

International and Cultural Psychology
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Joanne Cacciatore
John DeFrain *Editors*

The World of Bereavement

Cultural Perspectives on Death in
Families

 Springer

International and Cultural Psychology

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Editors

The World of Bereavement

Cultural Perspectives on Death in Families

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ISSN 1574-0455

ISSN 2197-7984 (electronic)

International and Cultural Psychology

ISBN 978-3-319-13944-9

ISBN 978-3-319-13945-6 (eBook)

DOI 10.1007/978-3-319-13945-6

Library of Congress Control Number: 2015935626

Springer Cham Heidelberg New York Dordrecht London

© Springer International Publishing Switzerland 2015

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Printed on acid-free paper

Springer International Publishing AG Switzerland is part of Springer Science+Business Media
(www.springer.com)

I Remember Your Hand in Mine: An Introduction to The World of Bereavement

Dancing Circles...
When the water flows I think of you...
And I dance in a circle...
When the water rushes by I think of you...
I hear the drums beating...
And I dance in a circle...
When the leaves stop falling in midair...I can feel you...
And I shake my rattle just for you...
When the sun warms my skin...I feel you touching my hand...
and I shut my eyes softly...
I can see you...
And I dance in a circle just for you...

-Nowch Hasik

A Native American, grieving mother from the Akimel O'othom/Pima tribe also known as the River people from Gila River Indian Community in Arizona.

Her son who died, Jacob, is Akimel Au-Authm (River People) from Salt River Pima-Maricopa Indian Community in Arizona.

Everyone dies, and everyone grieves. But from person to person and culture to culture around the world, we express our grief in different ways, and we find ways to endure our sorrow over time, relying on beliefs, rituals, and socially influenced behaviors inherent in each unique individual and each unique culture. You are about to embark on a worldwide journey through grief, traveling back and forth in history, traversing culture, into the most intimate spaces of the human community experience.

Nowch Hasik, known as Amy, is a Pima Native American woman whose young son, Jacob, was murdered. She embarked on a journey of traumatic grief, which took her to the gallows of despair fighting a legal system that seemed to protect the perpetrators, and fails to provide a consistent, safe place for her, as a native woman, to express her grief. Her story is important to this book, as are all the stories of those who have suffered loss.

Death and grief touch each of us, and while coping with grief is an individual and familial experience, it is also a social and cultural enterprise, infused with ancient and contemporary rituals, customs, beliefs, and deeply held values. Though the basic human dynamics of grief are remarkably similar from a global perspective, each story unfolds in a unique individual, familial, cultural, and historical context.

Please let us say that again in another way: From the outsider's perspective, grief in a particular culture outside our own may look very exotic or strange or just simply wrong. However, if we can develop our skills in seeing the world from other people's vantage point, we can learn quickly that the basic human dynamics of grief are very much alike. We all suffer, and we all struggle to find a way through our suffering. And with the passage of time—and more important, with compassionate support from our *tribe* and through learning how to deal with a the dreaded tragedy of loss—we find a way, in our own time and in our own unique way, to create a satisfying, hopeful, and meaningful life built on the ashes of our loss.

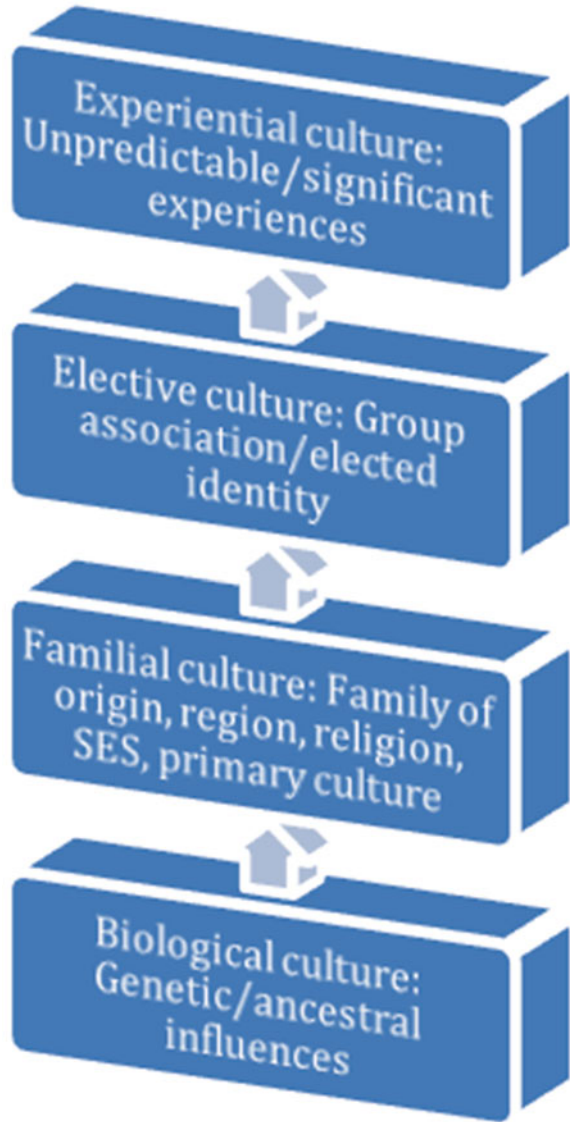
To our knowledge, this book is the first of its kind to look at death, grief, and culture worldwide and from a strengths-based perspective. For this difficult task, we have over many years painstakingly assembled a team of more than 25 gifted clinicians, educators, and researchers around the world, representing all of the 7 major geocultural areas and 15 countries and cultures:

- Africa (Botswana, Kenya, and Somali culture)
- Asia (China and South Korea)
- Europe (Greece and Romania)
- Latin America (Brazil and Mexico)
- The Middle East (Israel, including Jewish, Muslim, and Christian perspectives)
- North America (Canada and Native Americans)
- Oceania (Australia and Aotearoa/New Zealand, including Indigenous traditions in both countries).

And culture is much richer than merely the region of residence, an ethnic background, or a religion practiced. One useful model for understanding the breadth and depth—a more broad understanding—of culture is the Cultural Building Block (Fig. 1). Because, as individuals, we exist within family systems, and as families we exist within social groups and within social groups we exist in a larger cultural region, this model can help illuminate the blocks of identity that make us, as humans, who we are.

The first block, *biological culture*, is static culture of one that is based on genes and ancestry. For example, to a large extent, genes determine our phenotype and some characterological traits and these may influence, to some degree, our lives. For example, a very tall person with natural athletic skill might have an opportunity to play basketball. Skin tones are also genetically determined and, thus, may contribute to greater acceptance—or oppression of—an individual. The second block, *familial culture*, determined by the family of origin and the culture in which it resides, is dynamic and can be slightly or significantly augmented throughout a person's lifetime, depending on social proscriptions and norms. This block is built upon the influences of geographical region, language, religion, socioeconomic

Fig. 1 Cultural Building Block model



status, and things such as cultural rituals, beliefs, and values. A child raised in New York City, for example, will likely have a different view of the world than a child raised by Aboriginal parents. The reason this block is dynamic is that some of these variables can be changed. Once the city-born child grows into adulthood, she may choose to live in a rural area, even overseas, learn a new language, or change her socioeconomic status or religious practices. Despite any changes, however, many of the influences of the familial culture are lifelong. The third block is also

dynamic in nature, *elective culture*, and relates to our chosen identity, sometimes related to a group, usually during or past adolescence and changing throughout the course of our lives. A person who voluntarily elects military service may grow to identify with military culture. The same can be said for vegetarian, political, public service, and even ethnic culture. A person born with two parents from two different ethnic backgrounds, for example, may identify more with one group than another. This would be her elected culture. Finally, *experiential culture*, the fourth block, is often static culture that is based on unpredicted—unelected—life experiences. These are often experiences that form strong ties to individual conscious or unconscious identity. Sometimes, these effects of experiential culture may be passed down from one generation to the next.

Maria Brave Heart's work on the intergenerational transmission of historic trauma in Native American groups is one example of this. Catastrophic event survivors, children raised in orphanages, child abuse survivors, victims of natural disasters, and even the bereaved have their own type of experiential culture. It is not unusual for those with strong ties to their experiential cultural group to seek like others. Often, it is because they feel they know a "secret" that others do not know. They may have a changed worldview, what Ronnie Janoff-Bulman calls "shattered world assumptions," and the kinship they may feel with like others is a powerful one. As you're reading the book, we invite you to consider this rich and nuanced model written by those who know best: those from within each cultural group.

Indeed, each chapter is written by cultural insiders—not outsiders—by experts deeply embedded in each culture. From each of them, you will learn about death and grief and how they are experienced in industrialized nations such as Australia, Canada, South Korea, and the USA. You will gain perspectives from rapidly emerging industrial nations, such as China and Brazil. You will be taken on very personal visits to countries and cultures in crisis, such as Greece and Somali culture. And, you will gain perspectives from more traditional Indigenous cultures, such as the Maori in New Zealand, Aboriginal peoples of Australia, Native Americans, and the Bakalanga tribe of Botswana.

You will glimpse into aspects of grief common within each culture and be fascinated and awed by unique individual responses human beings have to loss. Perhaps most emotionally moving of all, you will be introduced to individuals and families in each culture and see how very real human beings deal with horrific crises in their lives. Each team was asked to write about death and grief in their country or culture from a macro-social perspective, basically giving the reader the broad social and historical context, the big picture. And, they were invited to bring the tragedy of life into each chapter—and an understanding of death and grief on an emotional level. We asked the teams to find individuals and families who would be willing to share their stories of loss and how they struggled, in the context of their culture, to endure task of mourning. You will hear about rituals that may not be familiar to you, yet that carry the possibility of social cohesion and healing for many mourners. Jacob's mother, for example, makes spirit sticks for her son, as a means to honor and connect with him:

The Making...

As my hands wrap this leather around this wood
I remember your hand in mine...fingers entwined with mine...

and do you know I would jump across to the other side if I could catch you...
 These four directions that I raise my hands to...
 these clouds that I stare at...the wind that brushes across my skin...
 it must be you...
 and do you know I would jump across to the other side if I could catch you...
 I hear your voice in the water that rushes by...
 I see your reflection in the sun that shines in my eyes...
 the beauty of it all brings me to my knees...
 and do you know I would jump across to the other side if I could catch you...
 The moon is shining for you and the stars light up the sky...
 as I wrap your four directions into my soul...
 and do you know I would jump across to the other side if I could catch you....

-Nowch Hasik

These are all heartrending stories, of course. They are stories of how parents deal with the death of a child, how men and women survive the loss of their partner, and how children endure after losing a parent. These are not easy narratives. No, in fact they are all difficult to read. But to balance the book, we also asked the teams to take a strengths-based perspective on death and grief. We asked these experts not only to describe openly and accurately the tragedy of death in the family but also to illuminate how individuals and families use their personal and family strengths, and tap into community strengths and cultural strengths, to endure, and in many cases transcend, the losses they have suffered. Everyone needs to have a good understanding of the strengths available to each of us because we use these strengths to meet the many challenges of the human experience.

You have in your hands, then, a book that is both tragic and transcendent. A book that shows how human beings struggle against the worst life can bring, and yet rising in many ways as they create for themselves a different perspective on the world and how they are to live in it. They come to see that the world is filled with love, hope, meaning, tragedy, and sadness. All are inevitable and essential threads in the fabric of life. We cannot live the way we do without death in our lives.

Sadness is the burden we carry in our hearts as we forever remember those who are gone and how much we miss them and wish they were still here with us. A sadness that will always be with us, for our loved ones will always be gone. But in honor of lost loved ones, the survivors go on in life and allow meaning and purpose to reemerge, contribute to making the world a better place, and often help others whose lives, too, are full of pain:

My little boy would not want me to die because he died. He would want me to go on living and keep being a good Momma for the other kids.

* * * * *

For the first three years I attended the support group for me. I couldn't go on in life and needed help from others to make it through the day. Now, today, several years later, I still attend activities of the support group – this time to give back some of the wonderful gifts I was given, so that others can find a way to go on in life.

* * * * *

Being a father to a little boy who died of cancer is no easy thing. Every day I wake up and ask myself, "Why him, why not me?" So I work toward funding research on neuroblastoma so that other parents don't have to know this pain.

* * * * *

When my mother died, I was 12 years old. In our culture, we continue to talk of those we love who died. So I kept a photo of her at our altar and burned incense there every day, sometimes twice a day. Sometimes when I missed her most. I'm 28 now, and I still continue this for her. It has helped me heal.

This book is for the academician seeking to understand that which is rarely explored. This book is for the clinician who works with those suffering the death of a loved one, seeking to hone her or his ability to practice culturally sensitive bereavement care. This book is for the researcher seeking to restore nuance to the pedagogy of grief. This book is for the layperson seeking to understand oneself and others in the context of mourning. This book may awaken personal grief, perhaps dormant; and it may dispel the myth of separateness as we connect to others' stories of loss, for we are not alone in our grief, even if we may think so.

This is the beauty and pain of a book about grief: We see more clearly what it is to suffer; we see more clearly what it is to truly live in the face of that suffering; we begin to understand that profound grief unites us as humans capable of profound love. Nowch Hasik, again, describes her son's murder in a way that would resonate with many mothers from many cultures around the world:

They call me Nowch Hasik and I raise my hands to the Dam (north),

Varco (south), Dali (east) and to the Nudnik (west).

I buried you with you facing the sun and "below the east" where water flows endlessly.

This is my child's story.

This is Truth of the Wind's story you are the son of Nowch Hasik...you are Wuhu é Hek Hevel...(Truth of the Wind)...

This is a story of a crazy beautiful little boy.

This is a story of life, death, and the aftermath.

This is a story of trauma, grief and indescribable pure love.

This is a story I wish I never knew.

This is a story that should never have happened.

This is a story of truth.

This is a story of more than one death.

This is a story of a little boy who calls me mamma.

This is a story of a beautiful child who I call son.

This is a story of my child.

This is a story of the love of my life.

This is the story of my six-year-old old child who was brutally murdered.

This is a story of a story of a story,

and it's a story that will never end

because this is the story of my son and me.

What is it about grief that helps us to recognize it in others, even others so different from us? There are countless ways to answer this question. Our answer is that we are all human beings. A common bond of humanity unites us all. We all suffer,

we all struggle, and with help from loved ones and friends, we go on living a meaningful life in honor of those who have died.

Why are you, personally, able to recognize grief in other people, even when they are so different from you? All questions that matter, all questions worth deeply contemplating.

Phoenix, AZ, USA

Lincoln, NE, USA

Joanne Cacciatore

John DeFrain

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Joanne Cacciatore is an Associate Professor at Arizona State University where she directs the graduate Certificate in Trauma and Bereavement program, and she is the founder of the MISS Foundation, an international organization that has aided families whose babies and children are dying or have died since 1996. Her prolific research on all aspects of traumatic grief is published in many top-tier journals, she presents at conferences around the world, and her work has been featured in major media venues such as the New York Times, Boston Globe, San Francisco Chronicle, CNN, Newsweek, and the BBC. The recipient of numerous awards for volunteerism, she has committed her life to helping families experiencing traumatic grief, working in direct clinical practice with grieving families around the world since 1999. In 2014, she published a mindfulness-based workbook for griever, *Selah: An invitation toward fully inhabited grief*. Her blog can be found at drjoanne.blogspot.com.

John DeFrain is a professor emeritus of family studies at the University of Nebraska-Lincoln. Dr. DeFrain's research on family strengths and challenges from a global perspective has been recognized around the world. He holds an Honorary Appointment as Conjoint Professor of Family Studies at the University of Newcastle, Callaghan, New South Wales, Australia; serves as a Research Scientist in the Center for Family Studies, Shanghai Academy of Social Sciences, People's Republic of China; received an Onassis Foundation Fellowship to work at Aristotle University of Thessaloniki, Greece; was a Fulbright Scholar at the University of the South Pacific in Suva, Fiji; has consulted with the Department of Family Development of the federal government of Mexico and other organizations; and has worked with the MISS Foundation in Phoenix, Arizona, and with the EMMA Foundation in Romania, helping to develop programs for families whose child has died. DeFrain is the 2014 recipient of the National Council on Family Relations Jan Trost Award, which recognizes Outstanding Contributions in International Family Studies and honors an individual for lifetime achievement in research, teaching and service to international families.

Authors' Biographies

Sarah Bain is a writer, wife, mother, and nonprofit executive who lives in Spokane, Washington. Sarah's writing has appeared in numerous magazines, journals, newspapers, and guest blogs. She writes at www.geographyofgrief.blogspot.com. **Terry Bain** is the author of *You Are a Dog and We Are the Cat*. He lives in Spokane with his wife, three children, one dog, and two cats. **Carver Bain** is a high school student in Spokane, Washington, whose life has always been permeated with literature. When he's not doing homework or reading, he is likely to be found in the theater, rehearsing for the upcoming school play, or working on creating videos to post on his YouTube channel, www.youtube.com/carvver, an interest since 2009. Carver is unsure what the future holds for him, but he is planning on seeking higher education after high school, likely in either language arts or film. He currently lives with his mother, father, younger sister, and younger brother. With both parents having MFAs in creative writing, Carver's interest in the arts is no surprise.

Amoneta Beckstein's father is *Tsalagi* (Cherokee) and his mother is Israeli. He was born in Tennessee and grew up in various states. He received a Bachelor of Arts from Southern Illinois University Carbondale in Psychology with minors in Creative Writing and East Asian Civilization. He received a Master's in Counseling Psychology and is currently pursuing a Ph.D. in the same field at Arizona State University. He has a strong interest in multicultural psychology, international psychology, and ethnic happiness. He is also interested in Native American mental health, leadership development, and resistance in addition to integrating traditional healing practices into modern counseling.

Zachary Bullock completed his Master's of Social Work degree from Brigham Young University in 2014. He received his Bachelor of Science from Utah Valley University and currently works in the social work field.

Eunsuk Cho is an Associate Professor of the Department of Child & Family Welfare, The University of Suwon, South Korea. She previously spent over 12 years in the USA and Canada as a psychiatric researcher and a multicultural family and youth counselor. She majored in Family Studies in Seoul National University, Korea, and completed her Ph.D. in 1997. She is a Registered Clinical Counselor of B.C.A.C.C. in Canada and a Registered Couple and Family Counselor of Korean Counseling Association. She is working on addiction and family counseling, multicultural family counseling, and family counseling for youth in crisis.

Vicki Culling is a bereaved mother whose first child died in 1998. Aster was still-born at 10 days overdue and her brief life changed Vicki's life forever. Vicki has a BA in Education, a Master's in Social Work, and a Ph.D. in Women's Studies. She has worked for Sands in New Zealand in both paid and unpaid roles and at local and national levels. (Sands is an organization that supports families following the loss of a baby or infant.) Vicki runs a training company, Vicki Culling Associates, providing training in perinatal and infant loss to health and caring professionals.

Rosario Esteinou received her Ph.D. at Turin University of Studies in Italy. She is a family sociologist and has worked for nearly 30 years as a professor and researcher at the Center for Research and Higher Studies in Social Anthropology (CIESAS) in Mexico City. She is a member of the National System of Researchers at the highest level and the Mexican Academy of Sciences. Her academic career has been focused on the family field studies, and she has tried to grasp and apply the theoretical views and findings in the fields of sociology, anthropology, history, demography, and social psychology for the study of Mexican families. Among her most recent books as an author or editor are *La Familia Nuclear en México: Lecturas de su Modernidad* (The Nuclear Family in Mexico: Connotations about its Modernity), by CIESAS/Porrúa, 2008, with Nehring D. and Alvarado E.; *Intimacies and Cultural Change*, by Ashgate Publishing Ltd, United Kingdom, 2014; *La Nueva Generación Social de Familias. Tecnologías de Reproducción Asistida y Temas Contemporáneos* (The New Social Formation of Families. Assisted Reproductive Technologies and Contemporary Issues), by CIESAS, 2012; and *Construyendo Relaciones y Fortalezas Familiares: un Panorama Internacional* (Building Family Relationships and Strengths: an International Overview) edited by CIESAS and Miguel Angel Porrúa, 2009.

Maria-Helena P. Franco has worked with the Pontifical Catholic University of Sao Paulo since 1975 as a full professor in the Post-Graduation Program in Clinical Psychology. She founded the Grief Center there, which develops research, training, education, and assistance on matters related to death, dying, and bereavement. In 1998, she founded a private institute with a similar profile of the Grief Center of the university, the 4 Estacoes Instituto de Psicologia (Four Seasons Institute of Psychology), a group of psychologists who respond to disasters. Along with her experience as a lecturer and professor, Maria-Helena is responsible for advising many researchers in Brazil on matters related to death, dying, bereavement, and

palliative care, all in the scope of her own research interests. Since 1999, she has been a member of IWG—International Work Group on Death, Dying, and Bereavement. She also lectures in many places in Brazil and abroad (Portugal, Hong Kong, the USA) and authored books and articles. Maria-Helena was born and grew up in Sao Paulo, Brazil, and spent some time in England for her Ph.D. and postdoctoral research. She is currently living in Sao Paulo.

Kate Jones, born in 1952, was raised in New South Wales, Australia, the third child of high school teachers who valued education, moral living, and giving service above all else. After an unspectacular school-leaving result, she proceeded to a Bachelor's Degree in Social Work at the University of NSW, Sydney, and then immediately began work as a social worker in an agency caring for children with disabilities. Thirty eight years later, she is still employed in a major teaching hospital, caring for sick and frail aged. A spell of work in a crisis unit for homeless families in central London in the late 1970s has been her only employment outside Sydney since. Social work in hospitals, in community aged care and disability services, and in a private adoption agency involving direct work with all the parties dealing with infertility, separation, and loss have given her much job satisfaction during her career.

