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To cite this article: Huibertha B. Mitima-Verloop, Trudy T. M. Mooren & Paul A. Boelen (2019): Facilitating grief: An exploration of the function of funerals and rituals in relation to grief reactions, *Death Studies*, DOI: [10.1080/07481187.2019.1686090](https://doi.org/10.1080/07481187.2019.1686090)

To link to this article: <https://doi.org/10.1080/07481187.2019.1686090>



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Published online: 11 Nov 2019.



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Facilitating grief: An exploration of the function of funerals and rituals in relation to grief reactions

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ABSTRACT

The loss of a loved one through death is usually followed by a funeral and engagement in various grief rituals. We examined the association between the evaluation of the funeral, the use of grief rituals and grief reactions. Bereaved individuals from the Netherlands completed questionnaires, six months and three years post-loss ($n = 552/289$). Although the funeral and rituals were considered helpful, no significant association between evaluation of the funeral and usage of grief rituals and grief reactions was found. More insight in the engagement in rituals will ultimately serve bereaved individuals to cope with loss.

Introduction

The loss of a loved one is an inevitable experience for human beings. People who are confronted with the death of a loved one differ in terms of the nature and intensity of their reactions (Bonanno et al., 2002). To help those people suffering from the loss of their loved one, it is important to gain knowledge about factors and mechanisms that facilitate or hinder the grieving process. A large body of research focuses on intra- and interpersonal variables, such as attachment bonds and perceived social support (Lobb et al., 2010). Characteristics of the loss itself, such as the cause of death, have been studied extensively as well (Stroebe, Schut, & Stroebe, 2007; Van der Houwen et al., 2010). Relatively little research has been conducted on the use of rituals after bereavement. This is surprising given that the performance of rituals is frequently linked to coping with loss (Fulton, 1995; Hoy, 2013; Lensing, 2001; Wijngaards-De Meij et al., 2008).

Funeral ritual

Irrespective of culture, religion or value system, death is usually followed by a funeral service (O'Rourke, Spitzberg, & Hannawa, 2011). The practice and purpose of a funeral and other death rituals, however, vary widely across cultures and religions (Romanoff &

Terenzio, 1998; Walter, 2005). The present study is exclusively focused on funeral practices in Western modern societies. In the past decades, secularization and individualization in the Netherlands have led to a degradation of traditional religious rituals, whereas personalization of rituals has become more popular (Garces-Foley, 2003; Holloway, Adamson, Argyrou, Draper, & Mariau, 2013; Venbrux, Heessels, & Bolt, 2008). In the Netherlands, a funeral is usually organized by the relatives of the deceased and a funeral director. In the year 2017, around one-third of the deceased in the Netherlands was buried, whereas two-third was cremated (Landelijke Vereniging van Crematoria, 2018).

Among other factors, a funeral offers a venue for the culturally accepted expression of loss-related emotions (Fulton, 1995) and marks a transition in which the irreversibility of the death is emphasized (e.g., Irion, 1991; Rando, 1988). Simultaneously, it provides a starting point for recovery and renewal (Kastenbaum, 2004). Romanoff and Terenzio (1998) described how rituals can become vehicles in the processes of transformation, transition, and continuity—processes forming the basis of adjustment and recovery following bereavement.

Intuitively, it makes sense to assume that a good farewell of a loved one helps in coming to terms with the loss (Lensing, 2001). Importantly, however, very

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few studies have so far examined this assumption. Moreover, existing studies vary widely in terms of methods used and samples investigated. For instance, in an early study of Doka (1985) among 50 US citizens, participants reported that they felt that planning funeral rituals supported their process of adjustment. However, a significant relationship between the level of participation in a funeral and an objective index of grief adjustment was not found (Bolton & Camp, 1987; Doka, 1985). Several other studies, with participants from various cultural backgrounds (i.e., Rwandan, Mayan, and Latin American), focused on the loss of a loved one as a result of genocide and compared the well-being of people who participated in funeral activities with those who did not. These studies did not find a difference between groups in terms of grief severity (e.g., Beristain, Paez, & Gonzalez, 2000; Schaal, Jacob, Dusingizemungu, & Elbert, 2010).

As most individuals attend a funeral service, another way to investigate the association between funerals and grief reactions is to examine the evaluation of the funeral service. This is of prime importance, as the perception or experience of the funeral contains potentially changeable aspects. To the authors' knowledge, only one study has yet included this aspect. Gamino, Easterling, Stirman, and Sewell (2000) studied a group of 74 US citizens and indicated that the occurrence of adverse events during the funeral services, such as family conflicts or problems with the funeral director, was related to more intense grief reactions. In light of the limited research in this area, there is still a need to further our knowledge on the extent to which the perception of the funeral is associated with bereavement outcomes.

