

Interfaces of Suicide-Related Stigma: Burial Place and Mourning

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Abstract

Background: Stigma and social exclusion complicate the lives of individuals close to those who have committed suicide, adversely impacting their physical and mental health. The extent of this issue has been documented in various studies. This research uniquely examines how individuals who have committed suicide are marginalized in grave construction and burial practices, as well as the social interactions during the mourning process.

Objective: To understand how stigma and social exclusion experienced by the relatives of individuals who have committed suicide manifest in mourning and burial rituals.

Method: In-depth interviews were conducted with fifteen relatives of individuals who had committed suicide, and the data were analyzed using content analysis. The study's limitations include a predominantly female sample and an insufficient sample size.

Results: All participants agreed that suicide is a source of stigma and social exclusion. Individuals who have committed suicide are those whose mourning cannot be freely expressed. Those perceived to be responsible for the suicide are unwanted and marginalized in mourning settings. Whether the individual who committed suicide should be buried according to Islamic rules is a contentious issue in mourning contexts. The grave of the individual who committed suicide is often not desired in the family cemetery. Gravestones are typically not placed in visible locations, and detailed identity information is often omitted.

Conclusion: The research provides significant evidence of stigma and social exclusion in burial practices, offering valuable contributions to the scientific community. Every decision individuals make about their own lives deserves respect, and a person who has committed suicide deserves dignified treatment after death. A social law state is obliged to protect the rights of its citizens. Such stigma necessitates that the social law state take further measures to raise social awareness about suicide and provide rehabilitation for survivors. These topics should be included in the state education curriculum, and social awareness should be fostered from childhood. Continuous rehabilitative support programs should be implemented in healthcare institutions to address the issues faced by survivors.

Keywords: Suicide • Bereaved individuals • Mourning • Burial • Stigma • Qualitative research • Content analysis

Introduction

Death is not only a sociological phenomenon in terms of the ceremonies and rituals that follow, but also in its impact on the lives of those left behind [1]. The behavioral patterns and interactions in the rituals and ceremonies that occur after death contribute to the construction of individuals' cultural memories. This construction becomes an inseparable part of their identity [2]. Graves and funeral ceremonies emphasize remembrance as a way to counter the destructive nature of death [3]. They signify the shared life with the deceased, their influences, and the continuity of these influences [2, 4]. The meaning attributed to the grave and funeral ceremony, much like death itself, is a result of different stages in historical processes [4].

Grief is a common emotion across all cultures, but the way people experience and express it differs widely [5]. Grief is influenced not only by the psychological states of the individuals experiencing it but also by sociological factors [6-10]. Grief is a process that involves healing individual sorrows and observing higher-level social solidarity [1, 11]. In all societies, an ideal death is one that occurs naturally as a result of normal aging. Just like deaths arising from diseases stigmatized by society and incidents, every death with an unknown cause (suicide), while inherently tragic, is a cause of social disorder and fragmentation [7,12-15].

Throughout history, suicide has been considered a malevolent form of death and poses a serious threat to global societies [16-20]. Every year, over 700,000 individuals die by suicide [21]. It is estimated that an average of 15 extended family members are affected by each suicide [22]. Research has shown that individuals who are bereaved by suicide experience stigma and social exclusion, which pushes them to the fringes of society [8,23-27]. Unlike in the early periods, contemporary forms of stigma do not manifest as a mark (stigma) carried on the human body; instead, they are more a form of communication [28]. The holistic judgment within the habitus of society reaches the social actor through this communication without any concrete indicator and negatively affects them in various categories of life [7,29,30]. Feigelman and Feigelman state, "What mattered most was not what they said, but what they did not say," illustrating the construction of suicide-related stigma in social consciousness and its comprehensive impacts [27].

The experiences of stigma and social exclusion among suicide survivors, as well as the resulting emotional states, are the focus of separate research. This article specifically concentrates on the stigma and social exclusion arising from suicide in mourning rituals and grave site practices. While various studies have examined the dimensions of stigma associated with the manner of death in funeral practices and rituals, there has been limited research on how individuals who died by suicide are stigmatized in the construction and location of their graves [7,29,31-33]. This research holds significant importance in revealing tangible manifestations of stigma in grave sites and tombstones. Scientifically establishing the expression of stigma in mourning environments and grave sites could enhance societal awareness of the stigma and social exclusion experienced by suicide survivors, potentially expediting measures taken by social welfare states. Measures implemented at the state level to increase societal consciousness could significantly contribute to social integration and order.