Theodora Kaldi-Koulikidou is a retired civil servant and former member of the administrative staff of Aristotle University of Thessaloniki in Greece. She was an independent lawyer before she served at the university for 35 years. Her main positions were as the head of the Secretariat at the Faculty of Theology, head of the European Educational Programmes, and head of the Secretariat at the School of Modern Greek Language. She studied law at Aristotle University of Thessaloniki and completed her M.Sc. with the same university in public law. Since 2008, she has been teaching public administration issues to civil servants in the Greek National Centre of Public Administration and Local Government. Since 2000, she has been involved in research and writing about family studies, focusing on Greek families. She is a cofounder of the Global Consortium for International Family Studies and the consortium's master's degree in international family studies. In 2011, she was invited by the University of Nebraska-Lincoln to teach a course on *Greek Families Past and Present*. Theodora was born in Greece, where she lives today. She is married to Alexandros, a retired deputy director of a bank, and the mother of two daughters.

Hawa Koshen is currently working with a national university in the United Arab Emirates in an administrative capacity. She previously spent over 20 years with United Nations offices in Somalia and the United Arab Emirates. She also worked with the United Nations Refugee Agency (UNHCR) as a consultant on an initiative for Somali Refugees. She completed her M.Sc. at Bristol University in 1997 in Development and Administration and Planning. Her research interests focus on gender and families in the context of the civil war in Somalia. Hawa is ethnically Somali; she was born and grew up in Zimbabwe and resided in Somalia as well as the United Arab Emirates. She is currently living in Dubai with her family.

Gordon Limb is the Director of the School of Social Work at Brigham Young University. He completed his Ph.D. in Social Welfare from the University of California at Berkeley, his MSW from the University of Utah, and his Bachelor's of Science in Psychology from Brigham Young University. His primary research area involves examining policy and practice issues that impact Native American families and children, with much of his research efforts focusing on American Indian child welfare issues. He has published numerous articles in social work's leading journals. His practice experience includes working with adolescents in a wilderness survival program, as a clinical social worker at a social service agency, and as a counselor at a community college.

Anne N. Lutomia is a Ph.D. student in Human Resource Development, University of Illinois, Urbana-Champaign. She has an M.A. in Nonprofit Management from Hamline University, Minnesota, and B.A. in French and Education from Kenyatta University in Kenya. Her research focuses on Nongovernmental organizations in relation to women's work and transnational Africans. Her Ph.D. research is on career development of immigrant nurses.

Pania Mitchell is a social worker and whanau (family) support worker with Te Korowai Aroha in Porirua, New Zealand. She is a mother to four; her second child Manaia lived for 2 days and died in 2008. Pania is passionate about supporting families following the death of a baby or child and about raising awareness of pregnancy, baby, and infant loss. Pania provides training on grief and loss in her local area and has presented at national and international conferences. She is a board member of Sands New Zealand and a committee member of Sands Wellington-Hutt Valley.

Francine de Montigny, R.N., Ph.D., has been a professor at the University of Quebec in Outaouais (UQO) for the past 25 years. Holder of the Canada Research Chair in Family Psychosocial Health, she is the Director of the UQO's Centre for Studies and Research on Family Health Intervention, the At the Heart of Families Labs, and the Regroupement sur la santé mentale des hommes en période périnatale et les services de santé à leur égard (Coalition for men's mental health and services in the perinatal period). Her research interests focus on the mental and psychosocial health of individuals and families during the perinatal period and on the bereavement trajectories of women and men experiencing perinatal death, including early deaths such as miscarriages and abortions, and services for them. In line with these themes, she directs the DEPART Project (Deuil périnatal, accompagnement, ressources et trajectoires—Perinatal bereavement, support, resources, and trajectories) and the Fausse couche à l'urgence (Miscarriage in the ER) Project. As a clinician, for the past 15 years she has accompanied parents through perinatal bereavement and subsequent pregnancies and has co-led, among other things, the Les étoiles filantes (Shooting stars) bereavement support group with Chantal Verdon. Together they direct the Interregional, Intersectoral, and Interdisciplinary Committee on Perinatal Bereavement, which received the Award of Excellence from the Outaouais

Order of Nurses in 2013, in recognition of the improvements made to care and services for bereaved parents in this region of Quebec. Finally, she is the author and coauthor of numerous publications on birth and bereavement, notably the book *La naissance de la famille, accompagner les parents et leurs enfants en période périnatale*, published by Chenelière in 2012.

Kory McGrath is a funeral director, student midwife, and research assistant in the Midwifery Education Program at Ryerson University.

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Part I

Africa

Chapter 1

Death, Grief and Culture in Kenya: Experiential Strengths-Based Research

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The fact that every human must die makes beliefs and practices around death an important window into a culture. In Africa in particular, events related to death are especially important because entire communities are called upon to participate when a community member dies (Jindra & Noret, 2011b). We shall begin with our constructionist view of bereavement. We then provide an overview of Kenya's colonial history. We will then provide our conceptualization of death, bereavement and mourning and then turn our attention to what sub-Saharan African scholars have written focusing as much as possible on Kenya. The review will be followed by a thematic analysis of the mourning and grieving process of three Kenyan individuals who lost loved ones. The international family strengths model will be used to

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identify individual, family, community, and societal strengths that were instrumental to the mourning and grieving process. The chapter will conclude with a discussion of bereavement and mourning the Kenyan context with implication for professionals working internationally.

A Constructionist View of Death and Bereavement

A great deal of scholarly writing on grief and mourning is written from the point of view that there are basic similarities to how humans experience grief (following death of a loved one) across cultures, that cultures differ among each other regarding the customs and outward expressions of grief, and that studies of grief and mourning within a culture can determine that culture's template for grief and mourning. This view is rooted in a psychological view of human behavior that assumes that there are essential truths waiting to be discovered. In contrast, we share Rosenblatt's (2001, 2008) view that human grieving is malleable and that its expression within any "culture" varies considerably from one person to the next. From a social constructionist perspective (Rosenblatt, 2001), culture itself is constantly evolving, as is our understanding of it that we derive from social science research. Each bereaved person and each observer of a bereaved person actively constructs a story about the death, its personal meaning and meaning to the group, the degree of separation that the death entails, and so on. Each person and each culture, Rosenblatt reminds us, is filled with contradictions and ambiguities and is always evolving. This picture of individual variation emerges as we view grief from close up, for example, if we asked ten members of our own cultural group to describe their own experiences and feelings within weeks or months of the death of a close family member.

However, Rosenblatt (2001, 2008) also reminds us that when viewed from afar, some patterns seem to emerge that distinguish grief reactions in different cultures. For example, death may be seen as a complete and final separation of the deceased from the living, or it may be seen as simply a changed relationship. Furthermore, the meaning of a death is constructed by the bereaved, perhaps shaped by the cultural context. In the mid-twentieth century United States, the death of their own newborn, for example, was considered insignificant by some bereaved parents within a particular cultural sub-group. Other bereaved parents whose newborn died around the same time regarded their own loss of a newborn as tragic (Smart, 2003). Cultural beliefs about death and grieving also can have multiple layers, as is evidenced in many African cultures which have traditional beliefs and practices overlain by Christian beliefs and rituals (Jindra & Noret, 2011a; Rosenblatt, 1993).

A dominant Euro-American view of grief is that it destroys an individual's assumptive world, or a set of beliefs that exists within the mind of the bereaved person (Parkes, 1972). For example, an individual's assumptions about the world being a just place are shattered by the death of a loved one, particularly if the death is untimely or harsh (Wortman & Silver, 1992). This individualistic model fits well

within Western culture that privileges the individual over the group. This twentieth century intrapsychic approach also divided grieving into normal grieving and pathological grieving. It assumed that grief should come to a resolution, an end, that that a person should return to “normalcy.” The individual achieves the resolution through individual “grief work” (Parkes).

Nwoye (2000, 2005) responded to the Western intrapsychic model of grief by providing his conceptualization of grief, bereavement, and mourning in Africa. He argued that African cultures provide “patterned ways and rituals that heal the psychological pains and wounds of bereaved persons” (Nwoye, 2000, p. 60). Specifically, communities come together to mourn with the bereaved, providing recognition and support for the loss of the role that the deceased played both in the community and for family members and others who are more intimately affected by the death. The community-based rituals help bereaved persons to resolve grief through a deliberate, but facilitated process of reimagining a positive life map after the death of a family member. It is our view that many other cultures (including those in Europe and North America) also provide support at the community level through ritual. Nwoye correctly underscored the importance of community support (Jindra & Noret, 2011b) that has been central in African communities. Nwoye’s theory of bereavement and mourning asserts that the loss to the community is just as important as that of the family and also makes central the community’s role in healing. Euro-American theories look first at the individual’s loss, and then at the community’s. Intrapsychic approaches such as Parkes (1972) also make central the individual’s role in his or her own healing, rather than the importance of the community in healing both the individual and the group. There is evidence that social support upon death is also present in Euro-American traditions. For example, an Irish wake involves a party and bereaved Jews traditionally sit *shiva* for a week, during which friends and more distant relatives call upon the mourners and provide them with food.

Macro: Overview of the Kenyan Context

In non-Western traditional societies of Africa and Asia, the rights of the social group are paramount, and the concept of a person as a separate individual is absent. In sub-Saharan Africa, the community’s needs come before individual rights and privileges (Venter, 2004), and a person’s humanity exists because of his or her relationships with others in society (Nafukho, 2006). Community support therefore depicts *Ubuntu*, an African philosophy, spiritual foundation and way of life that indicates the relatedness of everyone in the community through showing each other care, empathy, kindness, and humanness (Bangura, 2005; Mbiti, 1990; Nafukho, 2006).

Kenya was a British colony between 1890 and 1963. Prior to and throughout much of the colonial period, Kenya’s population consisted mostly of subsistence farmers and pastoralists. It currently has more than 43 indigenous ethnic groups as well as minority groups from Europe, Asia, and the Middle East (Ngige, Mburugu,

& Nyamu, 2004). The cultures, economies, and health of sub-Saharan Africans have been under considerable stress since the era of European colonization. In their efforts to exploit natural and human resources, the colonizers disrupted traditional cultural practices both directly and indirectly (Kilbride & Kilbride, 1990). The first half of the twentieth century was a time of worldwide economic and cultural changes, with economic depression, two world wars, changes in land use, and political upheaval. The British Empire was at its height, but its decline was beginning. In Kenya, British administrators and Christian missionaries worked hard to change many practices that they deemed inappropriate such as polygyny and the religious practices of indigent populations (Jindra & Noret, 2011a). After Kenya obtained political independence from Great Britain in 1963, efforts to build a prosperous independent nation were impacted by internal corruption and the defunding of Africa by capitalists (Ferguson, 1999; cited in Cattell, 2003). Other changes that began at the turn of the twentieth century continued to accelerate through the century and beyond. Land use and economic changes separated men from their families when they left rural areas to seek work in the city. Urbanization has resulted in the separation of individuals from communities and hence disrupted traditional support systems.

Historical Implications of Loss/Trauma in Kenya

Starting in the 1980s, HIV/AIDS has become a prominent cause of death in Kenya, bringing stigma upon the deceased and their family members as well as a challenge with regard to grief and mourning. HIV/AIDS related deaths have led to more individuals leaving written wills in order to protect orphans from greedy family members. Traditionally, wills were verbal and followed traditional customs. The experience of children who have lost parents to AIDS is distinctly different from experiences of orphans whose parents die from other causes (Cluver, Gardner, & Operario, 2007). However, the depressive symptoms of Kenyan HIV/AIDS orphans who perceived that they received social support experienced less severe mental health problems than those without social support (Okawa et al., 2011). Nzioka (2000) found that Kenyans viewed dying from AIDS as very dishonorable, as it was associated with promiscuity. People who died from HIV/AIDS were seen as ineligible for “life-after-death” because of the sinfulness of their death. In African societies that believe that the dead co-exist with the living, an HIV/AIDS death is seen as permanently separating the deceased from ancestors and descendants, according to Nzioka.

Religion and Spirituality

The traditional African belief is that after humans die their spirits continue to live (Mbiti, 1969, 1975). A human life is not regarded as being a unique individual, but rather, it is seen as part of a community. The community therefore participates in

celebrating the key points in a person's life journey such as birth, marriage, and death (Mbiti, 1975). African religious practices were altered when Islam and Christianity, known collectively as world religions, made inroads within Kenya (Jindra & Noret, 2011a). Both Islam and Christianity require burial of the dead, whereas some Kenyan tribes previously abandoned dead bodies outside the village so that wild animals would dispose of them. The Kikuyu of Kenya, for example, provided burial for only a few of their dead, namely, people who died in old age and who had earned a certain status (Droz, 2011). Dying children and dying adults who had not reached a certain level of accomplishment within the community were taken outside the village and watched over until they died. Or, if an individual died unexpectedly at home, a hole would be cut in the back wall of the dwelling and the corpse would be walled off from the rest of the building. A wild animal would thus be enabled to enter the area that held the corpse, and the body would be carried off. Dead bodies were regarded as unclean and should not be handled by the living. To touch the dead body would anger spirits and would gravely endanger the living (Peterson, 2000).

Appalled British administrators and Christian missionaries, who applied pressure to institute universal burial of bodies, changed traditional practices of disposing of the dead with amazing efficiency. In August 1934 (just 44 years after Kenya became a colony), the traditional council members of the Meru tribe passed a resolution compelling their tribesmen to bury all bodies (Lamont, 2011). Lamont pointed out that it was not the council members' idea to do this, and that Meru women vigorously opposed burial, concerned that the spirits of the deceased would cause environmental catastrophes such as drought, famine, and epidemics.

Conversion to Christianity went hand-in-hand with adopting a more "modern" lifestyle (van der Veer, 1996, cited in Jindra & Noret, 2011a, p. 17). It is a mistake to think of conversion purely in terms of spirituality, however. The adoption of Christianity also upset the old social order, creating new elites who demonstrated their status through conspicuous consumption, including elaborate funerals. Burying corpses within the family compound became a way to demonstrate land ownership in rural areas, but growing urban populations did not have this prerogative, so Christian burial in urban cemeteries became an alternative for urban residents who lacked ties to land at home (Jindra & Noret, 2011a).

Peterson (2000) has demonstrated that colonial efforts to change the "natives" were met with resistance and that the results were not uniform. Christian and older beliefs and practices continue to co-exist according to Droz (2011), who found that among the Kikuyu, it was common to believe that the spirits of the dead go to Christian heaven, but that the spirits also stay behind with the living, intervening in their lives. Although Christian cemetery burial became acceptable, at the same time, there remained the risk of derision by one's community members, according to Droz. The paradox of coexisting beliefs demonstrates that cultural change is more like the incomplete mixing of swirls of paint in a bucket, rather than what happens when green walls are painted yellow.

Overview of Death and Mourning Rituals by Ethnic Community

For this chapter, we interviewed three adults from each of the following ethnic communities: Embu, Luhya, and Luo. We first will provide a description of beliefs about death, and mourning rituals for each group. The reader is reminded that customs, rituals, and even beliefs are not static. Much of our sources of material reflect, at least in part, the findings of nineteenth and twentieth century anthropologists (largely European and American) who assumed that traditional societies rigidly followed hidden cultural rules which could be revealed through anthropological research. An early twenty-first century view (what we earlier have called *constructionist*) is that culture and community are constantly being recreated (Jindra & Noret, 2011c). Prior to the incursion of world religions, ethnic communities in Kenya shared with each other the importance of community sharing and support following a death, but differed among each other in some of their customs regarding mourning and body disposal customs.

Luo Death and Mourning Rituals

Luo death and mourning rituals and beliefs at the turn of the twenty-first century were an amalgam of traditional and Christian. The Luo fear and respect the dead because of the belief that there is life after death, which is similar to Christian beliefs. A common phrase, “the dead can see” encourages the living to perform the rituals. Failing to do so might lead to terrible disasters striking family members or the community. Good fortune experienced by family members often is attributed to the dead, and the family earns respect from the community for conforming to these rituals.

Luo death rituals were studied by Shiino (1997). Her anthropological study provides us with a snapshot of customs at a particular point in time, and does not capture the changing nature of customs. Shiino observed female members of the family wail and/or cry loudly to announce a death. Other women from the community joined them. Once the community was aware of the death activities such as farming were suspended until after burial. The bereaved family was provided with continuous company. Luo funerals are a time of connecting and knowing extended family members. Patrilineal and clan-based family identification is very important. Social hierarchies traditionally were based on the clan that trumps other demographic identities such as age. Funerals also are a time when disagreements and fights between family members arise.

Attending a funeral in Luo literally translates in to “crying” and this makes crying and other symbolic forms of expressing grief a crucial part of mourning. Women wailed or cried loudly while men sang dirges or chanted words of lamentations, including fond memories of the dead. As community members learned of death, they arrived in the home of the bereaved gathering in small groups to catch up on the details of the death. It was not considered polite to let someone who comes to

the home of the bereaved to sing the dirges or wail without company; therefore, there was always more than one person engaging in repeated outbursts of wailing or singing. Respect for the deceased is shown through eulogy where people talked about their fond memory of the dead, following traditional rituals. Demographic characteristics such as marital status, age, gender, role in community, and birth order determined which of the rituals and how they are performed (Shiino, 1997). Standard rituals included lighting fires every night (*magenga*) for 3 or 4 days, depending on the gender of the deceased. Shaving of hair is an example of a ritual that was shunned by some and embraced by others. One of the most elaborate rituals for deceased males was “tero buru”. Men from the community brought their bulls to the home of the deceased. With singing, drumming, and shouting, they marched to the border with a neighboring clan or no man’s land where they staged a mock battle or a real one if they had reason to attack another clan. The procession built as villagers join them to and from “tero buru”. Upon return, the group continued with their mock fighting and driving cattle around the homestead. The participants were fed and the bulls were given grain. Women including the widow(s) were charged with the responsibility of feeding.

Grave digging was observed to happen at night (Shiino, 1997). At a site that had been selected by family member(s), religious leaders prayed in the presence of immediate family members, broke the ground and then volunteers carried on with the digging overnight. The volunteers were given a meal and local brew. Joking and humor were often employed during the process.

The memories of dead relatives are not only told in stories and other evidence like having children, but through naming. There are several ways through which the name of the dead can be given to a newborn. It is believed that when a pregnant woman dreams of a dead relative, the relative wants the baby to be given his or her name. Another possibility is that the timing of birth coincides with a death. A third way is that family members choose to name their child after a dead relative and lastly, a colicky child is believed to be crying for a name, presumably that of a dead relative. An old lady would mention the names of the dead one after the other as they carry the crying child and when the child stops crying when a name is called, they take that name from then henceforth (Ogola, 1994).

Widows and widowers are expected to remarry, however widows have restrictions to be inherited by a clan member such as a younger brother or a cousin of the deceased husband. Traditionally, complete orphans were taken care of by the patrilineal relatives; however, the large numbers of AIDS orphans have overwhelmed families and the living arrangements for orphans include orphanages, matrilineal relatives, and even non-relatives.

Embu Death, Mourning and Bereavement Culture

In the Embu tradition, the major supernatural force was all-powerful, but minor spirits assisted humans and devil-like beings caused catastrophes. Ancestors were believed to influence their descendants for good or ill. Traditional religious leaders

were thought to be able to influence the gods. The Embu traditionally used magic charms, including witchcraft, healing magic, enticing or attracting magic, magic to attract wealth, and magic to purify. Ceremonies were conducted at major life transitions, including the birth and naming of children, circumcision, marriage, and rituals concerned with the yearly cycle of planting and harvesting. Since the 1960s, ceremonies primarily are held at the time of marriage, and during the Christmas season (Embu).

The Embu traditionally believed that after death, a person's spirit continued to live in the world and that an Embu did not die unless he/she was cursed or bewitched. If someone died in the home, rituals were performed by the traditional medicine man to cleanse the spirit of death, referred to as *rûkuû* from the homestead. People were afraid of death and dead people, and it was quite unusual for them to attend a burial; it was considered a taboo. When people died, they were not buried but they were thrown away in the bush and animals would feast on the dead bodies. This was done on the same day someone died, unlike today where people wait for a week or more to bury the deceased. The reason the dead were thrown away on the same day was because there were no facilities to preserve the body and no burial ceremonies either. There was therefore no need to keep the dead. In case someone fell ill and there was fear that he/she was going to die, a small hut was built by the entrance of the homestead so that the person would not die inside the home. If someone died in the home, rituals were performed in order to cleanse the home and remove any bad spirits that were left by the dead person. Since the Embu did not perform burials, burial rites as they did not exist.

By the turn of the twenty-first century, most Embus had been raised as Christians. Current practice is to use Christian burial rites overseen by pastors. The body is taken from the mortuary where prayers are held, and then taken to church for the funeral service where the dead is eulogized. The body is then taken for burial either in the homestead of the deceased or a cemetery. The focus of funeral rites is not on mourning but on celebrating a life well lived.

In contrast to the Luo and Luhya, the Embu tradition did not involve crying out loud. Grief was expressed silently as people with sad faces talked softly about the deceased. Mourners visit the bereaved family's house every evening to console the family members. During the meetings, people raise money for the funeral, which occurs 4 or 5 days after the death, once relatives have arrived from afar. Following the burial, beverages and/or food are served. Clan members visit periodically afterwards. Wife inheritance is not practiced by the Embu. This is in contrast to the Luo and Luhya.

Luhya Bereavement Culture

The Luhya people of Western Kenya traditionally believed in and worshipped one god called Were or Nyasaye. This god was worshipped through intermediaries such as spirits of the dead who could be benevolent or destructive and thus required libations or sacrifices to be appeased. Presently, most Luyhas are Christians or Muslims

and also practice their traditional religion together with the world religion. Luhya usually blame death on people's use of evil mystical powers (Alembi, 2002). This does not mean that Luhya do not understand that death is caused by accidents and illness.