Post-funeral rituals

Following the funeral, individuals may use a wide range of grief rituals to come to terms with the loss, such as lighting a candle or creating a place or object in memory of the deceased. The use of grief rituals across cultures has been extensively documented by anthropologists (Souza, 2017). However, from a psychological perspective, very few empirical studies have examined the impact of performing rituals on recovery from the loss of a loved one (Castle & Phillips, 2003). Many bereaved individuals experience the most intense emotions between three and 24 months post-loss, long after the funeral or memorial service took place. In these months, when social support decreases, rituals may be helpful in coping with the loss (Castle & Phillips, 2003).

Different elements underlying the potential benefit of rituals in supporting grief adjustment have been suggested in the literature. Performing rituals might lead to externalization of feelings and foster the expression of emotions (Rando, 1985; Vale-Taylor, 2009), might help to maintain a meaningful bond with the deceased (Mroz & Bluck, 2018; Possick et al., 2007; Vale-Taylor, 2009), and might help gaining control over the changes and uncertainties brought about by the loss (Norton & Gino, 2014). Bolton and Camp (1987) studied a group of 50 widowed individuals from the US and reported a moderate relationship between certain post-funeral rituals (e.g., sorting personal effects) and aspects of grief adjustment. Castle and Phillips (2003) explored the use of various post-funeral rituals among 50 bereaved individuals in the US. Participants in their study evaluated the performed activities, such as visiting a gravesite or listening to music of the deceased, as moderately to very helpful. Based on these findings, the authors conclude that grief rituals facilitate adjustment to bereavement. However, the cross-sectional design did not allow examining to what extent the use of rituals preceded alleviation of grief reactions. In fact, to our knowledge, no longitudinal studies have yet been conducted examining the association of post-funeral rituals with changes in grief reactions over time.

Aims of the study

Taken together, there is a considerable gap in the literature concerning the association between the evaluation of the funeral, the use of grief rituals, and grief reactions. Studying these issues was deemed relevant for a number of reasons. Firstly, it was considered important to provide empirical evidence for commonly accepted assumptions about the positive impact of rituals surrounding the death of a loved one in coming to terms with the loss. Secondly, advanced knowledge about how different aspects of a funeral and grief rituals are perceived by bereaved individuals can inform funeral directors to advise their clients in making well-considered decisions about the use of funeral and post-funeral rituals. Lastly, knowledge on the impact of different rituals was deemed to be of potential benefit for counselors and psychologists supporting bereaved individuals.

Accordingly, in the current study, we explored the relationship between bereaved individuals' perceptions of the funeral of their loved one, the use of post-funeral rituals, and bereavement outcomes, using a longitudinal study design. Specifically, in a large group

of recently bereaved individuals, we gathered data about the perception of different aspects of the funeral, together with different indices of grief and psychological functioning (at Time 1 [T1]). Three years later (at Time 2 [T2]), people were again invited to complete measures of grief and functioning together with questions about the use of rituals in the past three years. Four aims were addressed. The first aim was to explore people's perception of the funeral. Specifically, we explored how different aspects of the funeral were perceived at T1, either negative or positive. At T2 we explored how these same aspects were perceived in retrospect, three years later, to learn about the stability of the perception of the funeral.

The second aim was to explore the associations between the evaluation of different aspects of the funeral, and grief reactions and mental health at T1 and T2. Based on previous research and theorizing, we expected that a positive perception of the funeral would be related to less intense grief reactions and increased positive mental health outcomes assessed concurrently as well as three years later.

Our third aim was to examine what type of grief rituals and help-seeking activities people had engaged in during their grieving process (until T2) and their evaluation of the degree to which these rituals and activities were considered as helpful.

Finally, our fourth aim was to examine how the use of rituals was associated with changes in grief reactions over time. We expected that the use of grief rituals would assist in the process of coming to terms with the loss and, accordingly, that people who engaged in more rituals would report a stronger decline in grief reactions over time.

Method

Procedures

Ethical approval for the study was obtained from the Ethical Review Board of the Faculty of Social Sciences of Utrecht University (FETC-17/067). Participants were invited via the routinely administered customer satisfaction survey of a funeral service company in the Netherlands between April 2014 and February 2015 (T1). In total, 1307 individuals gave permission for being approached for the current research. They all received an email with a link to the online survey and the option to receive the questionnaire by post; 558 (42.7%) participants completed the questionnaire and signed the informed consent.

Between September and December 2017, 461 individuals, who gave permission to be approached for

participation in follow-up research, were invited by email to participate in the second survey (T2). A total of 316 participants completed this questionnaire (response rate of 68.5%). (For another study based on this research project, see Boelen, Smid, Mitima-Verloop, De Keijser, & Lenferink, 2019).