Various studies have revealed that the mourning process following suicide differs from that following the death of a person through conventional means. In suicide-related mourning, the emphasis shifts from the loss of the deceased to the manner of the loss and the stigmatizing label it

imposes on the survivors [11,14]. Suicide, considered abnormal from ancient times to the present leads to depression and diminished self-esteem among the bereaved due to the associated stigma [8,16,23,24,34]. Despite positive responses to psychological therapies, bereaved individuals who undergo this profound experience, which requires serious intervention, tend to exhibit a reluctance to seek treatment [35]. This trend of avoiding treatment persists even when individuals receive positive responses from psychological interventions [17,24,36,37].

The burial of the deceased, a part of the mourning process, is one of the most crucial rituals following death [38]. The grave and cemetery represent cultural symbols in society [2]. However, when it comes to bereaved individuals due to suicide, the burial site and rituals deviate from the norm. In the context of death by suicide, discussions may arise regarding the purification and burial rituals according to Islamic traditions and the suicide grave can become a source of shame for some families. The origin of this distinctive trend among bereaved individuals lies in stigma. The pain and shame brought about by stigma not only intensify the natural grief of death but also isolate and silence the bereaved individuals within their social environment.

The objective of this study is to comprehend how the stigma and societal exclusion faced by those bereaved by suicide manifest in mourning rituals and burial ceremonies. The participants in this study have experienced the suicide of their loved ones due to reasons such as marital infidelity, financial bankruptcy, psychiatric disorders, unreciprocated love, and the fear of being stigmatized as home-wreckers.

Literature Review

Participants

Fifteen individuals were interviewed in-depth for this study. Thirteen of them were female, and two were male. One of the major limitations of this study is the inequality between the female and male populations. The participants accessible to the researcher have been classified internally. The interviewees range in age from 18 to 55. Nine of them are highly educated and employed, two are students, and four are housewives with primary education. Two of the interviewees are teachers who shared their observations about suicide cases involving students or family members in the villages where they work, providing information on a total of four suicide cases. The participants in the study include first-degree relatives (mother, child, sibling, and grandchild), cousins, sisters-in-law, daughters-in-law, and close friends.

Interviews

Two interviews were conducted with the participants at different times. The preliminary interview lasted an average of fifteen minutes, during which the participants were informed about the research. A semi-structured interview text consisting of open-ended questions was prepared by the researcher, and interviews were conducted [39]. The interview text included the following two main questions and related sub-questions:

- What were your experiences in the mourning house after the suicide?
- Were religious rules applied during the deceased's burial?
- Have you witnessed any religious or traditional resistance on this matter?

The interviews lasted an average of one hour and were transcribed into written text by the researcher. After reaching descriptive themes, the themes were grouped according to their content and analyzed using the content analysis method. In the research, themes such as:

- Mourning After Suicide Differs from Regular Grief,
- The person causing suicide is unwelcome in the mourning atmosphere,
- The Mental Background of the Concern for Hospitality in the Mourning House,
- The anger towards the spouse who did not show respect to the deceased in the condolence house,

- The purification of the deceased according to religious practices and the funeral prayer pose a problem, 2-Indicators of Social Exclusion in the Gravesite of the Suicide Victim.

Data collection

In this study, qualitative research techniques were utilized, specifically in-depth interviews. In-depth interviews serve as a technique that allows researchers to access information and experiences related to the research problem. The researcher gathers information during the interview with precision and skill, akin to extracting minerals from underground [39].

In this context, this technique helps to uncover the participants' genuine emotions and thoughts [40]. In the empathetic environment created by the interviewer with the participant, it becomes possible to obtain information about even the behavioral reasons of perpetrators in the most complex events [41]. Participants, having the opportunity to express themselves in a healthy interaction, empower themselves during this process and better analyze the research topic [42]. While some answers to the research problem have been obtained, further comprehensive research is still needed on the subject [43].

Ethics

The researcher was unable to obtain an Ethics Committee Report due to being expelled from the university in 2016 for political reasons. Interview recordings were listened to only by the researcher. Written transcripts of the interviews are securely stored in a database. Quotations do not include identifiers that could reveal the participants' identities.

