

Cultural Competency in Grief and Loss

By Robin Fiorelli, MSW, LCSW, and Wanda Jenkins, MHS



What is Cultural Competency?

“Cultural competency is the ability to respond respectfully and effectively to people of all cultures, classes, races, ethnic backgrounds and religions in a manner that recognizes and affirms cultural differences and similarities and the worth of individuals, families and communities, and preserves the dignity of each.” (Seattle King County Department of Public Health, 1994).

A cultural group may be identified by religion, race and/or ethnicity. It may also be defined by age grouping, generation, class, gender, professional association, sexual orientation, and so on.

As hospices increase access to historically underserved communities, hospice bereavement professionals need to develop cultural competence in understanding the unique grief needs of these communities. This article will start by examining the role that culture has on an individual’s grief process and will then review basic concepts and specific interventions in providing culturally competent bereavement care.

Culture defines our learned behaviors, our values, beliefs and customs. It provides a sense of membership in a group as well as a structure for life experiences. In a sense, the family acts as a lens through which we view the larger culture, and it influences our specific cultural responses to any of life’s events.

An individual’s experience of grief, though, tends to be similar across cultures. However, according to Cook and Jenkins (1982), patterns of behavior surrounding death and bereavement, especially in mourning rituals and behavioral expressions of grief, are among the most *enduring* of any cultural traditions. Mourning rituals serve a functional purpose—that is, the recognition of the loss followed by reorganization and reintegration of the loss. Mourning practices also serve to promote the integrity of the cultural group. An example of this would be the Jewish tradition of Shivah. During Shivah, mourners receive guests at their home to provide support and community. This ritual, in addition to providing a means of bereavement support, serves to promote a Jewish cultural tradition.

continued on next page



Categorizing grief responses of various cultural groups allows us a *starting point* in our understanding of the grief experience of an individual within that group. We do, however, need to remain vigilant with regard to the range of possibilities in grief within each cultural group. Given the multicultural nature of our society today, there are large variations even among homogeneous cultures. These variations need to be acknowledged so stereotypes do not occur. A culture also evolves and changes over time as members learn new information and have new experiences.

While a racial and cultural match between the mourner and the bereavement professional is ideal, if not possible, there are characteristics of the clinician that are important in providing culturally competent care.

The first is the clinician's awareness of his/her own multi-cultural heritage and his/her values related to grief and loss. Next is awareness of how these values might play a part in the relationship with the mourner. We look at life through our own cultural lens and this lens has the potential of distorting what we observe. In clinical practice and even in social science research, one often sees a Western bias in that which is "normal," healthy, and appropriate grieving. Shapiro (1994) notes, "In the dominant North American culture, which emphasizes the centrality of the isolated individual; minimizes the importance of spiritual, as compared to scientific, explanations; and stresses the value of 'letting go' and 'moving on,' social sanctions are likely to pressure the bereaved into reentering the flow of ordinary life long before they feel psychologically ready."

Culturally competent clinicians are aware of and respect the mourner's culture, social class and spirituality. They are sensitive to institutional barriers that prevent minorities from accessing and utilizing bereavement services. They have the ability to establish rapport, exhibit genuineness, warmth, acceptance and empathy. Lastly, they are willing to refer mourners to other professionals when they feel they cannot serve them effectively.

In working with mourners from a different culture, McGoldrick (1991) suggests that hospice professionals first determine what an individual's beliefs are about what happens after death and then determine what is considered an appropriate emotional expression and integration of the loss in that culture. Additionally, she suggests asking what the gender rules are for handling the death, and whether certain types of death carry a stigma. It is also important for the bereavement professional to understand in a broader sense how the culture interprets stress, stress management and level of functioning. It is then important to understand what role social and kin networks as well as religion play in providing support during the mourning process.

When providing bereavement support to individuals from a different culture than your own, it can be helpful to remember the following guidelines:

- Think of yourself as a guest in their world.
- Ask about their customs and traditions.
- Identify the degree of acculturation and assimilation the individual appears to have toward the dominant culture.
- Assess the degree of involvement with both the culture of origin and the host culture.
- You may need to give them permission to experience some things that we may define as normal, but they may define as unacceptable, or vice versa. Even people whose faith or cultural tradition is familiar to you, may vary regarding their understanding of what is acceptable for them to do and experience.
- Be careful not to evaluate culturally relevant mourning behaviors as abnormal.

Of Note

NHPCO's *Guidelines for Bereavement Care in Hospice* was updated in 2008 to reflect the new Medicare Hospice Conditions of Participation. To purchase a copy, visit: www.nhpco.org/marketplace (Item 820082; Member: \$17.99.)

- Listen to what they have to say. Observe their reactions.
- Ask leading questions. Ask them what they want—they will tell you. Don't assume you know what people may want to do or may want from you.
- Do not talk or lecture them on what they need until you hear what they are experiencing.
- Pass on what you have learned to others who may be encountering this family.
- Lastly, remember, there is great power in just being present with a mourner. Visiting, calling, showing concern, and offering help and suggestions based on your assessment of their needs goes a long way. Often, all people need is to know that someone cares.

According to NHPCO's *Guidelines for Bereavement Care in Hospice*, bereavement professionals should identify and collaborate with community agencies devoted to addressing the needs of diverse cultures. This may include sensitive translations of bereavement materials and hiring staff and volunteers from different cultures. It is also important to serve as a resource for these community agencies. ↗

Robin Fiorelli is senior director for bereavement and volunteer services for VITAS Healthcare Corporation and is a member of NCHPP's Bereavement Section Steering Committee.

Wanda Jenkins is the bereavement services manager for VITAS Healthcare in Chicago, Illinois.

References:

- Counts, D. R. & Counts, D. A. (1991). *Coping with the final tragedy: Cultural variation in dying and grieving*. Amityville, NY: Baywood Pub. Co., Inc.
- Crawley, L.M. et. al. (2002) Strategies for Culturally Effective End-of-Life Care; *Annals of Internal Medicine*, Volume 136 Issue 9; Pages 673-679.
- Doka, K. editor (2009) *Living With Grief: Diversity and End-of-Life Care*, *Hospice Foundation of America*.
- Irish, D. P., Lundquist, K. F., & Nelson, V. J. (Eds.). (1993). *Ethnic variations in dying, death, and grief: diversity in universality*. Washington, D.C. Taylor & Francis.
- Johnson, C. J. & McGee, M. G. (1991). *How different religions view death and afterlife*. Philadelphia, PA: The Charles Press.
- Kemp, C. (2007) Cultural issues in palliative care; *Seminars in Oncology Nursing*, Volume 21, Issue 1, Pages 44-52.
- McGoldrick, M., Almeida, R., Hines, P. M., Rosen, E., Garcia-Preto, N., & Lee, E. (1991). Mourning in different cultures. In F. Walsh & M. McGoldrick, (Eds.), *Living beyond loss: Death in the family*. New York: W. W. Norton & Co.
- Shapiro, E. (1994). *Grief as a family process*. New York: Guilford Press.
- Stroebe, M., Gergen, M. M., Gergen, K. J., & Stroebe, W. (1992). Broken hearts or broken bonds. Love and death in historical perspective, *American Psychologist*, 1205-1212.
- Stroebe, M. (2008) *Handbook of Bereavement Research and Practice: Advances in Theory and Intervention*, *American Psychological Association*.
- Wieland, D. (Ed.) (1994). *Cultural diversity and geriatric care : Challenges to the health professions*. New York: Haworth Press.

We look at life through
our own cultural lens
and this lens has the
potential of distorting
what we observe.