to do all that is necessary to keep the person alive. The family is changed forever by the death of a child. A Jamaican participant who lost a brother at a young age said, "We used to like, as a family, we go to church every Sunday, the whole family in one car and then all of a sudden one is missing. [It was] 7 years before we were really able to like realize that he is gone, took us apart for the death of my brother."

Before Death: Ceremonies & Rituals

To ward off evil. A Hispanic participant described how Hispanic families have their children wear pendants to ward off evil. She said, "The Hispanic child wears an eye because it's believed that certain people have evil eye and they can damage that child. So, when they're born they put a little pendant which has like a little eye or the benediction with a little black bead which is like to ward off evil spirits. I've seen a lot of different variations." A participant from Trinidad said that West Indians use a black bracelet to ward off evil describing how she had "seen it pinned on the shirts or on the bed." A Jamaican participant described a "Bible at the end of the bed opened up to some psalm to ward off evil" that she had seen in the hospital.

To prevent death. Rituals aimed at preventing death may be performed in the hospital or at home. Prayer was very important to family members when a loved one is dying. In the Catholic religion, prayer for the sick is one of the seven sacraments, and the sick may receive communion at the bedside. Some participants described the belief that prayer can change what may happen to their loved one and the practice of holding a "prayer vigil" at the dying person's bedside or the church.

None of the participants stated an affiliation with Santeria, a religion derived from a blend of Catholicism and African or indigenous folk medicine (Grossman, 1997; Younoszai, 1993), but they had worked with families wanting to practice Santeria rituals and ceremonies in the hospital. These rituals and ceremonies surrounding the dying person often include sacrifices, perfumes, and incense. A Hispanic participant stated that ceremonies and rituals may be "simple" where "they use small birds, like doves or...could be very elaborate like a bigger animal. It's very prevalent with the chicken." Another Hispanic participant said nurses may feel the need to control rituals in the hospital for infection reasons. "I say, 'You sprinkle holy water. You're not going to cut off a head of a chicken in the middle of the unit,' because it is an infection issue." She described sacrifice and ritual as being specific. "The chicken is an offering. In the hospital when you tell them that the chicken is not allowed in, we still have to keep a surveillance because the mom will try to sneak the chicken in...it has to be by the body and it has to be swung around the body, it has to be prayed around the body. You cannot move an ICU patient to another place [for the ritual]."

African-American, Jamaican, Asian, and Baptist participants stated that families have a desire to hold on to their loved one for as long as possible, so they may avoid signing Do Not Resuscitate (DNR) orders or making preparations for death. These participants and a Thai participant said that the dying person must remain whole or complete - to leave the world with what they entered and there may be a belief that if they "don't let them take the organs, they [the patient] may be fine." Talking about organ donation with Black and Hispanic families may be seen as an insult, and consent for organ donation is rarely given.

There is much confusion over what to do about ventilation or life support for families. This was a very hot topic of conversation in the focus group conversation in this study. Two Catholic Hispanic participants and a participant from Guyana stated that families from their backgrounds may agree to DNR orders if the dying person is older because of the belief that older people should "gracefully accept death." They stated that no extra measures are usually done for the elderly in their cultures so that they "can die with dignity." However, sometimes families have a hard time knowing when to let their loved ones die if there is breathing and a heart rate because they may think there is a possibility they can "come out of this" and so perhaps the machine is necessary for some period of time.

Hispanic participants stated that once the machine is in place, family members have said, "I'm not going to remove the machine and kill them. If God wants to take them, take them.' The participants said Hispanics do not like to discuss DNR and do not want responsibility for "pulling the plug" ... "Big responsibility – The rest of the family may say that he died because you killed him." As nurses, these participants also expressed frustration about discussing DNR with families and stated "they don't understand that, no matter what you try and explain to them."

After Death: Beliefs

Respecting the deceased. Participants described showing respect through ceremonies to remember the deceased and to assist the soul to go to heaven. The most common ceremony is the funeral. Participants agreed that most beliefs surrounding funerals indicated a need to respect the deceased. Polish, East Indian, and African American participants strongly believed that burial cannot occur until all of the family or a special priest is present, whereas, burial in Jewish families must occur in 1-2 days. African American, Jamaican, and Baptist participants stated that pregnant women and children should not attend funerals. A Nicaraguan participant said that children are allowed to attend the funeral but if a child or even an adult is sick, they should not go to the funeral because of the toxins around the body of the deceased. In the Jamaican culture, parents of the deceased child should not go to funerals because parents should not have to bury their children. An East Indian participant said wives are not allowed to attend their husbands' funerals in her culture.