Luhya funerals test and reveal the closeness and coherence of the members of the community (Namuliro, 2014). As with the Luo, once someone dies wailing started in the compound, mostly in the evening. Wailing not only depicts the loss and grief being faced by the family, but alerts community members that death has occurred. By the turn of the twenty-first century, mobile technologies were used <http://abeingo.com/> retrieved August 22, 2014, in addition to word-of-mouth, to announce a death. Wailing and crying continued prior to and at the funeral, expressing mourners' sorrow and clearing themselves from being suspected as having killed the dead. The wailed eulogy described the relationship, expectations, loss, contributions, and even hopes to meet again with the dead (F. Lutomia, 22 May 2014, personal communication). Alembi (2002) documented that the nights prior to the funeral involved singing of both secular and Christian songs. When a male adult dies the core funeral takes 4 days while in the case of a woman and child it is 3 days.

In contemporary funerals, the grave is dug the night before the burial, and the hair of close relatives may be shaved to signify mourning. This custom has been modified by those who fear being thought heathens; instead of shaving all of their hair, they shave only the side of their heads. The morning of the burial, the body is washed and dressed and put in the coffin. Young men place the coffin into the grave and prayers are said, and then the casket is covered with soil. The mourners sit by the grave and then walk in a procession back to the house. Mourners do not leave the home for several days. Community members come in and say goodbye to the family members. In traditional African culture, the immediate family would go to the stream to bathe immediately after the end of the mourning period. Once the burial is done people will dance every night. It is an enjoyable time. There is plenty of food and liquor when family and community members can afford it. Traditionally, the Luhya widow was expected to have sexual intercourse with a man in order to break her bond with her deceased husband. To not do so was considered to be taboo (Namuliro, 2014).

Two weeks after the funeral, the female relatives go back to visit the bereaved and sleep in the home of the bereaved family members. Six months afterwards extended family members gather. The following day the property of the dead is shared, including wives (through wife inheritance), utensils, clothes, and land. The clan sits together the morning after the ceremony. During this ceremony people come together eat drink and share property. The division of property is not always peaceful.

Family Structures

Although we will make some broad generalizations, the reader should keep in mind that there is a great deal of variation in family structures and cultural customs in Kenya (as there is in North America and in Europe). Traditionally, most Kenyan

ethnic groups have had a patriarchal family structure, with men inheriting land from their fathers. Women acquire the right to farm plots of land from family members, usually their husbands or sons (Cattell, 2003).

Men traditionally have been permitted to have multiple wives (polygyny), and women have tended to marry men considerably older than themselves (Kilbride & Kilbride, 1990). The bride's family traditionally was compensated for the loss of her services through bride price, which means that the groom's family would give valuable gifts to the bride's family (Kimuna & Djamba, 2008). The basis of the family is *consanguineal*, meaning that it is based on blood ties of relatives. By contrast, the basis of the family in the dominant cultures of Europe and the United States traditionally has been *conjugal*, which considers the most important relationship in a family to be between the spouses (Potash, 1986a). The nuclear family, consisting of parents and their biological children is culturally considered to be the building block of Western society.

Traditionally, a Kenyan woman's central role in relation to her husband is to bear and raise his children (Cattell, 2003), and to fail to do so is catastrophic. A practice known as inheritance ensures that a widow who dies without children (and most importantly, without sons) is able to have children in her dead husband's name. In most Kenyan societies that practice inheritance, the widow enters into a sexual relationship with her dead husband's male relative, but children that result from the union are considered to be the children of her dead husband. The biological father usually is married to one or more wives, to whom he continues to be married (Potash, 1986b). Potash found that in her sample of Luo widows, the male relative was more likely to be a cousin of the dead husband rather than a brother or half-brother. Wife inheritance has been challenged as a violation of the woman's right to determine her future and has been associated with increased risks of HIV infection.

Three Case Studies

To illustrate mourning and bereavement in Kenya, we used the case study method with purposive sampling (Miles & Huberman, 1994). Two women and one man from different ethnic groups were interviewed. Fuller details regarding the case studies, data analysis, and statements of the researchers' positionality are available from the authors. Narratives of these three individuals were analyzed and emergent themes generated using the various codes are discussed in terms of individual support, negotiate various death rituals and cultural norms

Luhya Grandfather (Okonga), Loss of a Grandson Named Mfalme

My name is Okonga; I am 68 years old and married. ...On May 25, 2013, I lost my grandchild; he was one year old. He was the second child and the only son of my daughter... My grandson Mfalme was sick for a short period then my daughter took him to the hospital.

He was diagnosed with malaria that developed into pneumonia. Within a few days he succumbed and died. He died in the arms of his mother at the hospital. She called us and informed us about the death and we immediately travelled to the hospital and also started organizing the funeral. We all came together to organize the funeral. Family, teachers, church members, and the use of the cell phone and Internet facilitated the sharing of information. My grandson died on a Monday... we took the body home on Wednesday... If (my daughter) could easily get pregnant and replace the baby it would be easier... We are afraid sometimes that (our daughter's) husband might be pressured (by his family) to get another wife. If she does (have) another child we hope it is male as African male children are considered to continue the African lineage.

Embu Wife, Loss of a Husband

My name is Njoki, I recognize that I am a widow but I refuse to embrace that title. I am a 70-year-old Embu... I lost my husband (when) he was 65 years old... My husband suffered from high blood pressure (and) chest problems...(After he retired) his health started deteriorating... He suffered from constant headaches...He visited different hospitals in Embu and Nairobi but the blood pressure and headaches were never under control.

I remember vividly how one morning he got up earlier than usual and asked me to prepare his bath water...I prepared his water then went to milk the cows. I returned about an hour later and he had fallen back asleep. I did not wake him up, so he continued to sleep. He got up at around 6.30 a.m. and sat on a stool in the living room. I finished milking the cows and my brother-in-law who lived in the neighborhood came to visit. He went inside the house, greeted his brother (my husband) but (my husband) did not answer him... I walked inside the house ...and I asked my husband why he would not talk to his brother. ... But he would not talk to me either. I knew something was wrong...

We arrived at the hospital about an hour later and he was immediately admitted.... ... His behavior was not normal; he kept banging his head against the wall until he eventually fell asleep. I left him in the hospital soon after under the care of the doctors and his brother... (My husband) died an hour later of what was identified as a stroke. I was so devastated, I cried bitterly and the doctor who had attended to my husband was by my side as I came to terms with the news.

Luo Wife Loss of a Husband Called Shanyisa

My name is Wasike. At the time of his demise, (my husband) was 34 years old... He was first diagnosed with malaria and was put on medication... He still did not feel better and his health was getting worse by the day. ...I was (away at college and) preparing for end of the semester exams... I thought about waiting till the end of exams but decided to travel and check on him then get back (to college) for the final exam. ... But before my travel date, his elder brother rang me and informed me that (my husband) was very ill but still not willing to go to the hospital until I got home. The day I travelled I had three exams and this was very draining but I braved myself and left for home after the exam.

When I arrived he was not in good shape.... We ...left for the...hospital. Although he was sick he walked without support; he looked strong. (At)... the hospital ...he was examined (and) admitted for further investigations.... It was revealed that he had an advanced lung infection... He was then started on strong antibiotics.... When I had to travel back to

Nairobi to sit for my (last) final exam ...I bid him farewell.... We kept in touch...While in the library (studying for my exam) I realized I did not have focus at all (so) I... (went) back to my room. As I rested in my room, my sister rang me....Shortly after my sister (called) me my brother rang. ... and chatted for a minute or so...He then told me "I am very sorry" So I asked him sorry for what?He avoided giving an explanation and told me he would call me later. I broke into sobs and then I started screaming (since I knew my husband was no more).

Application of the International Family Strengths Perspective

This section focuses on the application of the family strengths perspective, identifying support systems that were helpful to Okonga, Njoki, and Shanyisa as they dealt with death of a loved one. The international family strengths model by DeFrain and Asay (2007) focuses on how families succeed in the face of life's inherent challenges as those brought by the death of a loved one. Based on research conducted in collaboration with many teams around the world, DeFrain and Asay adopt an optimistic view about the family's capacity to overcome or manage life's problems, in contrast to deficit models that focus on the family's shortcomings. According to this model strengths can be found within the family, community, and culture in which families live, as illustrated in concentric circles or the Venn diagram in Venn diagram in Figs. 1.1 and 1.2.

Although not shown in the model, individual level strengths are personal coping mechanisms such as initiative, reframing, and individual prayer. According to DeFrain and Asay (2007), family strengths are characteristics that allow families to demonstrate love and care for each, helping family members to succeed when faced with difficult challenges in life. These family strengths include appreciation and affection, positive communication, commitment to the family, enjoyable time together, a sense of spiritual well-being and shared values, and the ability to manage stress and crisis effectively. The second level in the model includes community strengths: a supportive community environment that genuinely values families, has an effective educational delivery system, religious communities for families, family-service programs developed by government and nongovernmental organizations, and a safe, secure, and healthful environment.

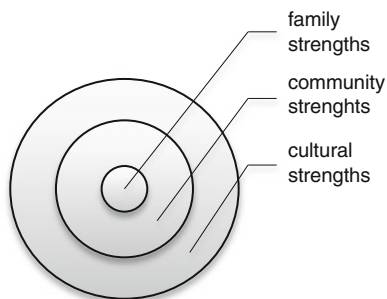


Fig. 1.1 Concentric circles. Adapted from with permission from DeFrain and Asay (2007) *Strong families around the world: Strengths-based research and perspectives* (pp. 461 and 462)



Fig. 1.2 Venn diagram. Adapted from with permission from DeFrain and Asay (2007) *Strong families around the world: Strengths-based research and perspectives* (pp. 461 and 462)

The third level of the international model described by DeFrain and Asay are cultural strengths that define a family's social context. These include: a rich cultural history, shared cultural meanings, a stable political process, a viable economy, and an understanding of the interconnectedness of global society. In applying strengths model to the issue of death we are going to focus the systems of support at family, community, and societal level that help individuals cope with death.

Self-support: Individual Coping Mechanisms

Our responders reported that they had developed various coping mechanism since the loss of their beloved ones or had observed this tendency in the bereaved members of the family. They all reported that the bereaved face financial, psychological, and emotional strains due to the death. Shanyisa reported that she depended on her husband financially and at his death she had to pay loans, her tuition fees and educate her children. She lost all her material goods and needed to purchase some others. Also, she had to take care of her son who previously lived with her husband, as well as pursue her studies. She was not able to access her husband's benefits because her brother-in-law had placed a restraining order on her husband's file (at the insurance company) and neither could she afford a lawyer. She therefore started to sell second-hand clothes and take loans to get by.

Family Support

Family members and relatives were reported to be key supporters during and after the funeral.

Njoki My biggest support came from my children. They were there for me at the time and have been a constant shoulder to lean on even years later. They provide for my needs and always make sure I am comfortable.

Okonga The relatives provided foodstuffs, collected money, offered their vehicles for transport and did the various tasks of organizing the funeral. My niece who had lost a child earlier was of much consolation to my daughter. She sat by her throughout the funeral. One of my sons took photos and videos to document the process and later circulated this information to our family members abroad. During the funeral my children gave speeches encouraging the couple and gave very touching eulogies of my grandson.

Shanyisa I must say my relatives were very, very supportive. My sister came to pick me from my room. ...She drove to her house and made sure I ate something before getting onto a bus to travel upcountry. She also felt I was too devastated to travel alone so she reserved two tickets and we travelled home together. She was also financially supportive throughout the funeral. I have a brother who was a priest and he also availed transport any time an errand was to be run. He also offered to transport the body from the mortuary after the company van broke down on the way. All my siblings were very supportive in one way or the other either offering moral support by staying with me throughout-the-night vigils and taking care of the mourners.

Okonga reported that he started encouraging his daughter through his speech and continued to visit her way more after the death and burial of the child.

Okonga In my speech I told her that she is young and that God will give her other children. We keep assuring her that we would be there for her and that she will have other children.

Community Support: The Church, Co-workers, Friends and Law Enforcement

All the interviewees reported that they received ample support from the community. Friends, co-workers, members of the church, and law enforcement agents played roles that differed or interspersed during the funeral though ultimately they aimed at consoling the bereaved.

Church Support The various church members gave support in form of vigil prayers, singing at the funeral and continued to be a source of support even after the funeral.

Njoki I am an active member of the church. Let me acknowledge that the church has been a big support to my life. We have a support group for widows in my church and we get to share the challenges we face in our day-to-day lives.

Okonga reported that his daughter and her husband are active members of the church, therefore the church members were there to console them. The church members came to pray, sing, and drum the night before the burial.

Co-workers and the Workplace Support also came from co-workers in terms of money, following up on various activities during the funeral and the general

organization of the funeral. The workplace was generally supportive if the bereaved still worked, but one of the responders indicated that since her husband had retired only a few of the co-workers attended the funeral. Okonga commented that the teachers helped the most and dubbed the funeral a funeral of teachers. They not only organized the funeral, but they also closed all the schools on the day of the burials and asked the students to attend the funeral.

Okonga My daughter and son-in-law are teachers in their community and they are actively involved with the teacher's union. Teachers from the various schools attended the funeral and contributed money. ...We had more than 500 people attending.

Friends Friends played a variety of roles ranging from advising to organizing the funeral. Friends provided advice, contributed money, were key in organizing the funeral, and purchasing the coffin. Friends also checked on the bereaved and consoled the bereaved. Friends were either colleagues from school, work, church, and the community. Shanyisa received advice from a friend about protecting her property from an in-law.

Shanyisa I had a friend who came to talk to me about how to go about protecting our property so that my in-laws don't take it from me but I think at that time I was too numb with pain from the loss I did not care about property.

Law Enforcement Agents Another key support that emerged was law enforcement agents. Okonga reported that the law enforcement officers were present at the funeral. They came to represent the leaders of the community and give support. Shanyisa also reported that she involved law enforcement officers.

Shanyisa Our house was within the company quarters and the company security was deployed throughout the funeral days. At one time my brother-in-law caused a commotion but (the officers) came in handy and the situation was controlled within no time. (The officers) told us to discuss (my husband's company benefits) as family then go back to them when we have decided who is getting how much of the benefits.

When asked to evaluate who gave the most support, Shanyisa, Okonga, and Njoki all indicated that everyone was relatively supportive but they had outstanding people who they viewed to have been most helpful.

Culture as Support and Non-support

In the family strengths model, families and individuals are seen to draw upon aspects of the culture that help them negotiate difficult times. In this section, we will review both the aspects of Kenyan culture that our interviewees found helpful, and those aspects which they experienced as difficult.

Supportive Aspects of the Culture Okonga and Njoki viewed their experience during the mourning period as supported by the culture positively.

Njoki The tribal customs and practices of the Embu people do not insist on wife inheritance which is a fact that I really appreciate about my community. I have been living peacefully knowing that nobody can force me to be inherited against my will. I also appreciate the fact that my late husband had enough land for me and my children to inherit therefore I was able to support my family. Lack of resources compels some widows to remarry.

Okonga also viewed the culture as supporting

Okonga The rituals that are observed during the funeral bring people together, the bereaved are not left alone during the funeral. The community members are allowed to sleep there, bring food, and firewood assistance.

Class, Gender, Age, and Community Support

Those who attend the funerals tend to be known to each other. Funerals are also spaces where kinship ties are built and strengthened. More distant family members are introduced or reintroduced, thus creating and strengthening political and religious ties among clan members. The deceased's social class, clan membership, age, and gender whether he had an interethnic marriage will be related to how much local community support is generated. We observed that community support is a resource that privileges men. This is attested by Njoki's complaint about the loss of connections after her husband's death and Okanga's remark that they received support from the teachers because his son-in-law is an active member of the teachers' union.

Culture as Unsupportive: Wife Inheritance

Wife inheritance is an ancient tradition in African and Middle Eastern cultures that ensured that a deceased man would have children (particularly sons) attributed to him. In the Judeo-Christian tradition, this is known as *levirate*. Our respondents referred to this practice as "wife inheritance" and they distinctly wanted to avoid it in order to maintain their autonomy. Shanyisa, a Luhya, married a Luo. When her husband died, his relatives wanted her to submit to "wife inheritance," which would further bind her to his family. In order to extricate her, her family allowed his family to take back the property (dowry) that her family had given his at the time of the marriage.

Shanyisa (If his family had not been allowed to keep the dowry)... they would have claimed me to still be their (property) despite my husband's demise. This would have meant any of his brothers or cousin-brothers would inherit me as his wife. This meant I could not move out of the home to settle elsewhere....

Njoki faced a similar problem from her brother-in-law.

Njoki The way I look at it, I would be disrespecting his wife and breaking up his family if I allowed him to inherit me. I prefer to stay single, if I can put it that way and take care of my family. The tribal customs and practices of the Embu people do not insist on wife inheritance which is a fact that I really appreciate about my community...

Loss of Support and Power

In her research on the various losses that women in the Maragoli tribe, a sub-group of the Luhya, incur when their husbands die. Kenda Mutongi's noted that:

While their husbands were alive, they held power over the women's personal welfare, acting as their economic providers and protectors and endowing them with social recognition at least in theory. But, when their husbands died, their passing resulted in an immediate loss in social status and economic security, which in turn increased the widow's dependence upon an already powerful patriarchal system. Most widows had nowhere to turn as their incomes disappeared; their control over their children diminished and their place in the community became ambiguous (Mutongi, 2007, p. 68).

Similarly, Njoki reported that life changed since her husband's demise. She does not have the social capital she had before therefore people are not as supportive as they used to be and neither do they show in large numbers to her events like they did before. She further stated that she now depends on her children and a few willing family and friends to work on various functions or family activities. She reported it is during such times that she misses her husband. Together with her children they have opted to work on as a unit.

The Changing Meanings of Community Support

Kenyan customs continue to adapt. For example, introduction of cremation, children born out of wedlock are introduced at funerals, and families are forced to reveal the cause of death. Further, the funeral is now a public event where families showcase their ability to organize, their wealth, and their networks. Given that Kenyans are now mobile due to migration to urban areas and transnational migration, family and friendship networks are now dispersed. The availability and use of cell phones and airplanes allow family members to communicate with each other and return quickly home (Urry, 2007). Consequently, death announcements, funeral arrangements and celebration of the dead are available through email, social networking sites and mobile phones. When a Kenyan dies in another country, Kenyans living in that county come together as a community to console the family through prayers and by providing material and financial support.

Summary and Discussion

In this chapter we examine how families deal with death and mourning in Kenya from a family strengths perspective. Because Kenya has 43 ethnic groupings (tribes) with differing rituals surrounding death and bereavement, we highlighted three case studies to illustrate how three individuals from the Embu, Luhya, and Luo tribes responded to events preceding and following death of a family member. Cultural practices regarding death and mourning in the three tribes appear to be directed at healing the group or community. However at individual level, the death of a loved one is experienced differently by members of the same family, reflecting the personal and unique meaning death has for each individual depending on his/her relationship to the deceased. At such times individual strengths are utilized to cope with the loss.

Individual and family strengths before death include the presence of family members who monitor and take care of the sick. Both Shisanya and Njoki reported that in-laws were present during the health crisis. Mfalme's mother is the only one who was alone at the hospital with her sick child. When the family member dies, the bereaved benefit from social capital built by the deceased through various institutions with which he/she interacted before death. Fellow church members and work mates become instrumental in providing company and other resources during vigils, especially visiting with the bereaved family after burial. Mourning rituals seem to be an expression of appreciation of the bereaved as a member of the group within which he/she must have invested resources to warrant reciprocity. The perceived collectivism is sustained in some elements of "quid pro quo" interactions in different institutions within a community. This certainly was the sentiment expressed by Mfalme's grandfather who attributed the participation of the teachers in his grandson's funeral to the fact that both his parents were both teachers.

Death also seems to weaken some family ties. Njoki reported that her in-laws were reluctant to participate in her daughter's marriage negotiations. If her husband had not died, his parents would have considered participation to be their responsibility. At the same time, Njoki appreciated not being pressured to be inherited by her late husband's relative. Shanyisa lost all ties with her husband's relatives. Her in-laws made it difficult for her to be the beneficiary of her husband's insurance policies, instead keeping all their money and possessions. Mfalme's grandfather is worried about the pressure his daughter might be subjected to produce another boy child.

Implications

In concluding this chapter we discuss the implication for researchers and professionals of bereavement and mourning in the Kenyan context. First, this research illustrated that there is a disconnection between communal and individual

mourning. While mourning and grieving involve a public and a private dimension, the private is trumped by the public. The established cultural practices support the family and the community mourning, however no rituals are in place to support individual's mourning, hence there is little room given for grieving at the individual level. Interestingly, the Luo and Luhya loudly express public grief through wailing and crying, however containing emotion is seen as strength by the Embu.

Second, there is little primary research on death and bereavement in Kenya. We therefore propose further research to document inter-tribal differences and similarities. We also propose further investigation of how changes brought about by globalization and modernization, especially with the emergence of technology and migration, will influence how families negotiate various death rituals and cultural norms. We argue that as Kenyans continue to intermarry and migrate to urban areas in Kenya and other parts of the world, mourning rituals will be retained, revived, refashioned, discarded, and disrupted.

Lastly as the world becomes a global village, there is need for interdisciplinary approach in the understanding of how individual, families, and communities deal with bereavement and mourning. There are more deaths resulting from political strife and resultant wars, genocide, terrorist attacks, epidemics, and famine due to climate change. Consequently now more than ever, professionals who work outside of their own culture, particularly internationally, will be effective only to the extent that they have cultural awareness and the ability to make sensitive interventions from a global perspective. Understanding individual, family, community, and cultural strengths utilized in coping with death will allow these professionals to develop appropriate responses and intervention programs.