Participants

Participants bereaved more than 6 months ago at T1 were excluded from the analyses, and people with unknown time since loss were included¹. Furthermore, participants who did not fill in the second questionnaire about the same deceased as at T1 were excluded from the T2 analyses. Eventually, 552 participants with complete data at T1 and 289 with T2 data were included in the analyses. The age of the participants at T1 varied from 23 to 88 years ($M = 58.93$, $SD = 11.47$) and at T2 from 27 to 89 ($M = 61.58$, $SD = 11.72$). The number of days between the death of the loved one and completion of the T1 questionnaires varied between 3 and 175 days ($M = 94.30$, $SD = 28.58$). Additional demographic characteristics of participants are presented in Table 1.

Dropout analyses

Bereaved individuals who dropped out at T2 ($N = 263$) were compared to those who continued participating

Table 1. Demographic characteristics of participants ($n = 552$ [T1]; $n = 289$ [T2]).

	T1 [n (%)]	T2 [n (%)]
Sex		
Male	229 (41.5)	120 (41.5)
Female	323 (58.5)	169 (58.5)
Education		
Lower than college/university	291 (52.6)	141 (48.7)
College/university	261 (47.3)	148 (51.2)
Deceased		
Partner	163 (29.5)	98 (33.9)
Child	24 (4.3)	10 (3.5)
Parent	297 (53.8)	156 (54.0)
Brother/sister	11 (2.0)	6 (2.1)
Other relative/friend	57 (10.3)	19 (6.6)
Cause of death		
Illness	226 (40.9)	133 (46.2)
Natural death	168 (30.4)	75 (26.0)
Accident	10 (1.8)	5 (1.7)
Suicide	9 (1.6)	6 (2.1)
Medical complications	107 (19.4)	53 (18.4)
Euthanasia	27 (4.9)	13 (4.5)
Other	5 (0.9)	3 (1.0)
Nationality		
Dutch (without migration background)	Na	282 (97.6)
Other	Na	7 (2.4)
Religion		
Christian	Na	85 (29.6)
Spiritual	Na	48 (16.7)
No religion	Na	144 (50.2)
Other	Na	10 (3.5)

Note. Na: not assessed.

($N=289$). Differences between dropouts and participants were found in terms of the level of education and relationship to the deceased as registered at T1. More people with low compared to high education dropped out ($\chi^2 [1, n = 552] = 10.91, p < 0.001$) and more people who lost a partner compared to a parent dropped out ($\chi^2 [4, n = 552] = 12.32, p = 0.015$). These differences were not deemed problematic, because education and relationship to the deceased were not the central focus of our study. No differences between other sociodemographic variables, characteristics of the loss or grief reactions as assessed at T1 were found.

Measures

Socio-demographic variables included (i) gender, (ii) age in years, (iii) level of education (dichotomized as 0 = lower than college/university and 1 = college/university), (iv) nationality and (v) religious affiliation. Furthermore, characteristics of the loss were included, namely (vi) cause of death, (vii) relationship to the deceased and (viii) time since the loss.

Grief reactions were measured at T1 and T2 using the Traumatic Grief Inventory self-report version (TGI-SR; Boelen & Smid, 2017). The original questionnaire consists of 18 items (e.g., “I had trouble to accept the loss”), scored on a 5-point Likert scale (1 = never to 5 = always). For ethical reasons, two questions concerning suicide and intrusive thoughts were not included in the questionnaire. Furthermore, because of the recentness of the loss, items at T1 were reformulated in the present tense (e.g., “I have trouble to accept the loss”) and the response scale was changed to 1 = not at all to 5 = very much. At T2, the original 18-item questionnaire was administered. Analyses were performed based on total scores, calculated with the sum of the 16 items included at T1 and T2. Cronbach’s alpha for the total scale was .93 both at T1 and T2.

Positive and negative feelings were measured at T1 using items from the Positive and Negative Affect Scale (PANAS; Watson, Clark, & Tellegen, 1988; Dutch translation by Engelen, De Peuter, Victoir, Van Diest, & Van den Bergh, 2006). The constructed questionnaire used in this study included 18 items (e.g., “strong” and “afraid”), scored on a 5-point Likert scale (1 = totally not to 5 = very much). A total of nine positive and nine negative items were chosen, including 14 items derived from the original PANAS scale and four additional items (i.e., “relieved,” “calm,” “sad,” and “depressive”). We added these four items because they were deemed to represent important

emotional responses to loss. In congruence with the PANAS, we computed two scores, representing positive and negative affect, respectively. Cronbach’s alpha for both the positive and negative affect items was 0.88.

The Work and Social Adjustment Scale (WSAS; Mundt, Marks, Shear, & Greist, 2002) was used to measure impairment in functioning at T2. The scale consists of 5 items (e.g., “Because of the loss, my ability to work is impaired”), scored on a 9-point Likert scale (0 = totally not to 8 = very severe). The psychometric properties of the instrument are satisfactory (Mundt et al., 2002). Cronbach’s alpha was 0.89.