Jewish and African American Baptist participants indicated that the way the deceased is prepared and dressed for the funeral also indicates respect. The body is bathed and prepared in ways desired by the family. Families may choose a particular dress and hairstyle, or they may use a type of covering called a shroud. One participant stated that Hindus cleanse the body and rub it with saffron. They burn incense to keep evil spirits away. Hispanic, Catholic, and Episcopalian participants stated that families need to be in control of the body and to participate in preparation for viewing because this practice may help with *"closure."* In contrast, Jewish family members are not supposed to see the body after death so they can remember the deceased as alive rather than dead.

African American participants described the importance of "giving them a big send-off." This belief influences decisions concerning the type of coffin and vehicle for carrying the coffin to the funeral or burial site. Families may spend large amounts of money on big or "beautiful" caskets to make sure that the "send-off" is sufficient. A horse and carriage may be used to carry the casket to the burial site. One participant described how a Lamborghini car was used to carry the body. A Jewish participant spoke of showing respect for the dead by using a pine box casket so the body can return to the earth but the spirit can be released. Jewish family members wear torn clothing for 7 days to symbolize their loss. However, there may be much variety in how this is done.

Sending the soul to heaven. Participants believed that the deceased's soul needs to go to heaven and described practices that assist this process. African American, Filipino, and Hispanic participants spoke about the powerful belief in baptism for sending the soul to heaven. They talked about Catholic Filipino and Hispanic nurses and physicians who felt compelled to baptize a deceased infant regardless of the parent(s) faith so the infant's soul would go to heaven. They stated the belief that a child who is not baptized will go to "limbo" or nowhere.

Many ceremonies and practices may be done to ease the transition to heaven. African American and Filipino participants said the body cannot be cremated because the soul must go to heaven. In contrast, Hindus and Buddhists participants stated that they believe cremation eases the passage to another life and families may keep the deceased's ashes in the home. Prayer and food or water are believed to ease the soul's passage. Hispanic, Hindu, and Buddhist participants said that food and water may be set out on a windowsill or put on an altar. The water helps the soul look toward the light, and prayer helps the soul to rest. Coffee may be put in a windowsill to make the spirit rest.

Several participants stated that a soul may be made uneasy. Hispanic and Guyanan participants described the belief that if food falls, a spirit is not at rest regardless of when the death occurred. When this happens, the food must be picked up immediately to tell the spirit of the deceased to go back and rest. The deceased may also be uneasy if he/she is being discussed. Hispanic participants said that if the deceased is discussed, they must say "God rest the dead" so that the spirit may return to peace.

Expressions of grief. Beliefs about what families should do and how they should behave when a family member has died are prevalent across cultures. Participants discussed how culture and religion may dictate practices, expressions, and length of grieving. A Jewish participant stated that grieving may be put off while arrangements are made for the funeral and burial. She said that she believed that Jewish families are allowed to grieve for a protracted period of time in certain prescribed ways, but that mourning ends 11 months after the death with an "unveiling" at the gravesite. African American participants said families may grieve for as long and in any way they desire. A Jamaican participant said that age may affect how people grieve, believing that, as people age and realize what death is about, they may let go of grief in a different way. Participants discussed how the rituals and practices sometimes facilitate the grief process.

In many cultures, funerals are considered appropriate occasions for the deceased's family to express their grief. Crying and wailing are common, and the volume of this expression may indicate the importance of the deceased or how much they were loved. African American, Thai, and Filipino participants noted that loud demonstrations involving crying and wailing show respect, importance, and love for the deceased. In the Philippines, wailers may be hired and the wailing may be accompanied by music, with the volume signifying the importance of the deceased. Fainting was said to be common at Filipino funerals. Participants contrasted this with the Japanese culture where soft crying is more acceptable. Polish and Hispanic participants indicated that men are not allowed to cry.