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Chapter 2

A Somali Perspective on Death, Grief, and Culture

Hawa Koshen

This is a translation of an excerpt from a poem called *Hooyo* (Mother) by Somali poet Mohamed Ibraheem Warsame (“Hadraawi”).

MOTHER
Mother, while you live
I anoint you with congratulations
Greetings and wealth
I cover you with respect and esteem
Mother, your death
Is my disaster
I hold your memory
In both heart and mind
I grieve for you
Above your grave
I wear the mourning cloth
Knowing that
Better than this world
Where the birds fly
The animals roam
Where all creation lives
By the grace of God
Better than all this
Is the hereafter.

Source: © Mohamed Ibraahim Warsame (“Hadraawi”), *Hal-Karaan*. (Kleppe, Norway: Den Norske Somaliakomiteen, 1993); translation © Martin Orwin.

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Introduction and Overview

This chapter will deal with Somalis who traditionally occupy the Horn of Africa region, which includes Somalia, Somaliland, Djibouti, and parts of Kenya and Ethiopia. In addition there is a large number of Somalis in the diaspora, people who were displaced by the civil war and sought refuge in countries in Europe, USA, Australia, Africa, and the Middle East. Islam is the common religion for the vast majority, with a very small Christian minority. Therefore, the lifestyle is bound by Islamic traditions.

Death, loss, and grief, from the individual, family, and community perspectives will be examined. The effects of the civil war, and the gender aspect of dealing with grief will also be discussed.

Muslims believe that each person will be judged in the afterlife according to his or her deeds. Life and death are pre-ordained by Allah, and it is prohibited for anyone to take his or her own life. Coping strategies in traditional Islamic communities allow people to immerse themselves in the principles of Islam by reading *Quran*, praying for the deceased, praying for strength and guidance for the bereaved, and reflecting on the *Hadith* (a sacred text that quotes traditions about Prophet Mohammed PBUH¹ and how he dealt with his loss).

In normal circumstances mourning takes place over a 3-day period at the home of the deceased, where people pay respects and condolences. This period of condolence culminates in a charitable event where poor people are offered food. This culmination seems to have the dual purpose of distracting the family from their grief and allowing them to think of the welfare of their less privileged community members. Alms are also given to the poor, and prominent religious men are invited to join the communal reading of *Quran* at the family home.

The Macro Perspective

The loss of a loved one is a traumatic experience for all those left behind, wherever they may be. Cultural practices and religious beliefs are intended to make the coping with grief less difficult, and to give the bereaved an opportunity to reflect on the inevitability of death, as well as to facilitate the deceased's journey in the afterlife. This chapter will deal with the rituals of death and coping with grief from the cultural and religious perspective of Somalis.

Ina lillah wa ina ilaihi raj'oon.
Verily, to Allah we belong and to him we shall return.
The Holy Quran, Chapter 2, Verse 155

¹PBUH is an acronym for "Peace be upon him." As prescribed in the *Quran*, Muslims should utter this phrase after mentioning the Prophet's name: "O ye that believe! Send ye prayers on him, and salute him with all respect." (*The Holy Quran*, Chapter 33, Verse 56).

The majority of Somalis live in several countries in the Horn of Africa: Somalia, Somaliland, Djibouti, Ethiopia, and Kenya. As a result of the civil war, thousands of Somalis sought refuge in Europe, America, and Australia, as well as other African countries. The most recent population estimate of Somalia/Somaliland was 9.7 million. Somalia/Somaliland is one of the poorest countries in Africa due to factors including civil war, drought, unemployment, and corruption. The United Nations reports that “if internationally comparable data were available, Somalia would probably rank among the lowest in the world, at 165 out of the 170 countries in the 2010 global Human Development Report” (United Nations Development Programme, 2012).

World Health Rankings (2014) reports that healthy life expectancy is approximately 50 years. The major causes of death are listed as follows:

Diarrheal diseases	15 % (highest in the world)
Influenza and pneumonia	15 % (26th highest in the world)
War	6 % (third highest in the world)
Birth trauma	5 % (second highest in the world)

Paradoxically, Somalia occupies the lowest place in Africa for violent crime offenses.

In July 1960 two colonies, Italian Somalia and British Somaliland united to form the Republic of Somalia. Actually, British Somaliland (the northern area) gained its independence on 26 June 1960, and Italian Somalia (the southern area) gained independence on 1 July 1960. Following the years of independence from 1960 to 1969, Somalia received aid from Britain, Italy, Arab countries, and the United Nations. It developed rapidly with good infrastructure, education and training, health facilities, and so forth. It built a strong defence force consisting of an army, navy, and air force, which was one of the strongest in Africa. Everyone was optimistic that it would continue to progress, but the hope was short-lived. In October 1969 there was a revolution ostensibly to rid the country of corruption and tribalism, and a military regime took over in a bloodless *coup d'etat*. The National Army became stronger while the country started on a downward spiral economically, socially, and security-wise.

Starting from mid-1980 the population became tired of the corrupt and tough military regime, and rebellion began. The northern region, that was previously British Somaliland, organized a strong force against the government which retaliated by persecuting and executing opponents. In 1990 the formidable military demonstrated its might by mobilizing and attacking its own population. Cities in the north were destroyed and people were indiscriminately killed. In 1991 the rebellion spread all over Somalia and the military government collapsed. Many people fled to the Middle East, Europe, and America. Others crossed the border to Ethiopia and Kenya where refugee camps were set up. By the end of 1992 all public sector institutions had collapsed, infrastructure was damaged, skilled and professional people fled the country, and government property was looted.

Several attempts were initiated by the international community and the United Nations to stabilize the situation. In 1992, the USA intervened militarily to stop the

famine; the intervention ended with the withdrawal of the USA due to increased fighting and killing of US marines. Between 1993 and 2004 there were 13 unsuccessful attempts to form a central government. In 2007 the Ethiopian Army invaded south Somalia to stop what was perceived as a takeover by radical Islamists. The intervention led to further militarization of the group and splintering into several militia groups, largest of which is now known as *Al Shabab* (the Youth). The United Nations African Mission for Somalia (AMISOM) sent troops to southern Somalia in 2009 to assist in regaining law and order in the country in preparation for another attempt at shaking off the *failed state* status. The current government, established in 2012, is still struggling to extend its control throughout the region, but is facing many challenges.

The human cost of all this upheaval is indescribable. An entire generation has grown up knowing nothing but tragedy and conflict. Landmines that were planted over the years still pose a threat to lives despite thousands having been cleared. Prior to any major infrastructure development activities in towns and villages, mine clearing operations have to take place.

Apart from the toll on life and property, another negative consequence of the war is the increase of sea piracy: Gangs of unemployed youth who lost their livelihoods as artisanal fishermen operate in the Indian Ocean by hijacking commercial ships with their crew and cargo. The pirates then hold the ships in hidden ports on the coast of Somalia until a ransom is paid. This form of blackmail has resulted in loss of life, property, and an increase in insurance tariffs. An additional consequence of civil war and outside interference is the growing influence of religious militia groups.

Alongside the turmoil in the southern Somalia, Somaliland in the north has moved from strength to strength. There is an elected president, a constitution, an independent judiciary, and a bicameral parliament with elected officials and appointed elders. Over the past 22 years, Somaliland has invested in reconciling warring clans, setting up a democracy, establishing government machinery that works, and has held four general elections. All in all, Somaliland is maturing as a nation that has emerged from violence and civil war, the only drawback being that it is not recognized as a sovereign state. Their strength lies in their determination and commitment to peace after having experienced the consequences of a civil war. Detractors are reminded that fighting is not tolerated and tribal elders are often called upon to mediate disputes.

The Somali social structure is based on nomadic tribal communities. Although people began settling in towns and cities to work and have access to social services, they still maintained strong tribal links. All Somalis share a common religion, Islam, and speak a common language, Somali. The economy is based on agriculture and livestock, which are exported to the Middle East. While Somalia has the longest coast in Africa, not many people are involved in the fishing industry, leaving it to foreign companies with big trawlers. Environmentally, the region is dry and often there are frequent droughts, which cause severe damage to the people and economy.

Historical Implications of Loss and Trauma

Somalis in the past led precarious lives as nomads. They were subject to the vagaries of climate, nature, and tribal wars. Nonetheless, conversations with community elders disclose that mortality rates in recent times have increased greatly—due to sickness/lifestyle, war and accidents, lives are more at risk than before. Past practices and traditions in dealing with loss are also changing. These days it appears that mainstream Islamic practices are replacing cultural traditions, obviously because of easier access of information and knowledge. For example, in the past, widows in mourning (*iddat*) used to observe a number of traditional practices. These practices included complete seclusion, wearing white robes and a white head covering called a *gambo 'ad*; personal grooming, such as bathing without using soap, hair washing without shampoo, and cutting nails could only take place on Fridays. After the *iddat* period, male members of her husband's family or tribe would approach her for marriage (*dumaal*) in order to provide for her and her children and safeguard their rights and keep any wealth within the tribe. Although such practice still takes place, there is less obligation for the woman to accept the proposal.

Religion and Spirituality

Lâ hawla wa lâ quwwata illâ bi Allâh – There is no power or strength except through Allâh. (Hadith of Prophet Mohamed, PBUH, [Sahih Bukhari](#) Volume 9, Book 93, Number 484).

Muslims are followers of Islam, a monotheistic religion with the same roots as Judaism and Christianity. The pillars of Islam are the belief that there is no other god except Allah, and his Prophet is Mohamed (PBUH), to pray five times a day, to pay alms, to fast during the month of Ramadan, and to perform Haj (pilgrimage), if they have the means. Furthermore, Islam is built on six beliefs—the belief in God, his angels, his books, his messengers, the day of hereafter, and the decreeing of good and evil. The *Quran* is the holy book which Muslims believe was revealed to Prophet Mohamed by Allah.

Preceding death, a dying person is encouraged to recite the words: “Ashadu an La Illaha Illallah wa Mohameddan rasool ullah,” which means “I bear witness that there is no God but Allah and that Mohamed is His prophet.”

In keeping with Islamic practices, burial of the deceased is carried out hastily, the same day if possible. The ritual involves washing the body and shrouding it, followed by prayers in the nearest mosque or designated outdoor space, and then burial in an urban cemetery or in an empty space in the countryside. There is no wake or *lying-in*, but family may request to see the body after it has been prepared for burial. Following the burial, family and friends gather at the home of the deceased to pay their respects. The family receives condolences for 3 days, after which they are left in peace.

Faith sustains them in overcoming difficulties, convinced that if disaster strikes they should also look forward to Allah's rewards and mercy.

No disaster strikes except by Allah's permission, and whosoever believes in Allah, He guides his heart. Allah is the Knower of all things. The Holy *Qur'an*, Chapter 64, Verse 11.

But give glad tidings to the patient – those who, when afflicted with a calamity, say, “Truly, to Allah we belong; and truly, to Him will we return.” It is those who will be awarded blessings and mercy from their Lord; and it is those who are guided. The Holy *Qur'an*, Chapter 2, Verses 155–157.

Muslim Rituals

Islam insists that death be handled with dignity and acceptance of God's decree. The rituals which include washing and shrouding the body, prayers, burial, and mourning are the same for every Muslim regardless of his social standing. The only difference is the degree to which charity and alms are given, which depends on the means at the family's disposal. The more people that can offer prayers for the deceased, the more blessings on his or her soul, and the more grateful is the family. In addition, it is believed that whoever participates in such prayers will also be rewarded.

This reminds the writer of her recent visits to the Holy city of Mecca, where, after the prescribed prayers, there are often *salat al janazah* prayers for a recent death. Attendees at the *masjid* are invited to join and there is no indication of the name, gender, age, nationality, or social standing of the deceased. This occurs in any *masjid*, usually after the noon or evening prayers. Burial should take place as soon as possible, preferably the same day or within 24 h.

During the mourning period, visitors normally pay their condolences for 3 days after the funeral. However, the period may be extended. For a woman whose husband has died, the *iddat* period is 4 months and 10 days. During this time she is required to limit her movements as much as possible to the home, not to re-marry, to limit her interaction with non-family male members, to dress modestly and simply, not to use any make-up, perfume, henna, or adornments. The obvious reasons are to help her in dealing with her loss, to protect her reputation and, if she is carrying a child, there will be no doubt as to the paternity. Furthermore, if she is pregnant, the *iddat* period will continue until she gives birth.

Due to their vulnerability, widows and orphan children are given special consideration. A child who has lost one or both parents is called *agoon* or orphan. Benevolence to widows and treating them well is considered a noble deed in Islam. It also teaches that there are serious consequences for anyone who mistreats or cheats an orphan: “Give orphans their property, and do not substitute bad things for good. Do not assimilate their property into your own. Doing that is a serious crime.” (The Holy *Quran*, Chapter 4, Verse 2).

Visiting the grave is recommended, although actions such as placing flowers or photos or other items on the grave are not practiced. When passing by or entering a graveyard, there is a special greeting which Prophet Mohammed advised Muslims to utter: “Peace be upon you O people of the graves. You have preceded us, and we

will join you.” One is encouraged to keep the area clean, plant trees or flowers, and sprinkle water on the grave. Acts of charity in the name of the deceased such as providing for orphans, building *masjids*, and helping widows are also encouraged. Family members are obliged to pay off any debts left by the deceased. Such debts include obligatory alms (*zakat*) or performing pilgrimage (*haj*) if they have the means. Authentic teachings of Prophet Mohammed (PBUH) relate that the three things that will help the deceased in the hereafter are (1) giving charity continuously, e.g. feeding people who are fasting in Ramadan every year for as long as possible); (2) dissemination of useful knowledge such as donating *Qurans*, and educational literature; and (3) a child who will supplicate on behalf of the deceased.

The Funeral

As soon as the news of a death is received, the recipient of the news utters the words “Inna Lillahi Wa inna ilaihi raje’oon,” which means “Verily to Allah we belong, and to Him we return.” The news spreads rapidly within the community since one is obliged to inform as many people as possible, so that they may participate in the rites which proceed with no delay. Family members are delegated to carry out the different tasks such as spreading the word, arranging for the prayers, digging of the grave, preparing food, and taking care of the immediate family. After a person dies, the body is washed by family members of the same gender, or by a spouse, three times. The body is then smeared with oily perfume or musk. The deceased is covered with a white shroud called *kafn*. It is then taken to a nearby *masjid* (mosque) or outdoor courtyard where the simple congregational service preceding burial, the *Salat al-Janazah*, is attended by male family, friends, and even strangers. It is a collective obligation—a communal gathering and a demonstration of solidarity by offering prayers, while at the same time assuring the family of support. The prayers may or may not follow immediately after the midday or afternoon prayers. As with all prayers, after ablutions² attendees divide themselves into rows facing Mecca, and the imam stands alone in front leading the prayers. At the end of obligatory prayers the imam makes a supplication on behalf of the deceased for mercy and forgiveness. The overall theme signifies patience in the face of adversity and simplicity.

There is never a shortage of pallbearers since, as a mark of respect and humility, men jostle to have the honor of carrying the body which is placed on a stretcher. Depending on the distance of the graveyard from the masjid, a convoy of cars or walking

²Known as “wudhu,” a ritual washing of the body as prescribed in the *Quran*:

O ye who believe! When ye prepare for prayer, wash your faces, and your hands (and arms) to the elbows; Rub your heads (with water); and (wash) your feet to the ankles. If ye are in a state of ceremonial impurity, bathe your whole body. But if ye are ill, or on a journey, or one of you cometh from offices of nature, or ye have been in contact with women, and ye find no water, then take for yourselves clean sand or earth, and rub therewith your faces and hands, Allah doth not wish to place you in a difficulty, but to make you clean, and to complete his favour to you, that ye may be grateful. The Holy *Quran*, Chapter 5, Verse 6.

mourners accompany the body to the site. The body is laid to rest directly in the earth, placed on its right side, facing Mecca. Generally there are no tombstones or monuments for the dead, a few large rocks are placed on the site to identify that it is a grave. Women are not encouraged to attend burials, simply because they may become emotional, compromising the dignity of the occasion. In rural areas, women busy themselves by setting up camp near the burial site, which is not necessarily a graveyard, where they cook food for the mourners to eat before they depart. After the prayers, the closest family members wait to receive condolences. Many of the men then return to the home of the deceased where they receive refreshments and read verses from the *Quran*. Most of the time there is a recording of the *Quran* played on audio cassettes for guests to reflect on the meaning of the holy script. The mourners also talk about their relationship with the deceased and mention the person's qualities and good deeds.

Mourning is observed in Islam by increased devotion, receiving visitors and condolences. Excessive wailing, shrieking, or shouting is discouraged. Family and friends customarily bring food to the family of the deceased to keep them from having to attend to these details. Other material support such as money handed over discretely is also acceptable.

Regional Features of Culture

The Horn of African people share similar religious and cultural backgrounds. Influenced by Islam, which spread from Arabia across the Red Sea to East Africa, most practices originate from the religion. There is minimal diversion from the mainstream practice and these are mainly behavioral, such as mourning rituals, attire, and paying condolences.

The majority of Somalis are of the Muslim faith, as mentioned earlier. Traditionally pastoralists, they have for centuries endured a tough, simple lifestyle in a harsh environment. Different tribes are predominant in different areas, and in most cases they co-exist peacefully, inter-marrying and socializing without any discrimination. The clan-mentality permeates all aspects of Somali society: it is a right, an identity, a history, a bond, a strength, a weakness, everything that is part of the human psyche. Lives are guided by basic principles of Islam as well as traditional law, with clearly defined roles for each member of the family. Despite the calamities and their consequences, the extended family institution remains strong. Each person is taught from a young age to memorise their paternal lineage in order to maintain family bonds.

Strengths

The main strength that sustains bereaved family members is their faith. Firm belief in complete submission to the will of God provides comfort to the bereaved. Normally there is no struggle to find *meaning* for the loss. Acceptance of pre-ordained events,

and submission to God's will are the simple explanations. The immediate family is treated with respect and with extra consideration. Everyone is extremely conscious of their own mortality, as well as the mortality of their loved ones. Inevitably, stories of how people cope with loss are exchanged—personal stories, religious stories, and other well-known legends.

Often quoted is the story of the death of the Prophet Mohamed's 16-month-old son Ibraheem. While holding the body in his arms, the Prophet said:

The eyes shed their tears and the heart is saddened, but we do not say anything except that which pleases our Lord. Indeed, O Ibraheem, we are bereaved by your departure from us. (Hadith of Prophet Mohamed, PBUH. [Sahih Bukhari](#), Volume 2, Book 23, Number 390).

Since Somalis are Muslims, all rituals are according to the Islamic faith as prescribed in the *Quran* or according to the teachings of Prophet Mohamed (PBUH). This text will mention any cultural or traditional practices which are carried out in addition to the religious practices.

Given their nomadic lifestyle and the two-decade civil war experience, Somalis are accustomed to an environment of hardship and challenges. Death is not a frightening stranger, it is part of everyday living. People are born at home and die at home, surrounded by family or friends; death is accepted and viewed as the termination of a physical state and the beginning of a journey to the hereafter. Conversations relating to anything in the future inevitably refer to “if God wills”—*InshaAllah* in Arabic, *Hadii Allah yiradho* or other variations in Somali—which give emphasis to the fact that the future is unknown and that death can occur without warning. Islam preaches that piety is rewarded after death by a spiritual state of bliss.

The gesture in offering condolence to the bereaved is usually a solemn handshake or embrace, with an uttering of one or all of the following phrases:

Illahi samir iyo iman haa idin siiyo.
 May Allah grant you fortitude and faith.
 Illahi nahariste Janna ha siyo.
 May Allah grant him/her the mercy of paradise.
 Illahi Janna haa ka warabiyo.
 May Allah satiate his/her thirst in paradise.

Ironically, there also are several Somali proverbs which make light of death:

Nin dintey, kabahiis ayaa damaa.
 The shoes of a dead man are worth more than him.
 Gabo haday kuu dayso, geeri baan kuu dayn.
 You may live a long life, but death will get you in the end.

Thus, shedding silent tears and supplicating to Allah is preferred, whereas lamenting and wailing is considered blasphemous. Somali men usually show stoicism, but females are allowed to be emotional. This is obviously a trait that extends beyond cultural and religious boundaries.

Moral and emotional support is shown by being available and willing to assist. Material support such as cash, food items, car pools, and other logistical arrangements is always readily available. If the deceased has a wife and children, they are taken care of by relatives and the tribe until they are able to be independent. When

a man dies, his wife has to observe the traditional Islamic 4 months and 10 days of mourning, which is called *iddat*. During this time she wears simple loose garments and a white headscarf called *gumbo cad*. Once the *iddat* period is over, she discards the *gumbo cad* and resumes her normal attire. When offering condolences, women visitors do not wear gold jewelry or extravagant clothes. They wear simple garments in solidarity with the bereaved. Make-up and personal adornments are considered bad taste.

The Meso Perspective

Community, Tribal, and Cultural Responses to Death

More often than not in the Somali regions, the death happens in the family home. Hospitals, which are few and far between, are not equipped to cater to terminally-ill patients. Not burdened by post-mortems or other bureaucratic processes, deaths require no more than a community health professional or a religious leader to pronounce the person as dead. When confronted with cases of criminally induced death, tribal leaders and local police are involved so as to take punitive action.

The complexities of a tribal-based society reach a high level of discord when there is animosity between tribes resulting in death and tit-for-tat killings. If the victim is a relative of a woman who is married to the adversary, due to the patriarchal nature of Somali society she cannot openly mourn in her husband's home. It is not uncommon for a woman to visit her own tribe to participate in the mourning rituals. She is consequently torn between loyalties, the prevailing one being her own tribal identity.