Perception of the funeral was measured at T1 and T2 with the Funeral Evaluation Questionnaire (FEQ), a self-constructed questionnaire based on previous literature and expert consultation. The FEQ was specifically designed for this study to evaluate the general evaluation of the funeral ceremony and the guidance of the funeral director². The general evaluation of the funeral was assessed with four items (e.g., “I have been able to say good-bye to my loved one in the best way that was possible”). The evaluation of the guidance of the funeral director was assessed using five items (e.g., “My funeral director was professionally and personally engaged”). Participants rated the extent to which statements applied to them on a 5-point Likert scale (1 = totally not to 5 = very much). We calculated a “general evaluation” and “director evaluation” score by summing the items. Cronbach’s alpha for both scales were satisfactory: for general evaluation, $\alpha = 0.78$ (T1), $\alpha = 0.79$ (T2) and for director evaluation, $\alpha = 0.94$ (T1), $\alpha = 0.93$ (T2).

Grief rituals were measured at T2 using 11 items, derived from the Bereavement Activities Questionnaire (BAQ; Castle & Phillips, 2003). The original scale consists of 23 items, including help-seeking activities. Considering our specific research question, we chose to include the items describing activities with a ritualistic character. Furthermore, we combined several items of the BAQ which were considered as serving the same purpose (e.g., creating an altar for the deceased and displaying a photo of the deceased), to reduce the length of the questionnaire. Similar to the original scale, items were scored twice. First, participants rated whether they had engaged in each ritual (scored as 0 = no, 1 = yes). Secondly, for each ritual endorsed, participants rated the degree to which engagement in the ritual was deemed helpful to cope with the loss, on a 5-point Likert scale (1 = very unhelpful to 5 = extremely helpful). Three items tapped into collective rituals (e.g., “I attended a

memorial service, other than the funeral”) and 8 items represented individual rituals (e.g., “I carry something with me, which reminds me of the deceased”). Analyses were conducted using the total number of rituals or activities from each category.

Help-seeking activities were based on the BAQ (Castle & Phillips, 2003) as well, including 5 items (e.g., “I attended a bereavement support group”). These items were measured at T2 and scored in the same way as the aforementioned grief rituals.

Statistical analyses

Statistical analyses were performed using SPSS 24.0 (IBM Corp., 2016). Missing values were replaced using person mean imputation (Enders, 2003). Questionnaires with more than 15% missing values were removed from the analyses. To address our first aim, we used descriptive statistics and paired sample *t*-tests to explore funeral perception (FEQ scores) and its stability over time. Furthermore, we explored (group) differences in funeral perception using ANOVA statistics and Pearson correlations. To address our second aim, we evaluated changes in grief reactions from T1 to T2, using paired sample *t*-tests. Correlations were calculated to examine the associations between funeral perception on the one hand, and grief reactions (TGI-SR), emotional affect (modified PANAS), and functioning at T1 and T2 (WSAS) on the other hand. Furthermore, hierarchical regression analysis was conducted to examine whether funeral perception explained variance in grief reactions at T2, while controlling for grief at T1. Regarding our third aim, descriptive statistics were used to describe the type of rituals participants had engaged in (as reported at T2) and the perceived helpfulness of these rituals. Group differences in the number of rituals participants engaged in were examined with independent-sample *t*-tests and one-way ANOVAs. Pearson correlations were calculated to evaluate associations between the number of rituals people performed and the intensity of grief reactions. Lastly, hierarchical regression analysis was conducted to examine if the total number of grief rituals and help-seeking activities explained variance in grief reactions at T2 while controlling for grief reactions at T1.

Results

Funeral perception and stability over time

In general, participants had a very positive perception of the funeral of their loved one. On both subscales of

the FEQ, that is, the general evaluation ($M=4.24$, $SD=0.75$) and the director evaluation ($M=4.27$, $SD=0.81$), the mean scores were close to the maximum score of 5.0. Furthermore, we explored if the general evaluation of the funeral and the evaluation of the funeral director differed as a function of age, gender, level of education, time since the loss, and relationship to the deceased. Apart from women scoring slightly but significantly higher on the general evaluation subscale, $t(536)=-2.15$, $p=0.032$, none of these variables were associated with FEQ subscale scores.

The perception of the funeral remained fairly stable over time. On average, scores on the items tapping general evaluation differed between T1 ($M=4.34$, $SD=0.73$) and T2 ($M=4.18$, $SD=0.73$), $t(278)=4.22$, $p<0.001$, $d=0.22$. Scores on items tapping director evaluation at T1 ($M=4.30$, $SD=0.78$) differed as well, compared to T2 ($M=4.00$, $SD=0.89$), $t(273)=7.40$, $p<0.001$, $d=0.36$. However, both differences represented a small effect and mean scores at T2 were still high (>4.0).