After Death: Ceremonies

Formal ceremonies involving people, food, and prayer often mark the death of loved ones. These ceremonies may be a celebration of the deceased's life or very solemn.

Praying, talking, and reminiscing. Participants generally agreed that, in every culture, families get together to pray, talk, and/or reminisce about the deceased. Family and friends gather at the funeral to pray for the deceased. East Indian and Filipino participants said that their funerals are often performed at home. Participants from the Caribbean islands said that funerals were done at home in the past but are now held in the funeral home or the church. There may also be a ceremony at the gravesite. An African American, Baptist participant stated that everyone becomes very emotional during the ceremony at the church or the gravesite and may fling their own bodies over the deceased or fall to the floor.

All participants described prayer as a very important part of these ceremonies. A novena, defined as a repetitive prayer said every night for 9 nights with the family during the grieving period, was described by Hispanic, Filipino, and Catholic participants. Catholic participants described using the rosary in prayer. Nicaraguan, Jamaican, and Trinidadian participants described a ceremony on the 9th and 40th days after the death, although it may be shorter for an infant's death. The 9th night was a big celebration in Jamaica where dancing occurs if the deceased lived "a good long life." A Catholic Filipino participant described a prayer vigil held every night for 40 nights after the death, and a Buddhist participant described prayers said along with the name of the deceased in the temple for 7 days. A Jewish participant described prayers in the family's home at a prescribed time and lighting a candle on the anniversary of the death.

Hispanic participants talked about having a wake for the family, friends, and church members for 24 hours after the body is buried. Attendees reminisce about the deceased and support the bereaved. For Caribbeans, the wake lasts from the death to the funeral and includes food and drink, singing, chanting, and prayer. A Nicaraguan participant spoke about an open house and viewing of the body for 24 hours where people play cards and listen to music, while the Jewish participant talked about a shiva held in the family's home where there is food and drink and people reminisce and support the family. A Hindu participant said that food and water are provided to feed the dead.

Prayers to remember the deceased

may also be important on certain days such as the anniversary of the death and All Souls and All Saints Day for Hispanics. Catholic Cuban and Nicaraguan participants described a "Mesa" (Mass) for the deceased annually on the anniversary of the death. They spoke of lighting a candle at the church or at home in remembrance of the deceased. A Filipino participant described family reunions on each anniversary of the death. Food is a big part of all celebrations and may be served in the home or at the cemetery. Participants identified coffee, bread, and liquor as main staples.

After Death: Rituals

Ritualistic behaviors are often associated with ceremonies for the deceased. Rituals are performed for specific reasons, although in passing the ritual from generation to generation, the meaning may be lost. Participants spoke about rituals to remember the deceased and for closure.

To be remembered. Participants described rituals performed by family members to ensure they would be remembered after death. Jamaican, African American, and Jewish participants stated that elderly people in their cultures may indicate being ready to die and "wanting to move on." They may look forward to death and plan for death by calling their children together to tell them "how they want things *done*" for their funeral. As they prepare for their deaths, they may save a part of themselves as a remembrance. A Jamaican participant said that someone in her family, in preparing for her death, filled a pillow with hair she lost to be kept as a remembrance of her. Many participants stated that family members have voiced requests about what should happen at the hospital, the funeral, or the burial and beyond. A participant of Eastern European descent said that the deceased's requests must be honored and said, "My father's request was not to mourn but to have a party, so that's what we did."

Rituals for remembering children may be different than those for adults. A Columbian participant spoke about a prayer card with a picture of the child and a short eulogy to be given out at the funeral. A Buddhist participant said that a book with the child's history (when she was born, what she did) is given to family and friends who come to the funeral or to the cremation.

For closure. Some rituals are performed so that family members can be with the body and to prepare the body for viewing. Participants spoke about these rituals as "very important... almost like closure." A participant from Guyana said that her grandmother's hair was done by the funeral home and it "was totally different than we had ever seen her and I remember my sister being very upset. Even to this day she'll still say, you know, that's not the way she usually does her hair...but I've seen it over and over again in my family where the family wants to be the one to do what needs to be done with the body even if it pertains to cleansing the body or dressing the body. That's very important."