Inevitably, the tribes will eventually gather to talk about *diya*. This is compensation or *blood money*, the system of traditional justice for maiming or death. The payment was most often made in cash or livestock (camels), and the tribal elders were responsible for keeping account. Other compensation was the exchange of brides and grooms, whereby a tribe pledges to facilitate marriages of several men and women to partners of the opposing tribe. This serves to strengthen tribal ties and reduce the possibility of further outbreaks of violence.

When calamity strikes, such as civil war or natural disasters, there are pressing priorities which need to be attended to, such as providing safety, food, and shelter for families. Therefore, some unnecessary rituals are surrendered. Paramount to everything is that the requirements of the burial take place as soon as possible. The luxury of a 3-day mourning period and other unnecessary rituals are not observed. Even if the deceased leaves a widow behind, she is only required to fulfill ritual obligations during the *iddat* period, and not the practice of being homebound. Circumstances dictate that survival takes priority. Only when basic needs, such as safety, shelter, and food are met, can families in retrospect reflect on their loss and indulge in sorrow.

Definition and Function of the Extended Family System

The extended family can be third or fourth degree, as well as members of the clan. Everyone has a role to play in the household, from young children to the elderly. Children start by assisting in household chores, running errands, and taking care of younger siblings, while at the same time keeping up with their school work. These roles develop and become more complex as they get older. Adults go about their duties as income earners, parents, community workers. Elderly people act as confidantes, mediators, and generally watch over their community. They are the institutional memory of the nation, always ready to discuss cultural and traditional practices, to relate stories, and not hesitating to speak up when there is occasion to bring offenders into line. Hence, when a death occurs, regardless of the age and gender, the loss is felt in many ways within the immediate family and beyond.

When a family is bereaved the members of the sub-clan are required to be directly involved in activities such as spreading the word, arranging for the burial, meeting the material needs of the family during the 3 days of mourning, and making sure that there are religious men present to read *Quran*. If one is unable to attend a funeral or visit the home of the bereaved, belated condolences are the norm. It helps if the justification for absence is mentioned to assure that no ill-will is felt. It may have serious consequences to forego such a responsibility, which could be construed as personal enmity against the deceased or his/her family.

For Somalis in the diaspora, it is at such times they yearn for the homeland where they have extended families to share their loss and provide material and moral support. There is nothing more heartbreaking for a family to know that someone has died alone. Therefore, a large number of mourners somehow ease the pain of losing a dear one. Away from the homeland, the basic rites are usually supported by local Muslim communities, but for practical purposes other cultural customs are kept to a minimum unless there is a large number of Somalis in the vicinity. Whatever the case, they try to maintain traditional formalities as far as possible. Ultimately, word will get back to the homeland to assure close family that due diligence was practiced.

A typical scene in the Somali regions will show the home of the deceased filling up with people as the word spreads. Immediately after the burial takes place, the men return to the home of the deceased where they personally extend their sympathies to the immediate family. The home is arranged in a way to accommodate the anticipated large number of mourners. Males and females of the bereaved family are seated on the floor in different rooms to receive condolences. Large items of furniture and frivolous articles such as home decorations are placed in storage to make space; and mats or carpets are placed on the floor of the home. This state of affairs is called *gogol*, which literally means "furnishing." A collection of prayer beads (rosaries) is placed in open baskets for mourners to use in repetitive utterances glorifying God and begging forgiveness on behalf of the deceased. Raw frankincense is burnt in the home to generate an ambience of solemnity. This is not to be confused with the type of fragrant incense which a woman uses for her personal toilette. Only the close family will remain for the 3 days mourning period, whereas guests will come and go throughout the day. The guests are served with sweet black tea or

kashar (a drink from the ground shell of the coffee bean) with dates. At mealtimes large platters of rice and mutton with condiments are placed on floor mats for whoever is present to share. Etiquette dictates that hands are washed before the meal and that only the right hand is used. Four or five diners sitting around the platter should wait until everyone is ready before starting to eat. Consideration should be shown to each other in the manner the food is eaten and by eating only your portion (don't poach!). Any untouched food is saved to eat later or to give to the poor.

To the bereaved family, people utter the following sentiments which are a combination of Arabic and Somali language:

Samir iyo Iman – Faith and Fortitude (to the family).

Illahi Jano haa ka waraabiyo. May Allah grant the deceased sustenance in Paradise. *Illahi naxariista Jano ha siiyo.* May Allah be compassionate and grant the deceased Paradise.

Allah yarhamo. May Allah be merciful to the deceased.

Comments to the bereaved should be short and sensitive.

The first 2 days are usually very subdued and the home is filled with the sound of *Quran* recitation, recorded or live. The third and final day takes a lighter tone with women bustling around, preparing for a communal feast. Several goats are sacrificed depending on the means of the family, huge pots are set on wooden fires to cook meat, rice, and vegetables. Guests are served as long as the food lasts. It is, in essence, a charitable finale to the mourning period, where poor people are welcome to eat with the family. Usually if there is a large courtyard the food is served there, but if there is not enough space the needy families bring containers for the food, which they take away. The culmination of the official 3-day mourning is when *gogol laab* or removal/clearance of the furnishing takes place. The third day ends with cleaning, mopping, and clearing up the house, returning its furniture and décor to its normal state. This lightens the somber mood and allows the bereaved family to revert to their day-to-day lives, bidding farewell to those who came from near and far places to share their mourning.

A few days after the burial, the family gathers to talk about the inheritance. If the deceased was wealthy, the division of his/her wealth is discussed. If the deceased was poor, his/her debts are settled, and ways of providing for the remaining family are discussed. There are Islamic laws governing settlement of inheritance, which often need the involvement of several knowledgeable people to participate in the discussions. Once agreement is reached a document is signed in the presence of witnesses. The timeline for executing the division depends on the family members.

Current Research/Evidence-Based Practice

There has not been much research on death and grief in the Somali culture. The large number of deaths, due to unnatural causes as civil strife and other calamities, are endured with patience and regarded as a passing phase in the lives of a resilient people, who are used to hardship. For those Somalis who have settled in Western countries, their hosts' attempts to understand traditional practices have not led to any significant research activities.

The Micro Perspective

Individual and Familial Reactions to Loss

In any culture, reactions to the death of a loved one can be categorized as disbelief, followed by profound sadness and confusion, sometimes denial, and in the end acceptance. Coping strategies vary across religions, communities, and cultures. Some cultures invest money and material in rituals involving the whole community, while other cultures have low-key formalities involving only the closest relatives. As discussed above, the Somalis are grounded in their religious observations on how to deal with death, the only variation being whether they live at home or abroad. People who live abroad lack the support of the family, clan, and community. Those who live at home bask in the sharing of grief, and the material and moral support offered by the family, clan, and community. Families who can afford the expense of repatriating the body of the deceased do so to have the deceased acknowledged as a person loved and respected by his relatives and community.

Current Standards of Care/Treatment of the Bereaved

For Somalis back home there is no structured care or treatment for the bereaved as in developed countries where they have support groups or counseling. Somalis rely on the extended family to provide support. Where conversation and exchanging news is done without any conscious barriers, people discuss the deceased with ease, respect, and familiarity. They exchange stories and memorable experiences of the deceased, they speak with knowledge of his/her place in the society, they indulge the bereaved with compassion, and empathize with the loss. While these connections may help them to come to terms with their loss, it may not be the ideal solution for people who prefer privacy. Such people dislike intimate family issues to be openly discussed beyond their immediate circle. There is also a stigma attached to seeking counseling, since it is perceived as a service for people with mental health problems.

I am of the opinion that not enough attention is given to male grieving. In a culture where men are raised to be strong, their stoicism leaves no room for grief or sorrow to take its course. The writer observed a group of young boys under the age of 10 years playing together, three were siblings and one was a neighbor. The neighbor mentioned the recently deceased brother of the siblings and expressed how he missed his friend. He elaborated by saying that he cried upon hearing that the boy who was sick had died. He then pointed a finger to the elder brother who was around 10 years old and accused him of not crying. The elder brother responded by saying that although he felt sad, "Men don't cry."

Case Examples

Fatima is a middle-aged Somali woman who has spent almost all her years in Somaliland. She lived in a refugee camp during the civil war, and then was repatriated back to her home in Somaliland, where she is currently working in the government. She is no stranger to death and bereavement, having lost her father and three of her brothers since the beginning of the civil war.

She related her heartbreaking story:

The hurt never goes away, it rises and subsides but it is always there. I sometimes think that if we had acted differently we would not have suffered such a loss, but then I chide myself and remind myself that Muslims have to submit to Allah's will and accept such loss, nobody can escape death. I have a watch which my teenaged brother was wearing when he was killed by a bomb in Burao, Somaliland, during the civil war. The watch stopped at the time of his death: 3.30 p.m. That was my first heartbreak. He was blown to bits and his watch was brought to me by one of his companions, who regretfully confessed that he took my brother's shoes because he did not have any shoes of his own. This made me remember the Somali proverb: "The shoes of a dead man are worth more than him".

My second brother was involved in a tragic car accident. He was bedridden for a few months and died from complications. Shortly after that my youngest brother fell ill and passed away. I believe that he lost his will to live because he was heartbroken. The last few deaths affected our family to the extent that my mother often goes to spend months in the countryside with her pastoral family, just to escape the memories of my brothers. How can anyone cope when faced with such loss?

My father's death affected me deeply because we were displaced due to the civil war. I was not at his side when the news came. Till today I feel that I was not able to express my grief because I was in a strange place with strangers who did not relate to my pain. When my first brother passed away we had to mourn clandestinely because the government was observing families who were involved in the civil war.

All in all, I feel more pain for the losses where I was not present, my father and young brother. It could be called guilt, but I worry about my brother – Was he tortured? Was his body intact when he was buried, or was his body cut into pieces? Did he get a decent burial? Regarding my father's death, he was a highly respected member of the community; I regret that he did not receive an appropriate ceremony.³

The writer relates her own story: "I recall when my father heard about his mother's death. It was in the late 1950s, my father was raised by his uncle after his father passed away when he was barely a teenager, and they moved from Somaliland to southern Africa. His mother remained behind in a village where telephone contact was unknown in those days, hence it took weeks for the letter with the bad news to reach him. He was shattered, all he could say was that, "I didn't know, nobody told me." He gathered his five children (all under the age of 12 years) and asked us to read the *Quran* quietly. We wept because it was the first time we witnessed him shedding tears. I believe what made it worse was that we had never met her and there was no emotional link, nobody with whom he could reminisce. His loneliness and vulnerability will never be erased from my memory. I believe he felt some comfort in seeing his young children's compassion and hearing invocations for a grandmother they never knew.

³A personal account, name changed to protect her privacy, June 2013.

Conclusion

For hundreds of years Somalis have turned to religion for all aspects of their lives, from birth to death. The power of their faith shields them from the battering that their harsh life presents.

Judging from Fatima's experience, it is obvious that the multiple deaths have affected her whole family: Her mother finds it difficult to live in a home with the memories of her three sons. Her brother passed away with no physiological ailment, except feelings of grief and anguish. And herself, who still has regrets about the loss of her father and the brother who was a fatal casualty of war.

Coming to terms with loss in the Somali context obviously means having time to grieve in the right conditions and circumstances. It is all very well having the extended family and community to support them, but some people would prefer to maintain their privacy. Outward appearances may not reveal their true pain. Therefore, support and counseling on an elementary level would be helpful. I believe that such services are available for Somalis living in Western countries, but are lacking at home.

A trusted person or confidante familiar with knowledge of the religion and culture would help them come to terms with their concerns. Since Islam has such a strong influence in Somali families, at home and abroad, religious leaders are respected and trusted. Therefore, I would suggest that religious leaders be equipped to counsel bereaved individuals. However, since they are all male, and cognizant of the fact that women prefer not to engage in intimate conversations with a stranger, particularly if she is in the *iddat* period, it may be advisable to train women to guide and assist female members of the community.

In the poem by Hadrawi quoted at the beginning of the chapter, his consolation lies in his belief that his beloved mother is in a better place. This is essentially what sustains all of us who are bereaved: that our loved ones are freed from the trials and tribulations of this world. May they rest in peace.

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Chapter 3

Strategies for Healing from Disenfranchised Grief: A Case Study from Botswana

Sithandazile H. Msimanga and Lois R. Mberengwa

Introduction

This chapter presents a series of experiences that ensued following the sudden and unexpected death of Vital, which left his (ex)¹ wife, Ludo, and also his children devastated, shocked, confused and completely ignored, rejected and ostracised by Vital's elders. Vital's friends and close relatives were also left in a state of shock, anger and confusion. They all experienced many feelings, emotions, cognitions and behaviours that accompany *not only* sudden death, but any form of death in general (Worden, 1982). We explore how Ludo responds to the death of her (ex)-husband's death, funeral processes commonly practised among the Bakalanga tribe, and the strategies that helped Ludo heal from being stricken with grief. Before we proceed with this story, it may be important to let the reader be aware of the pseudo names which have been used to identify people and places. In addition, the reader should be able to relate the incidents that happened early in Vital and Ludo's (Vital's wife) relationship, and how these incidents were to impact further on Ludo when Vital died.

¹The authors have chosen to say (*ex*) wife, (*ex*) husband in this chapter, instead of the conventional *ex-wife*, *ex-husband*. The reader will see why at the very end.

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Background

Botswana is a landlocked country in the southern hemisphere of Africa, bordered in the south by South Africa; Zimbabwe in the east; Namibia in the west and Zambia to the north. Formerly known as Bechuanaland, this country was a British Protectorate during the colonial era dating from the 1800s to the early 1960s (Parsons, 1986). During this period, a significant number of countries in Africa were subjected to European rule. However, the decade of the 1960s was marked by achievement of self-governance by many African countries, when the colonial masters relinquished their power over to these nations. Botswana was granted her political sovereignty on the 30th day of September 1966. Since she gained political independence, Botswana has maintained cordial diplomatic relations with the former colonising mother country—the United Kingdom.

Socially, Botswana is a multi-ethnic society comprising of 25 languages, with most people speaking one ethnic language—*Setswana* (Booi, 2006; Chilisa, 2005; Parsons, 1986). All these ethnic groups live in harmony with each other despite political party affiliations, religious affiliations, as well as differences in lifestyle. The Bakalanga, one of the 25 ethnic groups and the subject for this chapter, speak *Ikalanga* language and are found in larger concentrations along the Botswana–Zimbabwe border and in the central districts of Botswana. Due to this location and proximity, the Bakalanga live and share a lot of commonalities with the *ama-Ndebele*, who reside mainly in Zimbabwe and some northern parts of Botswana where they settled after fleeing from the liberation wars in Zimbabwe in the early 1980s. *Ikalanga* is vividly different from *Setswana* [the language of Batswana (people of Botswana)]. This difference in language also dictates the culture and lifestyle of the Bakalanga. Generally, Batswana have a common and basic lifestyle, and a generic way of responding to death in their midst. This response to death includes both religious approaches and ritual undertakings. This dichotomous way of responding to death may be attributed to the long history of colonisation and influence by the British settlers in the 1800s (Parsons, 1986).

During the colonial era, most, if not all Africans were discouraged in the strongest terms possible from submitting to their traditional beliefs and practices (Mutwa, 1999; Ngūgĩ wa Thiong’o, 1986; Somé, 1999). However, since these responses had been learned and practised over many years in times of calamity, it was difficult for the Africans to discard them overnight. Instead, they practised them privately and allowed the Christian religion to take centre stage. When imperialists left the continent, a sizable number of Africans became excited about practising their religious traditions freely, but alongside Christian religious practices. It is for this reason that in most, if not all of Botswana and Africa, both the religious and traditional rituals are practised side by side during funerals and many other ceremonies.

As already mentioned, there are notable variations among ethnic groups in Botswana regarding their responses to death. Thus, it may not be possible to describe a generic mourning procedure and practices that can entirely capture this complexity and diversity of all these ethnic groups in Botswana. The Bakalanga

culture-specific way of responding to death is significantly different from all the other ethnic groups in the country, except the *ama-Ndebele*, and it is the focus of this chapter. Oral history has it that the Bakalanga and *ama-Ndebele* were originally one ethnic group that hailed from South Africa (Parsons, 1986; personal communication with Dr R. K. K. Molefi, November 11, 2013). However, they broke into two groups as they travelled north to the Great Zimbabwe. The break-up was attributed to the fact that the group that walked ahead of the other was war-prone—fighting their way through all the tribes they met on their way. The other group that became known as the Bakalanga, retracted backwards, abandoned their homes to stay in the mountains for the sake of peace. The feisty group, the *ama-Ndebele* then decided to call the other group *Abakhal'ekhaya* (those who abandoned their homes) until they ended up being referred to as Bakalanga (personal communication with Mrs J. J. Sekga, November 11, 2013). In addition, according to Parsons, the *ama-Ndebele* initially and conveniently settled along the Botswana–Zimbabwe border when they fled from red ants between 1836 and 1837 from what became towns of Potchefstroom and Zeerust in South Africa. Generally, the Bakalanga and *ama-Ndebele* relate very well with each other due to the similar culture and lifestyle. It may be important to highlight that there is another group of Bakalanga, who live in Serowe and surrounding villages in the Central District who have assimilated Sengwato (a dialect of the Setswana language) culture, and have lesser commonalities in language and general lifestyle with their counterparts situated in the Northern part of Botswana.

Another common feature worth mentioning is that all the ethnic groups in Botswana are sub-divided into smaller segments of the village known as *Kgotla* (wards) under the leadership of a Headman. The *Kgotla* are unified into the village and are under the leadership of the Chief for purposes of development. Several villages are also grouped together and all become the responsibility of the Paramount Chief. In times of death in a village, both the Chief and the Headman have specific roles to play. One major role expected of the Chief and Headman is to maintain order generally during the funerals, as well as being actively involved in the whole funeral process. Specifically the village leaders convey healing messages to the bereaved family and community after burial, and encourage continued peaceful community living and support (personal communication with Dr R. K. K. Molefi, November 11, 2013) a feature that characterises Botswana and most, if not all Africans, since time immemorial.

The Story

Having introduced the basic lifestyle and culture of the people of Botswana, we now introduce the main characters of our story—Vital, the husband, and Ludo, the wife. We will later see how their cultural differences might have negatively influenced the outcome of their marriage, subsequently contributing to their inevitable break-up, and Vital's eventual death.

Vital's Childhood and Developmental Years

Vital, a Nkalanga by origin, was the second and last born child after his only sister in a single-parent family. He was born out of the wedlock and had a difficult childhood. Vital suffered a lot during his elementary school years. Stories are rife that his uncle, Woody, used to buy him oversized shoes, shorts and school shirts, so that he could *grow up with them*. His mother Marata was assisted by her brother Woody in bringing up Vital as well as sending him to school. However, when Vital was about to complete his secondary school, his father died and he was taken to stay with his half-brother, Pax. This movement between these families caused a lot of conflict in Vital's life. He did not know to which family he really belonged and should pay his loyalty. He struggled with this position until his death. Even during his funeral there was confusion as to where the funeral and the burial would be held. We were told that after a long struggle the funeral was held at his mother's clan, but he was buried at his father's clan. In Botswana culture, it is customary to be buried at the father's clan.

Regarding his education, Vital proved to be a highly intelligent young man and soon he was headed for university where he studied for a bachelor's degree in education. He worked extremely hard and was the first to graduate with such a remarkable accomplishment in his family. A decade or more passed before anybody else in this family would graduate with a bachelor's degree. It is for this reason that he was highly regarded by his children and relatives. Vital taught in several high schools until he was promoted to head a local high school.

Generally, Vital was a bubbly young man who cracked hilarious jokes around his family, relatives and friends, earning him more repute. He played a pivotal role in setting up a professional association in the country; he travelled all over Botswana to motivate other professionals to become members of this association. For this reason, Vital became a very popular figure in the association and country at large. He became known to a significant number of people, both professionals and the general public. Thus, when Vital died, it was an immeasurable loss not only to his family, but friends, acquaintances and indeed to his professional association and the general public. The news of his death spread like a wildfire and quickly word reached a sizable number of people. Consequently, a huge crowd of mourners turned up for his funeral and burial.

The Childhood and Developmental Years of Ludo, Vital's Wife

Ludo was a Ndebele by origin. She was raised by her grandmother Nodaka in one of the villages in the then Rhodesia-now Zimbabwe, while her mother worked in South Africa. Nodaka loved Ludo very much and over protected her so that she grew up to view life as very pleasant. She was, however, to learn more about real life when she moved to the then Bechuanaland (Botswana) after 6 years of her primary education, when she could not secure a place for the secondary education. Ludo was taken under the care of her paternal grandmother Nomusa, who raised a multitude of Ludo's cousins since their

mothers also, worked in South Africa. Life was not easy for Ludo. There was always a scramble for food at each meal, something which Ludo was not accustomed to before moving to Botswana. Whenever her mother sent her new clothes from South Africa, Nomusa would give these to her grandchildren born of her own daughters, and so Ludo would go to school bare-foot and wearing old clothes. Interestingly, however, Nomusa always mentioned that Ludo would lead a successful life in future. Ludo did most of the heavy jobs since she was viewed as physically stronger than all her cousins. All these experiences made Ludo emotionally stronger and more determined in life.