One item of the FEQ concerned whether participants perceived the funeral as contributing to processing their loss (“The way in which the period around the funeral was organized, was important in processing the loss”). In general, most participants agreed with this statement “a lot” to “very much” (75.9% on T1 and 70.2% at T2), yielding a high mean item score ($M=4.07$, $SD=1.07$ at T1 and $M=3.92$, $SD=1.11$ at T2).

Funeral perception and mental health over time

Grief reactions diminished significantly between T1 ($M=30.79$, $SD=11.83$) and T2 ($M=27.39$, $SD=10.40$), $t(286)=6.53$, $p<0.001$. The effect size of the decrease was small ($d=0.31$) which may be due to the low mean score on grief reactions at T1. Table 2 shows correlations between both FEQ scales (the general evaluation of the funeral and of the director’s role), and grief, emotional affect (at T1), and functioning (at T2). No significant associations were found, with the exception of a small positive association between the general evaluation of the funeral and positive affect ($r=0.21$, $p<0.001$), and the director evaluation and positive affect ($r=0.13$, $p=0.003$). We conducted a hierarchical regression analysis with grief at T1 and the general evaluation and director evaluation scores from the FEQ at T1 predicting grief scores at T2. The model was significant $F(1, 268)=248.84$, $p<.001$. However, grief at T1

Table 2. Pearson correlations between perception of the funeral and mental health outcomes at T1 ($n = 515$) and T2 ($n = 255$).

	1	2	3	4	5	6	7
1. General evaluation	1.00						
2. Director evaluation	0.523*	1.00					
3. Grief reactions (T1)	0.007	0.047	1.00				
4. Negative affect (T1)	-0.023	0.013	0.806*	1.00			
5. Positive affect (T1)	0.210*	0.130*	-0.451*	-0.463*	1.00		
6. Grief reactions (T2)	0.014	0.036	0.684*	0.530*	-0.223*	1.00	
7. Functioning impairment (T2)	-0.041	-0.016	0.480*	0.406*	-0.216*	0.594*	1.00

Note. * $p < 0.01$.

Table 3. Number of grief rituals and assistance related activities and rating of helpfulness ($n = 285$).

	Number of participants (n)	%	Level of helpfulness (M)
Grief rituals - collective	148	51.9	3.6
1. Participating in a memorial service, organized by Yarden in memory of the deceased	35	12.3	2.9
2. Participating in a memorial service (other than the funeral) in memory of the deceased (e.g., with family)	85	29.8	3.7
3. Sharing stories about the deceased with others	78	27.4	4.0
Grief rituals - individual	243	85.3	3.6
4. Creating something (e.g., book, poem, drawing or painting) to express feelings of grief	30	10.5	3.8
5. Visiting the gravesite of deceased or the place where ash was scattered	132	46.3	3.5
6. Performing a personal ritual to express feelings of grief	40	14.0	3.7
7. Listening to music or watching a movie that is a reminder of the deceased	75	26.3	3.7
8. Creating an altar or space (e.g., displaying a photo) in memory of deceased	174	61.1	3.8
9. Lighting a candle in remembrance of deceased	111	38.9	3.6
10. Carrying or wearing something that is a reminder of the deceased	88	30.9	4.0
11. Visiting a place that was special to the deceased	49	17.2	4.0
12. Other activity (please describe briefly)	13	4.6	4.1
Help seeking activities	99	34.7	2.9
13. Attending a bereavement support group	10	3.5	2.1
14. Reading about grief and coping with loss (on internet, in a book or leaflet)	67	23.5	2.6
15. Conversation(s) with a grief counselor	13	4.6	3.0
16. Conversation(s) with a psychologist, psychiatrist or general practitioner concerning loss and grief	49	17.2	3.3
17. Participating in informative meetings about grief	3	1.1	3.3
No activity	25	8.8	

Note. Participants rated the degree to which engagement in the activities was deemed helpful on 5-point scales (1 = very unhelpful to 5 = extremely helpful).

($\beta = 0.696$, $p < 0.001$) but not the variables general evaluation ($\beta = 0.03$, $p = 0.596$) and director evaluation ($\beta = -0.05$, $p = 0.283$) explained a unique proportion of variance in grief at T2.

Grief rituals and help-seeking activities

Table 3 demonstrates the number of people engaging in different rituals and the evaluation of the helpfulness of these rituals. Many participants engaged in grief rituals; 51.9% of the participants performed collective grief rituals apart from the funeral service, such as organizing a remembrance ceremony with family or sharing stories about the deceased with others. Individual rituals (e.g., creating an altar or space in memory of the deceased, visiting the gravesite or lighting a candle) were performed by most participants (85.3%). Furthermore, 34.7% of the participants were involved in at least one activity to seek (professional) help to cope with the loss, varying from reading information about mourning to receiving individual grief counseling. Collective and individual

rituals were both rated as equally (i.e., moderately to very) helpful ($M = 3.61$, $SD = 1.19$; $M = 3.60$, $SD = 1.15$). Help-seeking activities were rated as less helpful compared to the grief rituals (not very to moderately helpful) ($M = 2.85$, $SD = 1.07$).