Understanding

Understanding, which is an ontological condition of human life, serves as a tool for investigating human activity [44]. The sociologist's task is to comprehend and analyze the discourse that emerges in verbal and bodily expressions. According to Bauman, "meaning is what is intended." In the process of understanding, the priority lies not in mental comprehension but in the emotion evoked by what is narrated [3]. The initial evaluation of an expression we encounter involves an emotional process rather than a cognitive one [45]. In this context, understanding is about grasping the phenomenon in the mental state of the social actor by almost 'reliving' the experiences of others. According to Gadamer, this process is an activity in which the researcher enters a process of recreation by combining the knowledge within themselves and this state of involvement [44]. In the qualitative research process, which is one of the ways to integrate puzzle pieces whose wholeness we do not know, the researcher tries to understand the nature of social reality with an exploratory perspective, moving from subjective data such as individuals' emotions, thoughts, and perceptions [46].

The data obtained from in-depth interviews, which enabled the description of the situation, were analyzed through content analysis. In describing the situation, factors such as the environment, individuals, events, and processes related to the research problem need to be investigated using a holistic approach. The focus is on how these factors influence the relevant situation and how social actors are affected by the situation [47]. In-depth interviews are a mutual interaction process based on questioning and answering, conducted to find answers to the research problem. The purpose of the interview is to gather data about the research question and to understand the participant's perspective by penetrating their inner world [46,47]. It is the researcher's duty to motivate the participant to provide complete and accurate information and to create an objective environment [48].

Content analysis is a method that facilitates the exploration of concepts and relationships in the data, allowing researchers to uncover meaningful patterns [49]. The terminology used by the participant guides the researcher towards themes, providing a means to organize the information clearly and straightforwardly to address the core of the research problem [47]. In this study, thematic analysis of speech texts revealed two main categories: the

distinct nature of mourning following suicide compared to normal mourning, and the societal exclusion indicators manifested in the suicide grave. These categories were further examined in terms of their semantic coherence.

Content Analysis

Mourning after suicide differs from regular grief

Grief, which is the indicator of the pain and sorrow experienced by those left behind after suicide, is abnormal, just like suicide itself. The emotional burden and fear of stigmatization assumed by survivors of suicide are fundamental factors that shape the atmosphere of the mourning environment.

The person causing suicide is unwelcome in the mourning atmosphere: Suicide evokes feelings of anger and shame among the bereaved [11,23, 25,50]. Research reveals that there is anger towards the individuals responsible for the suicide, and this anger manifests concretely in the mourning environment.

'I remember when Kamer Sister came in the middle of a large crowd, and they showed a huge reaction to her, even tried to beat her... The woman was sad; when she came to the funeral home, she was completely devastated, like she couldn't see anyone. Actually, she had the courage to come, she knew that such an incident would happen... I saw it with my own eyes; they kicked the woman out at the funeral. I grabbed her by the arm and said, 'Come on, Kamer Sister, you're not wanted here; now, go, if you want, we can talk later...'(Semia)

Kamer is the spouse of the deceased; the reason for the suicide is Kamer's infidelity and getting pregnant by her lover. The anger of those at the condolence house prevails over the courage of the woman (Kamer) accused of the suicide (Actually, she had shown great courage by attending.). From the speech text, it is understood that mourning environments based on suicide involve not only grief and sorrow but also intense feelings of anger. A participant, who is a cousin of the deceased, stands out from others due to their understanding attitude towards the deceased's spouse.

Being held responsible for suicide does not require being guilty; everyone in the social circle of the deceased, especially family members, has the potential to be accused. In situations where anger is directed towards the deceased, the pain and sorrow after death often remain behind the anger; grief and sorrow compound the anger towards those accused of causing the suicide. This emotional landscape in the mourning environment reflects the feelings directed towards both the deceased and the individuals believed to be responsible for the suicide.

Pain and sorrow are components of every death, but after abnormal deaths like suicide, different emotions intertwine.

'Everyone gathered elsewhere, yelling, calling, crying, but that bride (the deceased's wife) was alone there, pregnant with a swollen belly, tears streaming down, but the lady couldn't even cry. And there were also slightly suggestive comments coming from there. 'Your son messed up and such... I couldn't stand it. I took her up to the terrace floor, told her, 'In this situation, your heart must be hurting the most. Cry here, you can cry here, we're alone here.' I said, and we cried there... That night, food, tea, water (were brought) for everyone... Because no one was in a condition to do anything.' (Sine)

The actor held responsible for the suicide is being ostracized by the social environment (Your son messed up.), becoming the object of anger. In the midst of mourning chaos, Sine, acting as the deceased's cousin, embodies common sense by deflecting social pressures. The participants' expressions also hint at the cultural influences on funeral rituals in the collective style of death-related ceremonies, symbols and activities in the funeral house, which remain significant in the funeral of the deceased ('That night, food, tea, water (were brought) for everyone... Because no one was in a condition to do anything.') [2,38].