Whilst Ludo was a mediocre performer in her studies she managed to sail through elementary education and was admitted to one of the prestigious secondary (high) schools in the country of that era-Moeding College. Actually, Ludo met Vital in this school while he was doing his teaching practice/internship. She completed her high school with a remarkable grade, and headed for nursing school. Ludo experienced a few hurdles brought about by the birth of their first baby, Ditiro. Without any waste of time, Ditiro was taken over by his grandmother, who had now retired from working in South Africa. Ludo completed her nursing education within 4 years and was posted to one of the psychiatric hospitals in the same town where she joined her husband for the first time. Vital was the headmaster at a high school where he worked under generally relaxed conditions, until he was involved in a road accident that left him disabled and disfigured. He was then transferred to the city where the offices were more accessible for his prevailing physical disability. Life seemed to be running smoothly for the first few years of Vital and Ludo's stay together. Two other children were born later from this relationship. Sooner than later Vital's family began to impose themselves on this marriage, criticising Ludo for almost everything she did and even suggesting that she should go to the village to plough the fields and take care of her aging mother-in-law. This was not possible. Ludo was academically inclined and within 4 years at work she went to pursue a degree in nursing education. Vital and Ludo's marriage remained rocky; it hit rock bottom immediately after Ludo completed her degree, ending in divorce. Vital had begun to side with his relatives, disregarding Ludo and her wishes.

Vital left for the bigger city and Ludo remained teaching in the local nursing school for 7 years. She later secured a job as a psychiatric nurse at one of the major tertiary institutions in the country. Within a year she was offered a scholarship to pursue a master's degree in psychiatric nursing outside Botswana. It was during this time that Vital unexpectedly passed away.

Vital and Ludo's Married Life

At the time of his death, Vital was a middle aged man who had just passed his 50th birthday. He was divorced from his wife Ludo of 13 years in marriage, from which hailed three children: Ditiro, 24, Vital's first-born son; Nobunto, a 22-year-old girl; and Boswa, a 17-year-old boy. Vital and Ludo got married in the early 1970s in what could be described as a marriage of convenience. As mentioned earlier, Ludo had become pregnant with their first-born son, Ditiro, during her first year in nursing school. The conditions of being a nurse-in-training in those days were that only

married women could become pregnant and continue with their education. Were it not for Ludo's pregnancy, she might not have married Vital. Vital and Ludo, on their own, were very much in love and intended to live together forever. However, since Ludo originated from a Ndebele tribe and Vital was from the more superior Bakalanga tribe, which had assimilated the life style and culture of one of the more superior tribes of Bangwato in Botswana, the relationship between them became unbalanced.

A lot of issues ensued once Vital reported to his elders, as per custom, that he had impregnated a girl. His elders rejected Ludo right away, even before they could meet her. Vital's uncle, Woody, remarked very strongly, "What made you to go so far to look for a *bhothoko* (derogatory for Ndebele) girl when there are so many Bakalanga girls in the village". However, Woody decided to accompany Vital, as per custom, to meet his wife-to-be. Whenever Woody and Ludo's father met, differences in how things should be done emerged. Vital and Ludo then took it upon themselves to legalise their relationship. By doing this, they had disregarded all the customary laws, and most of Vital's relatives were critical of the relationship and never really embraced Ludo as one of their own. Whenever Ludo and Vital had problems, the usual remark was, "Did we not tell you so?" Ludo's parents, on the other hand, later forgave their daughter for getting married without their knowledge and consent, since she was under age. They embraced Vital fully as their first son-in-law. However, on Vital's side this marriage lacked the necessary foundation upon which it could grow. Eventually Vital soon took sides with his people and began to ill-treat and physically abuse Ludo. She decided to leave Vital and return to her parents. The marriage bond was broken and ended in divorce after 13 years.

A few years following the divorce, Vital found himself a fiancée, Chedu, who lived and worked 80 km away from Vital's home. Chedu visited Vital some weekends. The strength of this relationship was questionable. There were evident behaviours and actions that spoke loudly of Chedu's seemingly low commitment level to this relationship. These behaviours and actions made Vital's children as well as some of his close relatives suspicious that Chedu was only after his *pocket*.

Vital Passes on Unexpectedly

Compounding Vital's grief from a broken marriage was the high and demanding post which he held in government. A week before he died, it is reported by friends and his acquaintances that he had been very morbid about his life. He continuously and repeatedly said, "The stress from this job can kill someone". Sooner than later, Vital had died. The actual cause of Vital's death was not vividly clear (or his elders did not want to share it). There was no post mortem conducted to ascertain the events leading to his death. Suspicion had it that he died from a massive heart failure. Vital had chronic hypertension which he did not manage well. For one, he was a divorced man; he took large amounts of alcohol and smoked heavily. In addition, Vital did not follow the doctor's orders as he would bring medication home and never use it. This lifestyle and non-compliant behaviour is suspected to have had adverse effects on Vital's life.

Vital was discovered in a moribund state on a late Saturday afternoon by his house helper, whom he had requested to wake him up for an evening outing with his friends. Chedu had not visited him that weekend. Vital was picked up by the emergency services after the house helper had alerted the neighbours who then called for an ambulance. Vital was certified dead on arrival at the hospital. The leading causes of death in Botswana include complications of hypertension—heart failure and a cerebral-vascular accident (commonly referred to as a stroke), neglected stressful conditions, diabetes, cancer, AIDS, and car accidents.

Vital's Passing Away Is Announced

As would be expected, someone had to break the spine-chilling news of Vital's death to unsuspecting relatives and friends. Surprisingly, Ludo and her children were not immediately informed of the sudden turn of events. Ludo was out of the country pursuing her studies for a master's degree in psychiatric nursing in New Zealand. Ludo had wanted Nobuntu, her second-born daughter and her two other children to join her for the last lap of her studies. Thus, Ludo only came to know about the death of her (ex) husband after 3 days when she had unsuspectingly called Nobuntu to find out how the visa preparations for their New Zealand trip were progressing. Nobuntu sounded distraught over the telephone. She repeatedly said, "We have huge trouble here... really huge trouble", when her mother inquired about their travel plans progress. Ludo insisted, "What trouble... what huge trouble?" When it appeared that Nobuntu did not have the courage to let her mother know what exactly happened, Ludo insisted, "Just say it... I need to know". Nobuntu broke the news... Vital had died. That was spine-chilling and a shocker for Ludo.

Ludo gathered her strength, which was slowly slipping away; she went to break the news to Boswa whom she was staying with. Boswa was shocked as well at the sudden death of his father. He repeatedly asked, "What happened? We talked to him just last week and everything seemed all right". Ludo calmly replied, "I have no idea. This is what I have just been informed by your sister, Nobuntu". Ludo and her son Boswa ended their conversation. Culturally, parents and children do not talk much about death.

As it turned out, even Vital's two other children, Ditiro and Nobuntu, got to know of their father's death in a most hurtful way. Nobuntu had talked to her father the previous Friday seeking financial assistance. Her father promised to assist her the following Monday. With all expectation, high hopes and unaware of the turn of events over the weekend, she rushed to her father's workplace. As usual she asked the guard to allow her to see her father. This seemingly uncaring gatekeeper was overheard by Nobuntu saying, "That man died two days ago". Nobuntu felt something like a cold drop on her spine, but she stayed strong, cleared her mind and waited hopefully and in denial. A caring woman came to Nobuntu's rescue and asked her to sit down. A moment of silence followed, then the woman said, "I am sorry, your father passed away on Saturday". Nobuntu jumped out of her chair,

wailed loudly in shock and pain, and rushed out of the building to her fiancé, Sakini, who was waiting in the car holding their baby. Nobuntu collapsed in her fiancé's arms before she broke out into hysterical sobs. Sakini was shocked; he had no idea what had happened, and just sat mentally frozen in his car seat. Nobuntu was able through her hysterical sobs to relate the shocking news of her father's death to her fiancé, who was equally shocked and confused on hearing the news.

Sakini soon collected himself and comforted Nobuntu quietly. There were no words to say. Sakini then decided to go with Nobuntu to Vital's home, and upon arrival they were met with a few scattered mourners in the compound. None of Nobuntu's relatives paid any particular attention to her. She was still confused by the news, and the cold and uncaring attitude displayed by her relatives confused her even more. She called and begged her mother to come to the funeral to be with them, since they felt alone and secluded. No elder was ready to treat them as bereaved family members. As mentioned before, Ludo had already made up her mind to attend Vital's burial in Botswana.

As soon as her confusion cleared a bit, Nobuntu realised that her brother Ditiro was not amongst the mourners. Ditiro had an altercation with his father a month before he died and had moved out to stay with a friend. It then dawned on Nobuntu that he might not be aware of their father's death. Nobuntu called Ditiro and asked him to come home without fail, not divulging the news of their father's death. Ditiro complied and within 30 min he arrived at the eventful home. Unsuspecting and oblivious to the few scattered mourners in the compound, he went into the house to greet his father. He was met with the shocking news that his father had passed away unexpectedly. Ditiro rushed out of the house at high speed into the street, very quietly, and came back after about an hour. Nobody knew where he had gone, how far he went and how he decided to come back to be face-to-face with death. After Ditiro had calmed down, the elders confirmed the death of his father then summoned him to join in the preparations for his father's funeral. As the first-born son, he had to be fully involved and spearhead the funeral process and preparations for burial.

Meanwhile in New Zealand, Ludo informed her country people who were also studying there. Surprisingly, most of them had long heard of Vital's death and dared not divulge such news. One of them came to support Ludo and soon went back. Ludo entertained numerous questions to herself, and felt an obligation to attend the funeral of her beloved friend and father of her children. This was important for her healing as well as to end the ambiguous chapter with her (ex) husband. Meanwhile, Ludo waited for news from home but in vain. She decided to purchase an air ticket to fly back home for her (ex) husband's burial.

Preparations for the Burial at Seru Village (Vital's Paternal Home)

Back in Botswana, once Vital's death became known to a sizable number of people, they began trickling into the eventful home to support the relatives and to pay Vital their last respects. Usually at this early stage of the funeral, there would be very few

people around. A prayer service is conducted to contain the chaos that would have ensued following the news of death (Jeffreys, 2005). Vital's uncle informed the mourners of the sad loss of Vital and that they were yet to know the exact cause of his death. Furthermore, word was still to be sent to other elders back at Seru village.

As expected in the Botswana culture, more elders arrived the following morning to work on the funeral processes and burial preparations. Somehow it became obvious that Vital would be buried at his home village. This is the tradition in Botswana; most of the people who reside and work in towns are usually taken back to their home villages for burial, with a strong belief that the deceased will be joining the ancestors as well as to appease them. After a brief meeting, the elders agreed on the day of the funeral and all the related processes. A family representative was also nominated to go to Vital's place of work to find out about Vital's terminal benefits and any burial assistance. The representative was able to secure initial funding for the funeral and burial, including information regarding Vital's life insurance policies. The family representative came back to inform the elders about his findings, and they were now ready to conduct the burial process as well as confirm the date and venue for the burial. This information was later to be communicated with mourners during the evening prayer meeting.

Ludo Leaves for Botswana for Vital's Burial

Simultaneously, as the elders back home were putting together the burial processes, Ludo also began preparing for her trip back home for the funeral, to close the chapter with her (ex) husband as well as support her children. All this time the elders did not send word to guide Ludo about her travel back home, and what was expected of her. She was only instructed that Boswa, Vital's youngest son, should come for the burial. Ludo, realising the ensuing hostilities, *put her foot down* and stressed that Boswa would not be coming since she did not have enough funds to purchase an air ticket for the young man. In addition, Boswa had to remain behind with his little half-sister Petunia who was born 3 years after Ludo's divorce. In the end, Boswa stayed behind to look after his half-sister while their mother Ludo left for Botswana.

Ludo flew out of New Zealand on a Thursday and was in Botswana the following day, the advantage being that New Zealand is 7–8 h ahead of Botswana time. Ludo arrived at her connecting airport just on time for departure to her final destination. Unfortunately, Ludo missed her connecting flight when she went to freshen herself up. It is important to remind the reader that Ludo had never emotionally connected to her (ex)-husband's death. However, on realising that she had missed her flight, Ludo found an outlet for the feelings and emotions that she had repressed so well over the last 4 days, and wept uncontrollably. In between her sobs, Ludo had a number of questions that she uttered loudly, not caring if anybody was listening or responding to her. Some of these questions were: "Why is it that whenever I am in trouble, I am always alone? Does this world care about me and my pain? I do not even know why this man had to die this way. What is in it for me?" Obviously, there

were no answers or responses to these questions. Two ladies who had travelled from New Zealand on the same flight with Ludo came to support her, encouraging Ludo to be patient and wait for the next connecting flight. Ludo managed to recollect her emotions and sat quietly, but she was very anxious to be on the next flight.

Sooner than later, Ludo finally boarded the plane to her final destination. During the flight she was hopeful, that *maybe* things were not that bad and she would be met by elderly widowed ladies at the airport, covered with head and shoulder scarves (as per custom). Instead, Ludo was met by her daughter Nobuntu, all by herself. This signalled to her that a lot that was happening behind her back.

Ludo Arrives at the Funeral Compound

Ludo and her daughter arrived at the compound where the funeral was held, and since she did not know what to do or what was expected of her, she waited in the car, hoping that some elderly and widowed ladies would come and collect her from the car. No one came. Nobuntu and the driver disappeared into the compound to join in with other mourners. Unsure of what to do and waiting patiently in the car, Ludo suddenly got a glimpse of her (ex) husband's body being wheeled away toward the hearse. She jumped out of the car to join other mourners. In her heart she said, "That was the man that I have loved truly and deeply, shared intimate and social moments with... I need to know what is going on". She found herself a chair among the other mourners and sat down. She had a jelly-like feeling in her knees and her heart began to pound. This was exacerbated by the sight of the coffin and the reality that, indeed, Vital lay inside.

Ludo sat down and watched the events unfold. Soon she realised that she was barely on time to find the funeral entourage before they left for the village where Vital would be buried. The mourners suddenly stood up and moved to the vehicles that were to accompany the deceased body. Just then, Vital's uncle Woody came by and exchanged a cold greeting with Ludo and quickly went past, without a word of sympathy. Ludo became more than convinced that there was a lot she did not know. As if that was not enough, one of Vital's eldest nieces came exchanged another cold greeting with Ludo and disappeared into the crowd of mourners. Ludo became more confused. She continued to wonder about her role, and still hoped for a positive turn of events. However, nothing changed.

Vehicles started moving out of the compound gaining momentum for the 300 km journey to Seru village, where Vital was to be buried. Ludo did not have a car to travel in. Once again she stood up in the compound, confused. A young lady who had attempted to meet Ludo at the airport called her out to come and join her in her car. Ludo complied, but questioned the protocol of a young person supporting an older widowed woman. Before she could end her self-talk, an older woman, married to Vital's cousin, called out to Ludo to join in with them for the ride home. That felt comfortable for Ludo, for they were an older couple and were even leading the hearse. This gesture made Ludo hopeful that *maybe* finally she would be recognised as the chief mourner, though this turned out to never be the case.

The Funeral Cortège Arrives at Seru Village

During the drive to the village, Ludo kept dozing off due to jetlag and time differences between Botswana and New Zealand. Finally, after about 3 h they reached the funeral home, which was Vital's late sister's home. Vital's sister had died unexpectedly the previous year, just like Vital of unknown causes. As soon as the funeral cortège arrived, Vital's body was taken inside the house to lie adjacent to his fiancé Chedu. Ludo who was still confused and not knowing what to do exactly found a chair amongst other mourners and sat down. Vital's cousin's wife also sat next to Ludo. She felt safe and comfortable for some time, sitting next to Vital's close relative, and an elder for that matter. This comfort was short-lived as Vital's cousin's wife stood up unexpectedly as Ludo was beginning to relax in her chair. Ludo remained seated. Homecoming prayers for Vital were held. Ludo continued to sit hoping that her husband's cousin's wife would come back and tell her some good news from the elders. Vital's cousin's wife never came back. The rest of the mourners began to disperse to their respective homes to get themselves ready for the night vigil.

Ludo's confusion mounted. Nobody had said anything to her. She set off aimlessly around the compound to find a place to freshen-up. She met Boki, Vital's cousin, who gave her a hug and whispered some sympathetic words in her ear. Boki was generally very connected to both Vital and Ludo. This hug brought some renewed awareness to Ludo. Boki went past her to do some preparations for the burial.

Ludo's Mother Arrives for Vital's Burial

A voice called from behind Ludo for her to come and sit down. Ludo halted but was still dazed. Just ahead of her a woman was walking toward the house where Vital's body lay in state. This woman was not immediately recognised by Ludo, until she spoke in a familiar language (isiNdebele). Only then did Ludo realise that this woman was her own mother. Ludo broke down again into uncontrollable sobs and questioned her role. Was she going to get the support she needed from the elders or was she there just like everyone else, to support Vital's fiancée? Ludo's mother, a very humble woman, beseeched her daughter to just do as she was told. Ludo complied and went to sit down.

Ludo Is Honoured with a Floor Bed

Vital's sister-in-law, married to Vital's half-brother Pax, made a floor bed for Ludo and begged her to lie down. This felt comforting for Ludo, and it once again raised her hopes of being a sanctioned widow. But this comfort and pleasure was soon to be short-lived and there was nothing more beyond the floor bed put out for her.

Nonetheless, Ludo went ahead and lay on her floor bed. She soon got up to freshen herself. When she came back her hopes were soon shattered when her (ex) husband's sister-in-law pulled out a black head scarf, extended her hand to Ludo, and said, "Take this scarf. If a woman is divorced from her husband, when he dies she *garbs* for her children". Ludo felt irritated and refused to be garbed. None of Vital's two women were then garbed. (Garbing or draping oneself all in black or black head scarf is done as a sign of respect of the deceased.)

The Night Vigil and Viewing of the Deceased's Body

Events of the day proceeded quickly to the night vigil, and Ludo found them to be very powerful and extremely healing. Ludo did not see any of her two older children since they left the city until after the burial. Due to the different time zones and fatigue from the long flight, Ludo found it difficult to stay awake during the night vigil and very few people understood her behaviour. However, she had brief periods when she would wake up and listen to the powerful healing words from the Bible verses, words of wisdom and advice from mourners, mournful hymns and specifically eulogies of her late (ex) husband. Early in the morning Ludo stood up to ready herself for the burial. When she came back, she found the women now sitting on chairs in one section of the house. Ludo soon realised that people had almost completed the viewing of Vital's the body, and she had not had the opportunity to do so. Ludo collected herself and asked one elderly relative if she could view her (ex) husband for the last time. The older woman complied. Ludo deeply wanted to do this despite her highly vulnerable emotions; indeed, she immediately became an emotional wreck at the sight of her morbidly silent (ex) husband. The elderly woman walked away from Ludo seemingly unconcerned. Nonetheless, Ludo gathered some strength amidst her huge emotional pain and, enduring insurmountable confusion, walked to a seat and comforted herself.

The Journey to the Graveyard, and the Burial

No sooner than she had sat down, the funeral cortege began the procession to the graveyard. Still, Ludo did not know what to do. She had not been allocated a vehicle to drive her to the graveyard. Her mother had vanished from her sight, and Ludo felt scared and alone. Apparently her mother had gone outside and when she came back, she could not immediately locate Ludo, who had moved aimlessly once again outside the house and was not even sure where she was going. Feeling that their family, friends, and acquaintances before the divorce were eying her, she pulled her blanket over her head to hide from the world. There had been too many embarrassing situations for Ludo with which to contend.

Chedu, who had been vigilantly watching Ludo's movements, cautioned Ludo's mother, "That person wholly covered in a blanket is your daughter". Mother immediately walked up to Ludo and called out, "Get up my child, let us go!" Together they rode in Ludo's brother's car to the graveyard. The trio arrived at the graveyard just as the coffin was being gracefully lowered into the grave. This was the moment of truth—the beginning of the end. Ludo wailed uncontrollably, collapsing and dragging her weight onto her mother who weighed half of her body weight. Mother was trying to support her, but to no avail. The church minister conducting the burial cautioned for silence—as if directing this remark to Ludo—warning that it was now time for burial and people should keep quiet. Ludo was not going to listen to anyone anymore, but only to her emotions. She continued to wail even more. She asked another question, "Do you mean even in death I cannot have this man? What is mine therefore in this world?" Unable to control this chaos, Mother begged Ludo to go to the car. Ludo complied and sat in the comfort and security of her mother and cried her pain away. Sooner than later the funeral was over and people began to drive in reverse order to the compound. The trio joined in the funeral cortege back to the house. It was over—Vital had been laid to rest. What really transpired during the burial will never be known to Ludo as she was an emotional wreck.

Ludo Encounters More Negative Post-burial Experiences

Back at home, Mother, Ludo and brother were ushered into Vital's house. Ludo remained confused from the finality of death and the continued negative attitudes displayed by Vital's relatives. Some friends and acquaintances came in to express their sympathy. Ludo's brother soon left to join other men at the *Kgotla* (traditional meeting place). One friend specifically came to sit with Ludo and her mother, expressed her sympathy, and went on to observe that she did not understand the reason why Ludo was not officially allowed an opportunity to pay her last respects to Vital. Ludo mumbled something, but Mother, who was extra vigilant, cautioned Ludo not to say anything, and Ludo complied.

Meanwhile, some commotion ensued from one of Vital's nieces who was overly concerned about the whereabouts of Vital's bedroom keys. Specifically, she was worried that Vital's dress suits might go missing and she would be held responsible. After this fracas, the lady found the missing keys hanging behind an unlocked door. Ludo sat quietly watching this little but irritating event unfolds, as she felt that this lady suspected some foul play from Ludo. Ludo's mother, who was continuously watching her daughter quickly, warned her—"Do nothing, say nothing; we are here for a purpose". Ludo complied. She did not want to disappoint her mother who had been so instrumental as her only pillar of strength and support.

Some refreshments were served and it was time to depart. Ludo was joined by her daughter Nobuntu, who had just surfaced. The lady who had dramatised about the keys commanded Nobuntu to stay behind to wash up Vital's clothes for storage, as per custom. This time Ludo found an opportunity to lash out: "Nobuntu, come let

us go, that is beyond your age, the elders will remain to do that". Nobuntu complied and did not stay behind to wash the clothes.