Furthermore, we explored if the number of grief rituals ($min. = 0$, $max. = 10$, $M = 3.12$, $SD = 2.22$) and the number of help-seeking activities ($min. = 0$, $max. = 5$, $M = 0.50$, $SD = 0.82$) participants had engaged in differed as function of (i) gender, (ii) age, (iii) level of education, (iv) religious affiliation, (v) relationship to the deceased, and (vi) cause of death. A summary of the results of these analyses is presented in Table 4.

(i) On average, women performed significantly more rituals compared to men for all three categories of activities (i.e., collective rituals, $t(283) = 2.55$, $p = 0.011$, $d = 0.31$; individual rituals, $t(283) = 2.16$, $p = 0.032$, $d = 0.26$, and help-seeking activities, $t(283) = 2.24$, $p = 0.026$, $d = 0.25$). All effect sizes indicated that effects were small. (ii) Age was significantly associated with the number of collective rituals

Table 4. Summary of group differences in amount of different performed rituals.

Ritual/activity	Cause of death	Relationship	Religion	Gender	Age
Collective rituals	No difference	No difference	No difference	Women > men	Younger > older
Individual rituals	Sickness > natural death	Partner/child > parent/other	Spiritual/Christian > non-religious	Women > men	No difference
Help seeking activities	Sickness > natural death	Partner > parent/other	No difference	Women > men	Younger > older

($r = -0.13$, $p = 0.023$) and help-seeking activities ($r = -0.13$, $p = 0.025$) participants engaged in, indicating that younger people are slightly more engaged in these rituals and activities. (iii) No differences in the number of performed rituals were found between participants with college/university level education and the other participants, with lower education. (iv) Significant differences in the number of individual rituals used were found between people with different religious affiliations, $F(4, 278) = 3.44$, $p = 0.009$, $r = 0.22$, representing a small effect. Games–Howell posthoc comparisons revealed that participants who were non-religious engaged in fewer individual rituals compared to those who qualified themselves as spiritual. (v) The use of rituals differed depending on the relationship to the deceased. Significant differences were found for individual rituals, $F(4, 280) = 9.00$, $p < 0.001$, $r = 0.34$, and help-seeking activities, $F(4, 280) = 6.74$, $p < 0.001$, $r = 0.30$. Games–Howell posthoc comparisons indicated that participants who lost a partner or child used these rituals and activities more than those who lost a parent or other loved one. (vi) The use of individual rituals and help-seeking activities also differed according to the cause of death, $F(3, 281) = 7.96$, $p < 0.001$, $r = 0.28$; $F(3, 281) = 4.92$, $p = 0.002$, $r = 0.22$. Games–Howell posthoc test indicated that individuals who lost their loved one through sickness engaged more in individual rituals and help-seeking activities than individuals confronted with a loss caused by natural death (e.g., old age).

Grief rituals in relation to grief reactions over time

The intensity of grief reactions at T1 was significantly associated with the number of individual grief rituals ($r = 0.45$, $p < 0.001$) and help-seeking activities ($r = 0.45$, $p < 0.001$) people engaged in, but not with the number of collective rituals ($r = 0.09$, $p = 0.112$). To examine if the use of grief rituals and help-seeking activities was associated with changes in grief reactions from T1 to T2, we performed a hierarchical regression analysis predicting grief at T2, in which grief scores at T1 were entered in the first block of the equation and the numbers of individual, collective, and help-seeking activities were entered in the second

Table 5. Summary of hierarchical regression analysis for variables predicting grief reactions at T2 ($n = 283$).

Variable	Model 1			Model 2		
	B	SE B	β	B	SE B	β
Grief T1	0.61	0.04	0.69**	0.54	0.04	0.62**
Collective rituals				-0.55	0.66	-0.04
Individual rituals				0.30	0.30	0.05
Help seeking activities				1.55	0.61	0.12*

Note. * $p < 0.05$; ** $p < 0.01$.

block³. Block 1 yielded a significant model ($F(1, 281) = 260.44$, $p < 0.001$). Adding the numbers of individual, collective, and help-seeking activities in Block 2 yielded a significant improvement of the model ($F_{change}(3, 278) = 2.84$, $p < 0.05$). In the final model, grief at T1 ($\beta = 0.62$, $p < 0.001$), as well as the number of help-seeking activities ($\beta = 0.12$, $p < 0.05$), but not the number of collective rituals ($\beta = -0.04$, $p = 0.404$) and individual rituals ($\beta = 0.05$, $p = 0.318$) explained unique variance in grief scores at T2. The full regression table is presented in Table 5.