The mental background of the concern for hospitality in the mourning house: In situations where anger is directed towards the suicide victim,

indicators emerge in the mourning environments that do not conform to the nature of mourning. In this case, the deceased's father perceives injustice and betrayal due to his son's suicide, experiencing intense anger towards the deceased.

'My aunt and uncle are incredibly tolerant if a mistake is something nobody knows about or hears. But if it's a mistake that someone else will know about, all hell breaks loose. They would say something like, 'How could you make us say this?' (Emphasis) In such situations, their stance is like that of a governor or a district governor. Most likely, my uncle never forgave this.' (Sine).

In a family steeped in traditional cultural norms, attitudes and behaviors that deviate from societal expectations are viewed as betrayals by the parents. Besides the rituals of daily life, mourning also deviates from the norm. This deviation from the norm elicits anger in the participant.

'Actually, I got very angry. On the day of the funeral, this guy (brother-in-law) was like, 'Why aren't you making tea for the people, why aren't you making coffee? Serve some snacks, serve some fruit...' I say, he must have lost his mind. Your son has died, lying in the morgue there, will be buried tomorrow, and there's a woman left behind with your grandchild, and your concern is tea and coffee... Most likely in denial, I mean now thinking about it, I understand that it's a denial, an inability to accept the pain.' (Sine).

The rituals conducted following a person's demise serve the purpose of offering psychological support to the bereaved family, alleviating their grief [2]. In our cultural context, it is customary not to treat individuals visiting the condolence house as mere guests. The father's behavior towards the crowd gathered for the funeral and the family members of the suicide victim could be interpreted as a form of denial and externalization. The social actor, being the father of the person responsible for an act (suicide) that brings shame upon him and his family, externalizes his son, distances himself, and attempts to normalize the situation by not taking responsibility for the event.

The anger towards the spouse who did not show respect to the deceased in the condolence house: Not acting in accordance with the magnitude of grief in the mourning environment is a situation that provokes anger in the social context. The attitudes and behaviors of the spouse of the deceased, who is held responsible for the suicide, in the condolence house have compounded the anger of the family members.

'On the day of condolences, which is the second day after his death, they left relatives and people at home with the excuse 'the shop received goods.' In other words, in their own home... The woman, because 'goods arrived,' goes to empty the shop. (Emphasis) I mean, your life partner has died, and the manner of death is not a simple thing; he committed suicide for some reason. I am still somewhat annoyed with these attitudes because of that. We have mourning houses here, and (the woman's) father told my father on the first day, 'Come home in the evening, let's go through the debt books.' In other words, on the day of condolences, the deceased was set aside, and they delved into the issues of debt and expenses' (Ahmet).

Not treating death by suicide appropriately according to its significance is one of the factors that negatively influence the emotional atmosphere in the mourning house. The behavior of the deceased's spouse in the mourning environment has also triggered anger in the social circle, especially among the deceased's relatives, as it is believed that excessive spending led to the spouse's bankruptcy, followed by suicide. In the participant's statements, alongside the unquestionable importance of suicide, everyday life concerns such as commercial worries have become insignificant, concretizing the social actor's feelings of grief and anger.

The purification of the deceased, according to religious practices, and the funeral prayer pose a problem: The prohibition of suicide in Islam raises a debate about the religious rituals performed after death [51].

'For instance, I remember there was a discussion at home before the funeral arrived, which is a disgusting situation. 'Will this child's body be washed? Will the funeral prayer be performed?' The funeral prayer was performed, but people speculated quite a bit about it afterward...' (Sine).

The participant criticizes the debate over the purification and burial of the deceased, according to Islamic procedures, with the discussion subjects being coded using pejorative expressions. An important aspect here is that the participant is a graduate of the Faculty of Theology. Sine, being well-versed in Islamic knowledge, has developed a critical distance from the traditional cultural approach to the purification and burial of the deceased, according to Islamic rules. The discussion in the condolence house reflects the emotional states of the bereaved regarding the issue of stigmatization.

Indicators of social exclusion in the gravesite of the suicide victim

Burial sites and graves, which host the spatial organization of death, hold sociological importance due to the cultural and historical codes they carry [52]. The research has revealed that individuals who have committed suicide face discrimination during burial ceremonies, in the allocation of burial plots, and in the positioning of headstones. Suicide, considered malicious due to its prohibition in the Islamic faith, complicates the religious ceremonies for the deceased as well.