Mother expressed a wish to have Ludo come with her for the initial traditional treatment and cleansing; Ludo declined, rather more confused than knowing exactly what she wanted. Mama did not insist, probably thinking that since Ludo is one of the society's elites and she may not have to submit to traditional treatment. Ludo had suggested to her mother that she needed to go back to New Zealand to pursue her studies and specifically make up for the time lost in travelling and attending Vital's burial. Mother and Ludo parted ways. Nobuntu accompanied her mother to their village. Ludo specifically asked Nobuntu to stay by her side; she was afraid and was not sure if the world would accept her as an *uncleansed* widow. Nobuntu accompanied her mother wherever she went until she left for New Zealand.

Ludo Returns to New Zealand

A few days later Ludo got herself ready to return to New Zealand; little did she know that she was still to suffer flashbacks of her experiences at Vital's burial. She experienced severe nocturnal heart palpitations, which later complicated into panic attacks. The hurt and neglect that Ludo experienced at her (ex) husband's funeral and burial was slowly turning into some mild psychiatric symptoms. Ludo was quick to realise the nature of these symptoms since she was an experienced psychiatric nurse. She was adamant that she was not going to take any medication for these symptoms. The most troubling and weird symptom she had was when she felt like a myriad of ants were walking under her skin. Ludo did a lot of positive self-talk: "This feels really crazy, but I will not take any drug as yet. This only started after Vital's funeral. I will take time to observe how it turns out". However, as regards the palpitations and panic attacks, she lived much longer with these and still took no medication. Even though the nocturnal palpitations made her insomniac and the panic attacks restricted her movements up any flight of steps, she soldiered on. Whenever Ludo walked up the staircase, she felt herself gradually losing breath and believing that by the time she reached the end of the staircase, she would be dead. This never happened, but was uncomfortable enough to disturb her normal life.

Ludo completed her studies in psychiatric nursing and returned home to work in a student centre providing psychiatric services to students with mental health problems. After 4 years she got another scholarship to study for a doctoral degree. This scholarship was timely for Ludo since she was able to discover her repressed grief, which she worked on wholeheartedly. At least in this western country people and professors were caring and non-judgemental. For once, Ludo could speak out regarding her experiences, expressing her feelings regarding the loss of her (ex) husband. Indeed this environment proved to be remarkably safe and it helped Ludo heal tremendously from her loss.

Gradually Ludo began to feel lighter in spirits, worked hard on her studies which she completed successfully after 4 years, and was soon headed back to her country

Botswana with renewed strength to help her people struggling with various life issues. The support Ludo got from her colleagues and professors during her studies, as well as readings on psychological subjects, helped Ludo grow out of the pain of her loss. Since then, Ludo has grown emotionally and has become an invaluable asset to widows, women, men and children with their varied life issues. Voluntarily, Ludo offers psychological support to enhance growth and healing in these populations. Specifically, Ludo teaches as well as offers psychological services to students and sometimes takes time to share some of her experiences with her students. Disclosing appropriately helps younger people to appreciate life and the unanticipated occurrences that people can encounter at one time or another in their lives. At 60 years of age, Ludo is an elder and naturally looked upon by her community to offer social skills and share wisdom with younger people, some of whom are her colleagues at work, friends and acquaintances. Ludo has earned a high level of respect and is well thought of because of her altruistic attitude. Ludo has indeed grown tremendously from her most hurtful experiences. She remains single and is looking forward to a lifetime romance sometime in the future, God willing.

Interpretation of Healing Moments in the Story

As much as this story has deep hurting moments, evoking painful feelings and emotions, there are several healing moments that can be extracted from it that can help the reader heal from their own experiences. As mentioned earlier in the chapter, death in the society of Botswana is more of a communal rather than a familial affair. Thus healing from such a significant loss as the death of Vital was achieved through individual, family and community support. If properly done, the way the whole funeral is undertaken can ensure healing to the bereaved family or community. We will now see how Ludo, her family, Vital's relatives, and the community achieved healing from this loss through the various activities and experiences of the funeral and burial activities.

Healing Through Paying the Last Respects to the Deceased

In the Botswana culture, immediately when the death of a husband is known, a special place is prepared for the new widow to lie down. It can be directly on the floor or a bed mattress that is put on the floor and then covered with blankets. When a widow lies on this bed, it is a sign of respect to the deceased, her in-laws, family, and the community at large. In our story, however, Chedu laid down for Vital, which was somewhat unusual. According to traditional culture, a woman who lies down is supposed to be a legally married woman and has children with the deceased, even if they were divorced, as was the case between Vital and Ludo. This position is usually acceptable in the Botswana culture and it enhances healing to the widow, the family,

and the neighbouring community (Msimanga-Ramatebele, 2008). Some community members were disgruntled about the whole procedure of paying the last respects to Vital—having Chedu and not Ludo recognised as the chief mourner. However, realising that they had no control of the rights denied to Ludo and her children, the community found healing in helping with preparations for the funeral as well as undertaking those duties that were within their control.

Ludo, even though an unsanctioned widow, was pleased that she had come several thousand miles from New Zealand to bid farewell to her (ex) husband. She was honoured with a temporary floor bed and this was a sign of respect to her as a bereaved woman (Msimanga-Ramatebele, 2008). *Lying-in* ensured that Ludo was in spiritual connection with the deceased, even for that short period. It was also an honour to her from her elders. This part enhanced healing for her. Occurrences viewed as positive in times of loss have a high potency for enhancing healing, as they did for Ludo and her family.

Healing Derived from Traditional Treatment and Cleansing

Culturally in Botswana, a bereaved woman must be cleansed immediately following the death of her husband, during the funeral process, and after the burial to culminate with the final cleansing at the end of mourning. Since this was not the case with Ludo, she had to find ways and means of getting treated traditionally and being cleansed soon after the burial. She was led by a friend to a spiritual healer (the healer uses the Bible to read into a client's life and uses milk, candles, incense and many other things purchased from the modern pharmacy for treatment, usually in the form of a cleansing bath).

The friend was utterly shocked to learn that Ludo had not been cleansed as per custom by her elders. The spiritual healer reckoned that Ludo's elders wanted to *kill* her. Whilst Ludo was not aware of how this *killing* was intended to happen, she began to realise that the lack of care and support, and feeling alone brought her a great deal of stress which, if not taken care of, could complicate into some serious physical illness and mental health problems.

In addition, in Vital's culture, if the woman had mothered a baby with one of their clan members like Ludo did, she would have intensive rituals undertaken jointly to protect the baby, the father, and the mother. Ludo and Vital had undergone the required ritual treatment following the birth of each of their children. Traditionally, therefore, at Vital's death, an *undoing* ritual should have been conducted to protect Ludo. Their children were grown up and were free from any harm so they did not require any ritual performance.

The authors assume that this is what the spiritual healer was referring to when she said Ludo's elders wanted her killed. Ludo experienced extreme psychological pain, confusion, and emptiness due to Vital's death and the manner in which the whole funeral programme disregarded her. What happens in the *undoing* ritual and many other developmental rituals is the sole prerogative of the elderly women. They are the ones who know the type of herbs to use, when and how it is done.

Ludo was cleansed by the spiritual healer and would have a subsequent healing session upon her return from her studies. After the initial cleansing ritual, Ludo felt free and ready to join mainstream society. Actually, she confirmed that she felt as if a heavy load had been lifted off her shoulders. Before the cleansing was undertaken, Ludo felt scared, insecure and spiritually unprotected, and that she might be rejected by her society due to lethal ailments that are culturally believed to be harboured by a new widow. (*Senyama* connotes bad luck, and *boswagadi* is believed to be a disease of uncleansed widows in which the body swells up). This statement is supported by Mbiti (1989), when he stated that belief dies slower than practice. There are reports of incidents where widows who were not cleansed were physically attacked by the community for fear that they might infect them with lethal ailments associated with widowhood.

We are aware that Ludo missed the last part of the burial ceremony, because she had broken down uncontrollably; however, she was able to view her (ex) husband's grave at a later date. This act helped her tremendously in internalising her grief and accepting her loss. She dusted the head stone, said a short prayer, and conveyed a loving message to Vital. Then she placed a wreath of flowers, a packet of his favourite cigarettes, and can of beer on the grave, and left for her home. It is a customary and a strong belief that if the deceased's favourites are placed on the grave, the person will be pleased and will make use of these on the journey to new world.

Ludo Sets Aside a Mourning Period for Healing

After the burial Ludo set aside 6 months to mourn her (ex) husband, during which period she observed all that is culturally laid down for grieving widows that she was conversant with. For example, she made sure that she did not appear too many times in public; she cut her friendships and let her friends know that she was still in mourning. She dressed in a particular way, dresses only, no pants. And she stopped dancing at parties for this period. She also sought advice from her mother and other elderly persons if she had questions or needed some clarification regarding traditional practices. Ludo mourned wholeheartedly to respect her fallen (ex) husband. She was happy that she did this for herself. Away from the people who had so ostracised her, she was free to mourn in her own way and at her own pace. She undertook a minimal cleansing ceremony at the end of her mourning period. While Ludo was not sanctioned as a widow, she was happy that she did not have to be all dressed up in black clothes as a sign of mourning. Until now, she is not sure how she would have adjusted to the black garb. Despite all her suffering with being ignored by Vital's relatives, she is happy that she did not have to put on complete black clothes for a year or 6 months. There are advantages in some of the things that people do, and yet they may seem negative on the face of it.

Ludo was grateful for the multitudes of mourners who had turned up for Vital's burial. She knew that some of the mourners she saw were true and genuine friends who came specifically to support her. For Ludo, Vital's death was the second loss of the same person—first was the divorce, now it was the inevitable, death. One of the

most soothing reflections and memories nonetheless that Ludo will treasure forever is the remarkable support she enjoyed from her mother throughout the funeral and burial, lest she would have been alone in her grief and consequently devastated by the negative attitudes of Vital's relatives. Her mother's presence was of tremendous emotional support and her undivided support deeply enhanced Ludo's healing from her loss which was traumatic and complicated in many ways. She had someone to turn to. To date, Ludo is still deeply appreciative of this exclusive support from her mother. She is usually heard saying, "I wonder what I would have been like without my mother, her support, presence and sense of security was invaluable". Ludo's mother is now gone, but the memories which Ludo harbours of her and her undivided support when she encountered this most difficult loss in her life will be treasured forever... "Rest in peace, Mama".

Healing Through Psychological Support

Ludo suffered for a long time with her feelings and emotions without seeking psychological help. She felt she had no right to be feeling pain for the loss or to grieve for her (ex) husband. She felt as if she was an intruder in other people's business. Nonetheless, she could not understand all the feelings, emotions and cognitions that had befallen her. As a result, she put on a strong face to satisfy societal expectations and to protect herself from any further ridicule, which proved not helpful at all to her soul.

Support from a Religious Minister

Ludo gathered some courage to talk to her religious minister about her experiences following Vital's death. She honestly disclosed that she had been divorced from Vital for 12 years, a long time. However, she was still experiencing a myriad of feelings, emotions and cognitions, for which she could not account. The religious minister without any hesitation affirmed Ludo's experiences as appropriate, as she had lost a very important person in her life, a person who was close to her heart, and they had shared a lot of things together. The minister insisted: "You are bound to feel the way you do. Remember, feelings come to us, we do not invite them. I guess this was the first man whom you had a special relationship with. You need to grieve for him; it is a huge loss in your life".

This was the first time *ever* since the passing away of Vital that someone made Ludo feel at peace with her experiences of loss. The minister was caring and spoke sense to her mixed-up mind. This was a huge, priceless emotional gift of having someone affirm and validate her experiences. She had never felt such warmth since her (ex) husband died. Ludo now felt less lonely and not so undeserving as before, but once again a part of mainstream society. The palpitations which actually

drove her to talk to her religious minister did not completely disappear but became lesser in frequency and intensity. Since that day, Ludo began to have a more comfortable sleep pattern. The panic attacks still continued and were more vivid whenever she walked up a staircase. In actual fact, it was not until after about 10 years that Ludo began to realise that the panic attacks were subsiding—coming only once in a month.

Support from College Professors and Colleagues

Throughout this experience of loss, grief and bereavement, the expectation was that Ludo should meet the set deadlines with her academic work. This was next to impossible because Ludo would spend hours on end staring into space or thinking about her loss and the horrible experiences that ensued thereafter. Her supervisor noticed that Ludo was lagging behind in her work and took it upon himself to motivate as well as support her. Ludo had shared her grief story with her professor, who was more than willing to support her through this difficult time. Gradually, Ludo began to gain momentum and was soon able to catch up with her work and thus managed to complete her studies as scheduled. Her professor was supportive to the end of Ludo's studies. Ludo also received a sympathy card from her co-workers back in Botswana; this made her feel like a huge weight had been lifted from her shoulders. She said to herself, "This is all I need to hear". This card validated her emotional experiences.

It may be important to highlight that during her emotional turmoil, Ludo never directly communicated with her son Boswa, and also Nobuntu and Sakini who had now joined her in New Zealand. The emotions and cognitions accompanying the loss were treated as a thing of the past, even though they were present in their minds constantly. The subject of death is taboo for communication in Botswana. People remain solemnly silent around this topic, especially where children are involved. For example, Boswa, who was 17 years old at the time of his father's death, was only informed that the burial had taken place. He was not informed about matters surrounding Vital's death, or the whole funeral process. Ludo did not even share with Boswa, her son, what she was going through emotionally and psychologically following her (ex) husband's death. This is a cultural behaviour which may not be so helpful in the family grieving process.

Healing Through Family and Community Support

As difficult as Vital's death was to Ludo and her family, relatives and friends, including the events that ensued, the generic way that people in Botswana normally respond to death in their midst was helpful for them to achieve healing. Death is treated as a communal event, rather than a family affair. Thus, once Vital's death

was known, people in the surrounding area immediately went over to the home to support Vital's family and relatives, as well as pay Vital their last respects. Community gathering is one way that the community shows their solidarity by supporting one another and assuring themselves that if the same or similar thing occurred to them, their families will also benefit from this kind of support (Jeffreys, 2005). Wolfelt (n.d.) contends that concerned individuals, families and ultimately the society as a whole will suffer if we do not reinvest ourselves in the funeral ritual. The community gathering is the initial death ritual and a critical aspect of the funeral process in Botswana. Wolfelt adds that a funeral says "COME SUPPORT ME!"

During the community gatherings prayers were undertaken to comfort the family, relatives and community. These prayers were held each morning and evening at the place where the death had occurred and simultaneously at Seru village where the burial would be held. Jeffreys (2005) states that religious beliefs [and practices] have the potential for diminishing or even replacing the common fear of death. As mourners congregated for prayers they also undertook roles for the funeral itself, as well as preparations for the burial. The younger and stronger men did the heaviest jobs of fetching water and firewood; others went to slaughter a cow for meat for mourners. A big bonfire was made that marked the presence of death. This fire is never allowed to die out as it symbolises life: *Mosalagae, molelo o se time* simply translated means that those that remaining behind will keep the fire alive. The ash that accumulates from this fire is never cleared, but piled up only to be removed after the burial. No ash from any fire around this compound can be discarded. It would make people feel extremely uncomfortable, and that it is an omen signalling worse things to come. All these activities attest to the reality of death. Every procedure was done according to long-held traditional protocol. Otherwise, the mourners could become very disturbed if anything appears out of the set order. The meticulous way of doing things is healing in itself.

The younger ladies prepared and served refreshments to mourners, and maintained food supplies. This gave the elderly women the opportunity to keep the newly widowed company and to offer emotional support on a continuous basis. Both the younger men and women undertake these roles under the direction of designated elders, who make sure that everything is running smoothly and that the mourners are given the care they need. The smooth running of the funeral is another aspect that ensures healing for the bereaved. Thus, Ludo was pleased with the turn of events, even though she watched things unfold from a distance. Assisting in the preparations for burial helps the community members feel that they are doing something that is worthwhile, to acknowledge the importance of the life that was lived, and helps them to heal from the loss of their member and come to terms with the loss. Ludo felt that her (ex) husband had been accorded a respectful funeral, under the prevailing circumstances.

Behind closed doors, relatives including Ditiro were deeply involved in preparing for the burial as well as setting the stage for the funeral process. They planned and drew the burial program, chose and purchased the coffin as well as the burial site. All these events helped relatives to come to terms with the reality and the raw presence of death. As Vital's relatives were engaged in all these preparations, they

slowly began to realise that indeed one of them is no longer with them and they will never be seen again in this life (Worden, 1982, 2004). Even though Ludo and Nobuntu were not part of the funeral and burial preparations, she was pleased with the progress, and she was content with the coffin that was purchased. She had to forgive them so that she was able to direct her energies to her grief instead of nurturing negative feelings towards people who had their own intentions about the funeral process. This alone enhanced healing for Ludo, since she could focus and feel through her pain (Worden, 1982, 2004).

The arrival of Nobuntu and her family in New Zealand was generally very comforting for Ludo for she could ask Nobuntu a few questions, especially those that she remained puzzled about. Occasionally, the family would share memories of their father and find solace in having each other to talk to. Wolfelt (n.d.) asserts that "...after the ceremony itself, the more mourners will informally share memories of the person who died, the more likely they will reconcile their grief". Another significant mode of support that Ludo greatly appreciated was the deep non-judgemental support that she received from her religious minister in New Zealand. The minister affirmed, validated, and specifically normalised her feelings emotions, cognitions, and behaviours following her (ex) husband's loss (Worden, 1982, 2004). This was a remarkable moment for Ludo, which helped her developed new insights about herself and her loss—a moment of personal and emotional growth.

Vital's Two Families Embrace Each Other to Move Forward

Vital had a baby girl born from Chedu. Ludo and her three children agreed to embrace Chedu and her baby girl into the family, and decided to be friendly towards each other. Now and then the families would call to find out how each was doing. Chedu's baby girl visited with her stepfamily anytime she felt like, and was always welcome as part of this family. Most importantly, Chedu's baby girl made deep connections with Petunia, who was also fully embraced as a member of this family. These two families worked together in this way with the notion that this is what Vital would have wanted in his life. They were doing what most bereaved families would do or say: "I am doing what my loved one would have liked". Vital's first family, as the most legally rightful, would frequently visit Vital's grave to clean it up and remove any weeds that had come up. This they did and continue to do to the present date during special events, like the "would be" Vital's birthday, wedding anniversary, and any time the family or a member would visit Seru village.

Lighting Up Vital's Closed Room Brings Closure

When Ludo returned home to her (ex) husband's house after completing her studies, she and her family were accommodated by Ditiro (Vital and Ludo's elder son), until they could find their own place to stay. Actually Ditiro wanted to feel the warmth of

the family which he had also missed when all his siblings had left for New Zealand, and his sadness was later compounded by his father's death. They all felt really safe and secure to be together as family. To her surprise and dismay, Ludo found that Vital's room was still *closed* (post-burial, the room or the house of the deceased is literally closed and never opened until the cleansing date). Ditiro confirmed that he had lived with the *closed room* for almost a year. The room should have been opened during the cleansing and *undressing* ceremony; (*undressing* is removing permanently from the mourning garb for normal attire—usually after a year including the dispersing of the deceased's property). Nobody knows if there was any cleansing ceremony at all, since neither of Vital's widows, Ludo or Chedu, had been identified as the chief mourner. Ditiro was concerned about what would be done to this room, as it needed to be *opened* by elders observing the necessary and appropriate rituals. Actually the room and ritual activity had been abandoned.

Ludo decided that to *open and light up the room*, even though she would not employ any rituals—she was not conversant with this part of the ritual, which she had only had the chance to eavesdrop on over the years. Ludo braved the odds, opened the room and then the windows, to allow for fresh air. She lit six candles and sprinkled some grains of coarse salt as the basic protective measure commonly done when all else is not available. The following day Ludo shared the few things that were left in the room among her children. The room was not used for a few days, to allow the spirit of the deceased to *settle down*. This room was now ready for use and created more space for the family. Ludo felt pleased for doing this activity for herself, her children, and, indeed, for her departed (ex) husband.

Sharing of Vital's Estate Among His Children

Once the elders back at Seru village heard of Ludo's arrival, they summoned for Vital's children to come to the village to get the share of their father's estate—the terminal benefits in monetary form. The family used this money to make their lives better. Even though this money evoked painful memories, life was generally better with a lump sum to draw from to meet their needs. Life was almost normal again, except for Vital's absence. The three children got their share of the money and used it for various needs and wants, for example, paying for Boswa's education in one of the prestigious high schools in the country.

Conclusion

There are many things that Ludo learned from the death of her (ex) husband about how people can behave in the face of death. Specifically, she learned that if people do not understand their emotions and feelings, they tend to turn their anger outward.

Ludo was the target for this anger. Anger and many other emotions are to be expected in any significant loss (Worden, 1982, 2004). A common saying related to Ludo's experience is that, "What doesn't kill you makes you stronger". The difficult experiences that Ludo encountered helped her to be a strong person, not only for herself but for other people who are facing death of their loved ones. Sanctioned or not sanctioned as a widow, the baseline is pain. Ludo is now able to counsel with grieving people—adults, children and adolescents. Ludo is, indeed, a victor and not a victim of circumstances. Generally, people may need education about death and how it can affect different people and how to cope with such a loss.