Discussion

The loss of a loved one through death is usually followed by a funeral. In the months or years succeeding the funeral, bereaved individuals generally use a wide variety of grief rituals to cope with the loss. Intuitively, we assume that these rituals contribute to grief adjustment. However, scientific studies surrounding this topic are scarce. The present study examined the importance of the evaluation of the funeral and the use of grief rituals in relation to grief reactions over time.

Evaluating the funeral

Both shortly after the loss of a loved one and three years later, bereaved individuals had a very positive perception of different aspects of the funeral. Apparently, people do not only respond positively due to emotional experiences in the first months after a loss but continue to look back on the funeral with positive thoughts, even after years. The vast majority of participants reported that the organization of the period surrounding the funeral was important to process their loss. That is, the single item “The way in

which the period around the funeral was organized, was important in processing the loss” from the FEQ, was strongly endorsed. In contrast, this positive perspective on the helpfulness of the funeral was not reflected by the results from our analyses based on the change in grief reactions. The study revealed a small but positive relationship between the evaluation of the funeral and positive effect shortly after the loss. However, the (positive) perception of the funeral was not statistically significantly associated with grief reactions, negative affect, and general functioning. This finding is in contrast with the study of Gamino et al. (2000), who stated that evaluating the funeral as comforting was related to fewer difficulties in grief adjustment. The difference could be explained by the fact that Gamino et al. (2000) used qualitative measurements, focusing on affective aspects of the funeral, whereas we, in our study, focused on cognitive appraisals reflecting the evaluation of the funeral. The difference could also be due to the fact that participants in our study evaluated the funeral very positively and had low to moderate grief reactions. This caused little variation, and therefore, small relationships between funeral perception and mental health could not be detected.

The results of this study suggest that a positive perception of the funeral is related to positive affect in the first months after the loss but has no significant linkage with the intensity of grief reactions. Thus, the general perception of people that the funeral aids them in coming to terms with their loss reflects a broader emotional experience than the mere intensity and decline of grief reactions. Accordingly, Castle and Phillips (2003) argue that performing rituals surrounding the loss of a loved one is primarily beneficial to evaluate priorities in life, to accept the loss, and to feel more control over grief.

Performing grief rituals

In the three years after the loss of their loved one, around 85% of the participants performed individual rituals, such as lighting a candle or visiting the gravesite. More than 50% engaged in collective rituals, such as a remembrance ceremony. Both types of grief rituals were rated as moderately to very helpful. In the specific cultural context of the Netherlands, where the use of religious traditional rituals is fading (Venbrux et al., 2008), this study underlines that the need to engage in rituals, especially individual rituals, is still highly present. Help-seeking activities, carried out by one-third of the participants, were perceived as less helpful

compared to grief rituals. This corresponds to the findings of Castle and Phillips (2003), who found that professional counseling was rated less helpful compared to sharing stories about the deceased with others.

We also examined associations between the intensity of initial grief reactions and the number of rituals and help-seeking activities people subsequently engaged in. This examination revealed that performing individual rituals and help-seeking activities was highly related to initial grief reactions. This finding is not unexpected and may reflect that for people with high initial grief, the loss plays a more central role in their everyday lives, fueling the tendency to engage in activities to streamline and curb one’s feelings (Vale-Taylor, 2009). Especially individuals who lost a partner or child through a non-natural death were prone to use rituals and activities to cope with their loss. These aspects of the death of a loved one are known as risk factors for developing severe grief reactions (Lobb et al., 2010). Further, losing someone through natural death, such as old age, is potentially easier to make sense of, compared to other causes of the loss, and therefore associated with fewer rituals (Romanoff & Terenzio, 1998). On the contrary, carrying out collective rituals was not related to grief reactions. This suggests that conducting collective rituals serves a different purpose than performing individual rituals. Possick et al. (2007) describe the differences between private and public rituals of remembering, arguing that emotional catharsis is the main focus of private commemoration. Public rituals, on the other hand, serve a function of public meaning-making, in which losses are defined in collective terms. As such, these rituals seem to be less strongly related to individual grief reactions.

Despite the subjective rating of grief rituals as moderately to very helpful to cope with loss, using individual and collective rituals did not predict later grief reactions when controlling for initial grief in the present study. This may be due to the restricted range of grief intensity of the overall sample, as mentioned before. At the same time, the use of individual rituals does not seem to have a negative effect, suggesting that engaging in such rituals is not a sign of lingering in grief.