Performing rituals but not knowing why. Participants did not know the significance of some rituals. A Buddhist participant stated that "no red or *flashy*" clothing should be worn at any of the ceremonies. Male Hindu relatives and Buddhist sons shave their heads for a period of time after the death. Hindu and Jewish participants described rituals like covering mirrors in the home and turning pictures around or over. Hindu and Filipino participants described needing to turn on a light at 6 pm each day. Carnations are worn on Mother's Day in the Hispanic culture if a mother died. Hispanic and African American participants spoke about putting flowers on the graves at certain times. A Jewish participant described the practice of leaving stones at the gravesite when visiting. None of the participants knew why these rituals are performed.

Discussion

The findings of this study suggest that some beliefs about death and dying are common across cultures and religions. Beliefs may lead families to perform ceremonies that allow them to pray, talk, and reminisce about their loved one. Rituals accompany ceremonies and may be done to try to put off the death, to ward off evil, to ensure that the deceased is remembered, and also for the family to achieve closure.

Overall, the results of this small focus group study of nurses' perceptions of the practices surrounding the death of a loved one were similar to the descriptions in the literature. In general, respect for dying family members, as well as for the deceased, and protection of the soul, were of most importance to all of the participants and their families. Practices surrounding death were also heavily influenced by religion and culture according to participants and research. All of the Hispanic participants in this study (n=7) were Catholic and discussed how Catholic beliefs were the impetus for many of the practices surrounding the death of a loved one. This is a finding common in the literature about Hispanics and the Catholic religion (Clements et al., 2003; Munet-Vilaro, 1998). Latino death rituals are described as heavily influenced by Catholic beliefs where spirituality is very important and there is a continuing relationship between the living and the dead through prayer and visits to the grave. The literature also describes a reliance on faith, hope, and prayer to cope with impending death. Strong religious beliefs, church, family, and friends were discussed by the participants in this study as important to African Americans and people from the Caribbean as well and this was also noted in the literature (Neighbors, Musick, & Williams, 1998). Similarities were also found in the discussions between participants and what was in the literature about Hindu and Buddhist beliefs concerning funeral arrangements, afterlife, family customs, and Karma (Clements et al., 2003).

Practice and Research Implications

Although these study findings are based on a small sample size and are not generalizable, some of the findings may be helpful to guide nurses working with multicultural families experiencing death. Both culture and religion may be important to families. Nurses should be aware of cultural perceptions and religious beliefs in order to assist families in their preparations for death and to recognize the need for families to complete ceremonies and rituals surrounding the death of a family member. Nurses should ask families about what rituals and ceremonies they may want to perform to ease the death of their loved ones. Nurses and families may want to discuss what rituals may be done in the hospital setting and allow families to make decisions that will best facilitate their desires regarding the deceased. Several ceremonies and rituals may be performed at the bedside to ease the passage of the dying, and religious representatives may be allowed to pray with families. Nurses also need to be sensitive to cultural perceptions regarding organ donation, as well as viewing the body and preparing for burial.

Further research is necessary to more fully describe nurses' cultural experiences surrounding the death of a loved one, the effect of the level of acculturation, the overlap between culture and religion, and the nurses' experiences with patients in the hospital and other practice settings. Focus group interaction is a rich approach in that it may foster further avenues of discussion. The use of multiple focus groups would be helpful to obtain a fuller description of the practices surrounding the death of a loved one and allow for better comparisons between and among groups and individuals.