'For example, I remember that there were discussions at home before the funeral, and it was a disgusting situation. 'Will the child's body be washed now? Will the funeral prayer be performed?' The funeral prayer was performed, but people speculated a lot about it afterward. I remember my aunt reading a lot, praying with tears. And there's something that caught my attention; I can't pass without mentioning it. Every time I go to the hometown and visit the cemetery, it's the hardest to find his grave. Because the gravestone is not visible from the inside; it faces the wall (crying). We've been saying for years, why don't they change this? I mean, they don't change it...(emphasis) At that time, we think like this; it must be wrongly made about changing the gravestone, I mean, they didn't even turn the gravestone to a side that everyone could see, they didn't want it to be known (they hid it)' (Sine).

The discussions at the funeral home not only reveal the emotional turmoil of the mourning environment but also indicate the difficulty of moving on after a suicide. The discussions arising in the atmosphere of the funeral home following a crime such as suicide, like whether 'Will the man's body be washed? Will the funeral prayer be performed?' must have eradicated the courage of the deceased's relatives to take a stand for the deceased. Those who pass judgment on the funeral ceremony of the deceased do not necessarily have to be devout Muslims, but the societal stigma associated with suicide raises debates over the religious rituals for the deceased. However, this attitude cannot be generalized to all relatives of the deceased; the unquestioned implementation of religious rituals after suicide is more common.

The placement of the deceased's grave in the cemetery is one of the tangible manifestations of social exclusion in societal consciousness, perhaps the most explicit one (The gravestone is not visible from the inside, but facing the wall...). The positioning of the grave is not a technical error but a deliberate choice. The gravestone facing the wall once again highlights the shame felt by being parents of the deceased.

The research revealed that some deceased individuals are not buried in the family cemetery.

'I arranged my mother's grave last year; until then, we had not arranged my mother's grave. Now, normally, there is a family cemetery for mothers. I thought my mother's grave was in the family cemetery, but only her name and surname are written on my mother's grave. My husband said, 'Those graves on the sides seem very old; ask your grandmother, and whoever's graves they are, let's arrange them and write their names on them.' When I asked my grandmother, she said, 'Well, we have our family cemetery; they placed your mother in another cemetery.' Like that... At that moment, I felt sad.' (Deniz).

The decision to bury the deceased's body in a place other than the family cemetery is a collective decision of the elders. The deceased, unable to seek support from the family in resolving the issues that led to his death, is further alienated from the family unity after death due to the choice of

suicide. This tendency among the relatives of the deceased is strong evidence illustrating the malevolence of suicide in cultural memory. The inclination of those left behind after suicide marks the temporal and spatial distance they put between themselves and the deceased.

Considering the limitation of the research scope, it is evident that the obtained results cannot be generalized. Nevertheless, the data we have acquired contains crucial information regarding the mourning and burial practices of the relatives of the deceased. The results obtained through qualitative research techniques indicate not the possibility of speaking about the whole but rather point to the nature of the elements constituting the whole. In this context, the results we have reached are akin to bricks embodying the characteristics of the mourning and burial rituals that emerge after suicides.

Evaluation

From historical times to the present day, suicide continues to carry a stigma, which in turn stigmatizes the loved ones of those who dies by suicide. This socially marginalized act significantly impacts the lives of bereaved individuals, particularly evident during mourning and funeral rituals.

According to current literature, death by socially unacceptable means is a cause of stigma. This stigma extends to funeral ceremonies, where the relatives of the deceased feel marked and excluded from society [33,38,50]. Our research supports these findings. As emphasized in previous literature, during mourning, social support from the community is crucial for the relatives of those who die in unexpected ways. Our study has revealed that these bereaved individuals often lack such social support. This deprivation leads family members to feel isolated and marginalized. In this context, our research supports findings indicating that stigma and discrimination in funeral practices adversely affect the mental health of bereaved families [31,53].

According to existing literature, being stigmatized and discriminated against due to suicide has negatively affected bereaved families [7-8,23-25,27,30,50,51]. This impact, similar to unexpected deaths other than suicide, has hindered survivors from organizing their own cultural funeral ceremonies, leading to feelings of inadequacy and guilt [32,33,50,53]. Some findings in our research support this conclusion; however, there are also family members who blame and feel ashamed of the deceased due to the manner of death. These findings align with Moore's research outcomes [7].