Limitations and strengths

Some limitations of the present study need to be addressed. Firstly, in the absence of a validated construct to measure the perception of a funeral, we designed a questionnaire ourselves. More research is needed to evaluate the reliability and validity of this

questionnaire. Secondly, the number of rituals people engaged in was operationalized as the amount of diverse rituals participants used. The number of times they performed a certain ritual was not taken into consideration. This might give an underestimation of the rituals used, as participants who, for example, visited the gravesite daily but did not perform other rituals, are rated as using fewer rituals compared to individuals who visited the gravesite once and were lighting a candle there. Thirdly, the ratings of grief reactions in the follow-up questionnaire might be confounded by grief connected with newly experienced bereavements. Indeed, several participants indicated that it was difficult for them to anchor their grief reactions with one specific loss. Fourthly, participation in this research was based on a customer satisfaction survey of a funeral provider. This could result in an overrepresentation of participants with a favorable perception of the research topics, compared to a more independently recruited sample. There are, however, also indications that customer satisfaction surveys are relatively more completed by people with a more negative view of the services provided (Coldwell, 2001). Lastly, data were derived from a sample that was homogeneous in terms of their Western cultural background; hence, our findings do not necessarily generalize to other cultural groups. Despite these limitations, the longitudinal design and a large number of participants make the results of this study important and solid. Furthermore, this study provides a major contribution to the literature dominated by non-empirical studies and small-scale qualitative research.

Implications and future research

We have to be cautious when talking about the importance of a funeral or post-funeral grief rituals in facilitating grief adjustment. This study only addressed a limited number of aspects of funerals. Hence, more work is needed to explore other, non-assessed, aspects. Nevertheless, results indicate the importance of these rituals in a subjective perception of helpfulness to cope with the loss. Furthermore, it highlights the different purposes that individual and collective rituals may serve. These findings may inform funeral services in their aftercare activities, and the advice that they could give to bereaved people about the usefulness of collective ceremonies and the creation of meaningful individual rituals. Likewise, findings may be important for others involved in bereavement care, such as counselors and grief therapists, who are often in a position to positively guide and influence both

collective and individual rituals at a later stage. Most participants in the present study evaluated the funeral positively and it would be interesting to further examine the impact of explicitly negative experiences surrounding the funeral. To gain more insight in the importance of individual grief rituals for grief adjustment, and given the strong relationship between grief reactions and the use of rituals in the present study, further research should be conducted among a more homogeneous group, including people with more severe grief reactions. In addition, it could be relevant to examine if the association between engagement in individual rituals and grief reactions differs for distinct subgroups. Building on the findings of the present study, specific attention could be given to the subjectively experienced degree of closeness to the deceased in addition to the formal relationship. More insight into these factors, that can hinder or facilitate grief, will ultimately serve bereaved individuals in their process of coming to terms with their loss.

Disclosure statement

Yarden, who partially funded the present work, had no role in the study design, data collection and analysis, decision to publish, or preparation of the manuscript.

Notes

1. Time since loss was unknown for 42 participants at T1 and 3 participants at T2. Considering the method to recruit the participants it was expected that all participants were recently bereaved. Notably, outcomes of all analyses reported in this paper were similar when this group of 42 participants was excluded from the analyses.
2. Originally, 11 items were constructed for the FEQ. Based on a reliability analysis and factor analysis, 2 items with low item-total correlations were removed and a two-factor solution was retained. More detailed outcomes are shown in [Table A1](#).
3. We conducted additional analyses also considering the degree to which performed rituals and activities were rated as helpful. Because ratings of helpfulness were only available for rituals and activities that were endorsed, we were unable to include the number of rituals and activities plus helpfulness ratings in one single regression analyses. Instead, we examined whether helpfulness scores were associated with grief at T2 (controlling grief at T1); this was not the case. Moreover, we found that the number of help seeking activities continued to predict grief at T2, while controlling for the degree to which these activities were deemed helpful. Thus, ratings of helpfulness did not affect our results.

Funding

The research described in this article was funded, in part, by Yarden (funeral service company in the Netherlands).

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Appendix

Table A1. Factor Analyses of the Funeral Evaluation Questionnaire (FEQ)

Item	Factor loading	
	1	2
Factor 1: director evaluation ($\alpha = 0.94$)		
1. My funeral director was professionally and personally engaged	0.858	−0.327
2. I had the feeling that my funeral director was available during the days before and after the funeral	0.863	−0.304
3. My funeral director was decisive and energetic	0.883	−0.305
4. My funeral director was respectful	0.845	−0.231
5. My funeral director was inspiring	0.836	−0.241
Factor 2: general evaluation ($\alpha = 0.78$)		
6. I have been able to say good-bye to my loved one in the best way that was possible	0.667	0.516
7. The way in which the period around the funeral was organized, was important in processing the loss	0.630	0.503
9. I experienced the funeral as sad but positive	0.540	0.518
11. The good-bye went exactly as I imagined it	0.551	0.485

Note. Scale: 1 = not at all; 2 = a little; 3 = somewhat; 4 = quite much; 5 = very much.