References

- Barfield, T. (Ed.) (1997). The dictionary of anthropology. Cornwell, Great Britain: Blackwell Publishers.
- Brandhorst, H.W. (2000). Patterns in grief/loss/bereavement: A comparative ethnic study. *Dissertation Abstracts International-B Series, 60/09,* 4877.
- Chachkes, E., & Jennings, R. (1994). Latino communities: Coping with death. In B. O'Dane & C. Levine (Eds.), AIDS and the new orphans (pp 77-99). Westport, CT: Greenwood Publishing.
- Clements, P.T., Vigil, G.J., Manno, M.S., Henry, G.C., Wilks, J., Das, S., et al. (2003). Cultural perspectives of death, grief, and bereavement. *Journal of Psychosocial Nursing*, 41(7), 18-26.
- Dimond, B. (2004). Disposal and preparation of the body: Different religious practices. *British Journal of Nursing*, 13(9), 547-549.
- Engler, A.J., Cusson, R.M., Brockett, R.T., Cannon-Heinrich, C., Goldber, M.A., West-Gorzkowski, M., et al. (2004). Neonatal staff and advanced practice nurses' perceptions of bereavement/end-of-life care of families of critically ill and/or dying infants. *American Journal of Critical Care*, 13(6), 489-498.
- Grabowsky, J.A., & Frantz, T. (1992). Latinos and Anglos: Cultural experiences of grief intensity. *Omega, 26*, 273-275.
- Grossman, D. (1997). Cuban-Americans. In L. Purnell & B. Paulanka (Eds.), *Transcultural health care: A culturally competent approach* (pp. 189-215). Philadelphia: FA Davis.
- Hines Smith, S. (2002). Fret no more my child...for I'm all over heaven all day: Religious beliefs in the bereavement of African American, middle-aged daughters coping with the death of an elderly mother. *Death Studies, 26*, 309-323.
- Hines Smith, S. (1999). Now that mom is in the Lord's arms, I just have to live the way she taught me: Reflections on an elderly, African American mother's death. *Journal of Gerontological Social Work*, *32*, 41-51.
- Lawson, L.V. (1990). Culturally sensitive support for grieving parents. *Maternal*

Child Nursing, 15, 76-79.

- Miles, M.B., & Huberman, A.M. (1994). *Qualitative data analysis: An expanded sourcebook* (2nd ed.). Thousand Oaks, CA: Sage.
- Munet-Vilaro, F. (1998). Grieving and death rituals of Latinos. *Oncology Nursing Forum, 25*, 1761-1763.
- Neighbors, H.W., Musick, M.A., & Williams, D.R. (1998). The African American minister as a source of help for serious personal crises: Bridge or barrier to mental health care? *Health Education & Behavior, 25*, 759-777.
- Oltjenbruns, K.A. (1998). Ethnicity and the grief response: Mexican American versus Anglo American college students. *Death Studies, 22*, 141-155.
- Patton, M.Q. (2002). *Qualitative research & evaluation methods* (3rd ed.). Thousand Oaks, CA: Sage.
- Perkins, H.S., Geppert, C.M.A., Gonzales, A., Cortez, J.D., & Hazuda, H.P. (2002). Cross-cultural similarties and differences in attitudes about advance care planning. *Journal of General Internal Medicine*, 17, 48-57.
- Perry, H.L. (1993). Mourning and funeral customs of African Americans. In D.P. Irish, K.F. Lundquist, & V.J. Nelsen (Eds.), *Ethnic variations in dying, death, and grief.* Washington, DC: Taylor & Francis.
- Rivera-Andino, J., & Lopez, L. (2000). When culture complicates care. *RN*, 63(7), 47-49.
- Ross, H. (2001). Islamic tradition at the end of life. *Medsurg Nursing*, *10*(2), 83-87.
- Spector, R. (2000). Cultural diversity in health & illness (5th ed.). Upper Saddle River, NJ: Prentice Hall Health.
- Talamantes, M.A., Lawler, W.R., & Espino, D.V. (1995). Hispanic American elders: Caregiving norms surrounding dying and the use of hospice services. *The Hospice Journal*, *10*(2), 35-49.
- Truitner, K., & Truitner, N. (1993). Death and dying in Buddhism. In D.P. Irish, K.F. Lundquist, & V.J. Nelsen (Eds.), *Ethnic variations in dying, death, and grief.* Washington, DC: Taylor & Francis.
- Waters, C.M. (2001). Understanding and supporting African Americans' perspectives on end-of-life care planning and decision making. *Qualitative Health Research*, *11*, 385-398.
- Yick, A.G., & Gupta, R. (2002). Chinese cultural dimensions of death, dying, and bereavement: Focus group findings. *Journal of Cultural Diversity*, 9(2), 32-42.
- Younoszai, B. (1993). Mexican American perspectives related to death. In D.P. Irish, K.F. Lundquist, & V.J. Nelsen (Eds.), *Ethnic variations in dying, death, and grief.* Washington, DC: Taylor & Francis.

Copyright of Pediatric Nursing is the property of Jannetti Publications, Inc. and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use.