Due to Covid-19, a disease marginalized within society, it is known that relatives of those who died also face social stigma, leading them to conceal the cause of death from their surroundings [53,50]. Our findings contribute to the literature on "stigmatization and isolation due to an unexpected manner of death." Bereaved family members cannot freely experience their deep sorrow and mourning due to this stigma. Their lack of a suitable grieving process aligns with the findings of Moore and Doka [7,52]. Furthermore, the research reveals that bereaved family members reject the pain and sorrow associated with suicide and hide the cause of death from certain relatives. This behavior supports the findings of Frey, Hans, Cerel, Jordan, and Duberstein [11,25].

Ghosh and Bk have supported the distinction between 'good death' and 'bad death' in their research, defining suicide as an 'undesirable and unwanted' outcome [13]. This highlights the ongoing impact of societal stigma towards suicide from historical times to the present. Stigma prevents survivors from freely experiencing grief, mourning, and conducting culturally appropriate funeral ceremonies [7]. However, even 'bad deaths' deserve a respectful and dignified funeral ritual [13]. Our findings on various manifestations of stigma enable understanding of the challenges faced by bereaved family members: whether the deceased will be buried according to religious rituals (Islamic) is a contentious issue in mourning environments where grief and sorrow for the deceased cannot be freely expressed. This situation must surely undermine the courage of bereaved family members who feel stigmatized to 'take ownership of the funeral.'

Our research explores findings not covered in the current literature concerning the selection of burial sites and the placement of gravestones for survivors after suicide. One of the tangible indicators of the emotional state of survivors is the deceased's grave. The gravestone is a significant cultural symbol of the deceased's life and familial identity. However, the gravestone of a person who died by suicide is often hidden from society, seen by their family as a stigma and source of shame. Therefore, the deceased may not feel a sense of belonging at their burial site. One sign of this is gravestones with incomplete information or positioned where they are not visible to society.

Another indicator of stigma at the gravesite is when the deceased is not buried in the family cemetery. The issue of whether religious rituals should be performed during the burial process is a matter of debate, and in some cases, the deceased may not be allowed to be buried in the family cemetery. The existing literature generally does not provide information about this kind of stigma at the gravesite. Therefore, these findings could increase societal awareness and influence the practices of social welfare states. They highlight the need for a broader perspective on the stigma and social exclusion faced by survivors after suicide.

Limitations of the Study

The most challenging issue for the researcher was reaching and interviewing survivors of suicide loss. The fifteen participants we could reach underscore the limitation of qualitative research in making generalizable claims. Furthermore, the sample's predominantly female composition restricted the diversity of insights gathered. The inability to classify the sample by gender, age, marital status, economic status, and education level also contributed to this limitation.

Another constraint was the emotional impact on the researcher due to the intensity of emotions experienced by survivors of suicide loss, which extended the duration of the study. The researcher addressed this by seeking expert support, although it resulted in an extended study period.

Directions for Future Research

New research with a larger sample size and the ability to classify participants by variables such as number, gender, age, marital status, economic status, and education level, will enhance understanding in this area.

There is a need for increased focus on studies that examine the nature of burial and cemetery practices for survivors of suicide loss. This is crucial for a more detailed exploration of the extent of societal exclusion and stigma associated with suicide.

Classifying studies on cemetery practices according to regional characteristics will reveal cultural approach differences and similarities.

Authors' Contribution

The stigma and social exclusion due to suicide have been extensively studied, yielding similar findings across many studies. In this research, the author's most significant contribution to the literature is highlighting the forms of exclusion in cemetery practices experienced by survivors of suicide loss.

Conclusion

In societies worldwide where suicide rates are alarmingly high, the hardships faced by survivors of suicide loss emerge as a universal issue. Global communities share common characteristics in terms of stigmatizing suicide and isolating survivors, making the findings and recommendations of this research universally significant, even if conducted in Turkey.

Efforts to eliminate social factors that drive individuals to suicide should be considered a primary measure. The promotion of social awareness by a welfare state regarding suicide and survivors can begin from the lowest

educational levels. Programs designed to elevate awareness about the value of life, self-love, self-awareness, respect for individual choices, and their contributions to human existence can be effectively integrated into educational curricula. Well-planned consciousness-raising activities are likely to yield positive outcomes in both the near and distant future.

It is evident that the establishment of therapeutic centers and structured programs by a welfare state can significantly contribute to the healthier and more productive lives of survivors of suicide loss.

Key Messages

Human beings are social beings who should live with equal rights alongside others. Similarly, regardless of the decisions they make about themselves, they should have equal rights with others even after death and should be bid farewell with dignity.

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