The death of Vital was not only extremely shocking, but very disappointing to Ludo, who had thought that she would ask for a re-union with her husband once back in Botswana. Ludo felt emotionally connected to Vital, even though they were thousands of miles apart and legally divorced. They would call and talk to each other at least once a week. When Vital died there were still those strong emotions that Ludo held for him. Many years after their divorce these emotions had not changed but were suppressed. Indeed, they became highly animated when Vital died. Another major lesson that Ludo learned is that divorce does not *diffuse* any feelings and emotions that were ever felt or developed through the marriage relationship. Divorce ends a marriage legally, but can never end emotions and feelings that developed through the years between two people who were committed to one another. When one person has truly loved another, this feeling of love can never be dissolved by the divorce. It remains no matter what. Specifically, it is for this reason that throughout this story, the (ex) is put in parenthesis. There is nothing (ex) about somebody that one truly loved in their life. Thus the community should be more empathic than judgemental in cases where people had differences in their marital life. These differences may not usually be felt so potently at the time of death. Normally in death most people who are on good terms with themselves and understand what they want in life would most likely want to do their best for their loved one. Grief must be allowed an outlet, or it may fester like an infected wound (Bertman, 1991), and can cause serious mental health issues for the bereaved.

Generally in life, anybody faced with a difficult situation should allow their *inner person* to guide what they do. This is usually a very strong internal voice that if we ignore we find we are in conflict with life and ourselves. We need to ignore the advice and remarks from our surrounding environment by undertaking an internal dialogue and make decisions that resonate with our *internal person*. Remember that Ludo was not informed of her husband's death. When she heard of the news of his death she immediately decided that she was going to be with her (ex) husband for the final time. If she had followed people's advice or paid attention to any negative attitudes, she would have had only herself to blame forever in her life.

Regarding rituals, we need to be aware that they are not about the practices, or the herbs that one takes or applies on our skin. The deep connotation in ritual performance is the support that is provided to the grieving person by the elderly, specifically as a cultural expectation. By enacting these ritual practices, the elders are

communicating care, love, respect of feelings and emotions (Msimanga-Ramatebele, 2008); and understanding of the experience of pain associated with grief. Others may truly believe in the physical aspect of the rituals. That is acceptable, but the psychological aspect is greater and harbours deep healing effects.

Finally, any person who finds themselves in a predicament or an incomprehensible situation should work hard to accept it. They should also appreciate that anything that can happen in life will happen—no matter how strange or unbelievable, it can be. Thus the experience should be embraced for what it is, regardless of the feelings, emotions and cognitions that come with such an experience. We also need to work hard to forgive people that cause us pain, especially in grief, because we may spend more energy directing anger at them and failing to attend to our grief experiences. Forgiving is *not* condoning unacceptable behaviour. Forgiveness doesn't mean that you deny the other person's responsibility for hurting you, and it doesn't minimise or justify the wrong. You can forgive the person without excusing the act. Forgiveness brings a kind of peace that helps you go on with life. Forgiveness is a decision to let go of resentment and thoughts of revenge (Creagan, 2010).

Ludo, the main character in this story has forgiven everybody, including Vital's relatives who caused her immense pain and suffering during the death of her husband. She is a much happier person and is generally content with her life. She decided to do things that are visionary in her life and focus on the positive aspects of life, while recognising and understanding the negative occurrences which can impede her thinking and future-oriented decisions.

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Part II

Asia

Chapter 4

Grieving Rituals and Beliefs of Chinese Families

Shen Qin and Yan Xia

Introduction

Grief is an inevitable experience for each human being (Cowles & Rodgers, 1991). The suffering for anyone who loses a loved one could be chronic and traumatic. The grieving process, however, varies significantly across cultures. Under the influence of their sophisticated philosophical/religious foundation, the Chinese, as the largest population in the world, have their own unique way of dealing with death and dying spiritually, religiously, and practically. Funeral and other death-related rituals are considered to be the most important acts and expression of filial piety in Chinese culture (Watson & Rawski, 1988). On the other hand, Chinese are often hesitant to talk about death as this is considered bad luck (Wilson & Ryan, 1990). There is a necessity to explore this important and yet understudied phenomenon with respect to its cultural roots and traditions. This chapter will help unfold this mystery through reviewing findings from existing literature and a case study.

Origins of Traditional Chinese Beliefs on Death and Dying

Concepts of Death

The concept of death is defined differently from a cultural perspective compared to a medical point of view. To doctors, one is considered dead as her or his vital organs stop functioning. Medical professionals agree upon the following signs of death,

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such as a smooth brain wave, dilated pupils, no breath, no response to external stimulus (Wijdicks, Varelas, Gronseth, & Greer, 2010). Compared to the consensus reached in the medical field, the world is still much divided in terms of how each culture views or defines death. Fundamental questions remain to be answered. Is there a spiritual existence, called a soul, other than the physical body for each human being? If so, does death separate it from its body? Is death the end of the body only, or the end for both body and soul? Under the great influence of Christianity, it is a prevalent belief in the West that death is a separation of the soul from the body. The soul survives the body in the Christian view. It is a different story in China, however, with a long and continuous history, and mixed theological impacts of beliefs from Confucius, Daoism, and Buddhism (Hsu, O'Connor, & Lee, 2009).

Religion, contrary to what Westerners normally believe, is commonly practiced among many Chinese in various regions and ethnic groups (Jochim, 1986; Yang & Lang, 2011). However, it does not exist or function in the same way in Chinese society as it does in the rest of world, especially areas with deep Christian roots. Over centuries the Chinese value system has evolved, blending philosophical systems with religious beliefs and practices. Religion, either local (Daoism) or imported (Buddhism), merges with ancient Chinese philosophical systems, such as Confucianism, Mo Tzu, Legalism, and other philosophical schools (Penson, 2004; Picton & Hughes, 1998). Besides the philosophical and religious origins listed above, ancestor worship derived from primitive religious beliefs is also found to play an important role in shaping what Chinese believe regarding death and how they honor the deceased family members and express grief today.

Life and Death Through the Confucian Perspective

Life and death are considered two stages of one entity in Confucius theology (Chen, 2012; Chung, 2003; Csikszentmihalyi, 2005). Death is the flip side of life, or life in a different form. Life of all beings is connected and interchangeable. Life is continuous and external and keeps transforming. So one's end is another one's birth. Confucius suggested looking at the positive side of the story of life and death. Each individual is expected to make a good use of their time (Hsu et al., 2009). As a result, the afterlife will go smoothly. So does the continuity of life. Confucius once said people should be more concerned about life than death, worrying what you can do with your life for others and yourself. His teaching emphasized the teaching of positive thinking so that they would focus on things that would make the world better, and care less about uncertainty.

Confucianism has an ambiguous attitude toward ghosts or a spiritual existence in other forms (Chen, 2012). First, it doesn't deny their existence but seldom mentions these concepts, and urges people to stay a respectful distance away from involvement with these concepts that are closely associated with negative and uncertain connotations. Second, Confucians make clear distinction between these beings in

the afterlife and living beings, again trying to guide people's focus toward matters in their living reality. Although Confucianists seem more focused on the meaning of life, they don't avoid death completely. One belief is that death is honored by following a righteous path in life. This means that a person should die doing the right thing. Death on a good course puts a respectful ending to one's life, honoring his beliefs and deeds that he has done while alive.

Life and Death in the Taoist Perspective

Taoism was found by Lao-Tzu during the era of Chun-Qiu (the latter years of the East Zhou Dynasty, around 221 BC) (Sellmann, 2002). With its roots in native pre-historic belief, Taoism is believed to be one of the oldest religions that grew within Chinese culture. Initially recognized as a philosophical school, it had been developed into a nationwide religion by Lao-Tzu's followers and believers. As it evolved, philosophical or mystical beliefs were developed and inspired about the meaning of being and the nourishment of life and immortality, which placed significant impacts on how the traditional Chinese views of death and dying were established and shaped (Hansen, 2003). Tao, with the literal meaning of "path" or "way," sits in the center of the stage of ancient Chinese beliefs. Despite the wide variation of comprehension, it can be generally interpreted as, the essence of being is which way one chooses to live his life and in what fashion he puts it into lifelong practice. Taoists stressed balance in the universe, balance between the opposites, and balance among every being. They believed that the existence of all is based on the constant flux of production and destruction cyclically and evolutionarily, from which the philosophies of Yin-Yang and Wu-Xing were developed. These notions further fostered the foundation of other important concepts in Taoism, such as Feng-Shui, reversion, and meditation (Field, 2002). In the perspective of Taoism, elements of the universe depend on each other and restrain each other. For each individual, the right thing to do is finding the balance for his or her life.

Taoists regard death as a natural component of life, or another phase of life to be exact (Kleeman, 2003; Lo, 1999). At the same time, they do not view death as an achievement for life, and suggest people should do whatever they could to prolong their physical life, through nutrition, medicine, or other self-cultivation techniques. Due to their beliefs in an afterlife, upon death the relationship between the living and the deceased doesn't come to an end in the Taoists' point of view (Kemp & Chang, 2002). Life of the living is still subject to the impact from another world through various kinds of spiritual connections, or vice versa. Poor Feng-Shui, such as imbalance of elements, and degradation of harmony between humans and nature could lead to bad luck or misfortune, which might explain the causes of suffering, illness, or even death. It affects the dead as well as the living. Preserving good Feng-Shui is the key finding a benign spot for burial, which not only brings peace to the deceased but also helps secure the harmony for the deceased, the living, and nature

overall (Lai, 2006). Thanks to the prevalence of Daoism, either as a philosophy or religion, Chinese deeply believe good Feng-Shui blesses residents with peace and their descendants with wealth, health, and success. Retribution relates closely to the experiences of the current or even previous generations of a family, which could be due to their cursed or blessed relationship with others (Hsu et al., 2009). It is common for Chinese people to attribute it to one of these ascriptions when it comes to life-threatening illness or death in the family. To gain health or peace, the families with concerns normally seek for help from Taoist rituals performed by Tao-Shi (people who practice Taoism professionally and religiously, equivalent to the monk of Buddhism). These rituals are believed to help expel evil spirits or curses and invite protection from higher beings and their own ancestors, which eventually restore the balance of Yin-Yang and harmony among Wu-Xing.

Life and Death Through Buddhist Perspective

Buddhism is among the top three religions prevalent around the globe today; it is also the second religion in Chinese history in terms of length of existence only after Taoism and has had a significant influence on Chinese culture for almost two millennia (Hsieh, 2002; Hsu et al., 2009). China, at the time of Buddhism's arrival, had already developed its own highly sophisticated religious systems composed of ancestor worship, Taoism, and Confucianism (Hansen, 2003). Buddhism in China had undergone a long process of localization under the influences of several Chinese native beliefs, eventually becoming an essential part of this culture. Originally, Buddhism emphasized the seeking of spiritual enlightenment through self-devotion through monasticism, celibacy, and withdrawal from societal practices, while Confucianism focused on the virtues of filial piety, family values, and social responsibility, and the Taoists were interested in prolonging current life, self-preservation, and so on. In the enduring process of blending in Chinese society, Buddhists accepted the traditional Chinese value of filial piety and ancestor worship and evolved and modified into the Chinese Buddhism we see today, also known as Mahayana Buddhism. Thus, the beliefs on death and dying in Chinese Buddhism are developed from the combination of Chinese indigenous philosophies into the original Buddhist teaching. In Chinese Buddhist belief, the last thought during a person's last moments, whether good or evil, will influence the individual's next rebirth (Yin, 2006). Therefore, from the view of Chinese Buddhists, taking care of a dying person is to understand his or her state of mind at the moment of the person's death. When death is approaching, reciting Sutra around the dying person will help guide him or her on their Way to ultimate paradise after death with peace (Hsieh, 2002; Hsu et al., 2009). Sutra means a thread or line that holds things together in Buddhism and Hinduism, which can be further interpreted as unfinished business or the unsatisfied will of the dying.

Grieving Rituals and Practices by Chinese Families

As described above, Chinese beliefs are generated from three philosophical origins: Confucianism, Taoism, and Buddhism (Erdmans, 1994). In the theoretical framework of Confucianism, ancestry worship is one of the key elements, which first requires that the body of dead should be preserved properly in honor of his or her parents, since it is an invaluable gift from them. Taoism emphasizes living healthy to live longer. It focuses on teaching people how to eat a healthy diet and maintain a good lifestyle. One is rewarded for treating himself seriously. In Buddhists' perspective, one should do good deeds while living in order to be reincarnated at a higher level in the next life cycle. If one fails to comply, she or he might be reborn as animals or lower life forms in return. The punishment might not come out immediately to the person who deserves it; however, it might be passed on to whoever relates to him or her, like siblings, children, or even grandchildren. Chinese believe one gets what he or she does to others and themselves one way or another. There is always a payback for one's action. As influenced by all three philosophies, Chinese believe one has to treat others nicely, especially the older generation. One needs to show great respect to their parents and take care of them in their older age and even afterlife. Only by doing that, one expects to be treated nicely when she or he gets old. Even Chinese who practice Christianity and other religions admit that they are heavily influenced by these traditional ideas and behave closely to that standard.

Ancestor worship or veneration is a critically important concept of Chinese culture, which is deeply embedded in the Chinese spiritual system (Ryan, 1986). Providing excellent end-of-life care to the deceased elder is the best way for the younger generations to show their ultimate respect. The dead individual needs to be buried properly with adherence to strict traditional rituals; otherwise, he or she will return as an angry ghost or spirit plaguing the living who have failed in their responsibilities. Choosing the right day and location for burial is one of the most important rituals showing respect to the deceased person, especially the elderly. Burning symbolic paper money and lighting up candles at the ceremony is a good way to send them on their way to another world (Braun & Nichols, 1997). Similar rituals are also performed during annual visits to the tomb, showing respect and indicating how the dead person is missed. The Chinese are normally reluctant about organ donation due to the belief in the sacredness of keeping the body intact in the grave (Wheeler, O'Friel, & Cheung, 1994).

Strictly speaking, the mourning ceremony and the burial ceremony are two different ceremonies. Mourning ceremonies are the activities that people who are alive carry out to mourn the dead. The mourning ceremony understood by Confucianism prior to the Qin Dynasty (the period before the year of 221 BCE) is different from what is practiced today. Confucius once said, "The grieving ceremony is to hold a memorial ceremony in the central room in the early morning or at night. On the first day and the fifteenth day of the lunar calendar, people will hold a memorial ceremony in the burial site."

Funerals, the end game of life, are considered the most important moment of one's cycle in Chinese culture, in contrast to the Christian belief that the starting point, the birth ceremony, is very holy and crucial (Chen, 2012; Kemp & Chang, 2002). The burial rituals need to be well planned and carried out. All attendants traditionally must wear white or black. However, there could be an exception if the deceased one lived a long and happy life, which deserves celebrating by wearing colorful cloth, especially red. Actually, the funeral of a long-lived elder is considered as lucky and joyful as a wedding. In tradition, they are called the double happiness of white and red. Now, more and more Chinese, like Westerners, wear black to funerals.

Chinese also believe in sacrifice to dead (Braun & Nichols, 1997). The deceased one is always buried with something that connects the dead and the living and things that symbolizes fortune. The former represents the love and respect from the family members, while the latter is the way they express their good wishes for taking care of the deceased one on the other side. In the old days, the rich were buried with real jewelry or expensive metal, like gold and silver. The poor, on contrast, ended up with stuff carrying more symbolic than actual value. Now, there is less difference in between, despite variety of social status and wealth that one could come from. Paper-made objects are widely used, symbolizing daily necessities and valuable assets, particular those one wished to have while he or she was alive. Things that one used to own or use on a daily basis are common choices for sacrifice, since nobody else will use them probably, and it is a good way to remember the deceased by. Being buried in his or her hometown is also crucial to finish the deceased's journey as a circle (Braun & Nichols, 1997; Kemp & Chang, 2002). If someone dies elsewhere, the responsibility falls on their family members or close ones to take them back to where his or her life started. Being buried other places, except for particular reasons, is always considered as a compromise instead of best practice. The spirits don't get to relax and let go of things that are unfinished while she or he is alive. It is never late to take the travelers home and the effort of doing so is always appreciated by the spirit and his or her family members. Burial is the preferred way, traditionally. For some Chinese, the body should not be moved within 8 h after the death since they believe that is how much time for the spirit to leave the body completely (Watson & Rawski, 1988). Burning the body in those periods of time would be very offensive to the dead as well as the living. However, cremation is the most common approach now, which is mandated by law due to the so-called limited land resources and environmental protection.

The room that the deceased used to live in needs to be rearranged and renovated; things that he or she used need to be removed if they are still of value (Braun & Nichols, 1997; Penson, 2004; Picton & Hughes, 1998). By doing this, family members make a statement that they are ready to move on with the deceased one just living in their heart. It is always bad to speak ill about the deceased, even though they are the ones to blame. Once dead, he or she should not be held accountable for anything that happened in the past. The living should and must leave them in peace by letting things go. Being dead is the most important thing, above everything else. Mourning is conducted at different points in time: 3 days, 100 days, 1 year, and even

the 3-year anniversary in some areas. The Chinese believe that the deceased will return to visit their family, so the family should be ready spiritually for the brief reunion 3 days after the funeral. Within the first 100 days, any entertainment is not considered appropriate. So at the end of the period, there is rationale to celebrate the phase. The one-year or three-year anniversary is widely celebrated across the country, demonstrating long-lasting love and respect.

In China a traditional holiday called Qingming is the most appropriate moment for annual grieving for the deceased (Braun & Nichols, 1997). This falls during the first few days of April, according to the Chinese lunar calendar. Most Chinese families visit their parents or someone they care about on this day, mostly in a group. Visiting the graveyard in a casual fashion is not considered normal and respectful, unless you are coming from far away and time is limited. Mourners usually come to honor their loved ones with flowers, candles, and paper money. Younger generations pray to the dead for their blessing from another world by making secret wishes or talking to them silently, hoping they could bring them extra luck for school, health, and fortune. Renovation of the tombstone when necessary is also done on the holiday, which demonstrates family members' consistent love and honor.

In general, simplified rituals are preferred today compared to the full, lengthy version from the past, due to the emphasis on efficiency in modern society and less rigid understanding of traditions and beliefs passed down generation by generation (Hsu et al., 2009). Younger participants, especially those exposed earlier to the Western world, tend to move away from the rituals performed traditionally. Gender, geography, and education also play influential roles in shaping one's beliefs and practice.

Grieving Beliefs and Coping Among Chinese Families

Yang and Chen report that death is considered to be *taboo* in Taiwanese society (2002). People avoid topics involving any death-related connotations as much as they can, although this passive avoidance doesn't really secure them from the dark side of life, but only "deepens anxiety and fear of death" (p. 144). As a result of avoiding the subject, death is portrayed as uncertainty and a horrifying mystery, leaving people exposed potentially to more confusion and longer trauma when it inevitably comes; this is especially the case for minors. There is a lack of life and death lessons in early child education in traditional Chinese culture (Wass & Shaak, 1976). Chinese parents try to keep the frightening part of life hidden by changing the subject when their children have questions about death. When tragic news comes in the family, parents often choose to conceal it from the young children "for their own good," rather than revealing the truth. When dealing with death, talking about it openly within the family is still not a popular choice, even for Chinese today, not to mention seeking therapy. When traumatized by losing a relative or close friends, Chinese people try to keep themselves occupied or channel emotions through group events.

A case study was conducted for the purpose of understanding Chinese beliefs on death and how they cope with the loss of family members. Below is the story of a mother and her 11-year-old daughter. Her and her daughter's experiences reflect aforementioned Chinese beliefs and practices when there is a death in the family.

Linlin was 11 years old when she lost her father to cancer at the age of 46. Before that, she was a happy girl living a blessed life. She was born to a middle-class family in Shanghai, China. Both of her parents received higher education and worked for a local university. Her father was a well-respected scholar and professor. Linlin was very close to her parents, especially to her dad. He treated her like a princess. Even with a tight schedule, he always found time to be with his daughter. His students also enjoyed playing with her. She was living a happy life until the day her father was diagnosed with pancreatic cancer of terminal stage.

Actually it was not entirely correct; her "normal" life lasted a little longer than that, at least to her knowledge, because her parents decided not to let her know about the shocking news that her dad was severely ill and dying. This is a common practice in Chinese families. Three months after the diagnosis, he passed away. Her mother almost collapsed. Family members gathering at the hospital helped her with the aftermath. Two students of her father kindly picked up Linlin and took her from school to the hospital. The students said that they were taking her to see her father, without mentioning her dad being gone forever. She had smile on her face.

She saw her dad lying on the bed stiffly, pale with no sign of life. She quickly realized something was wrong before her mom burst into tears. Contrary to her mother, she did not cry at that moment. Looking as pale as her dad, she stood frozen and refused a hug from anyone, including her mom. Three days later, his funeral was crowded by the members from his extended family, his friends, colleagues, and students. There she said nothing but cried. She has shut herself down ever since.

The aftermath for the mother and the little girl was almost endless with pain. Extended family members tried to help by visiting, bringing gifts and dishes; former students also tried to babysit or tutor Linlin and give her mother time to heal. However, no one would talk to mother and daughter about the deceased husband and father, for fearing that mentioning him would bring more pain. The mother worked hard to get back on her feet; she also tried to comfort her daughter, but she could not fully open up since she was afraid of losing control of herself. As a result, they were emotionally cut off and did not talk to each other as much as before. After losing her dad and somewhat her mom, the loneliness, emptiness and fear Linlin experienced was simply overwhelming. In some way, she refused to accept the fact of losing her dad and was hoping some day he would come back to her. To many other Chinese, counseling is not an option. Chinese believe that "Time cures everything."

This case offers one glance at how the loss of a loved one affects family members and how they grieve and cope in Chinese culture. Most Chinese tend not to talk about death unless absolutely necessary (Braun & Nichols, 1997; Hsu et al., 2009). Chinese children are often kept in the dark when it comes to death and illness. With the taboo, children are left no alternative but to establish their own perceptions of death through tales from peers or the media, and without proper guidance (Yang &

Chen, 2002). These misperceptions or lack of comprehension could potentially expose them to greater risk of confusion and trauma when losing a family member or friend.

Pauline Boss, well-known for her groundbreaking Theory of Ambiguous Loss (TAL), has revealed that one who suffers from ambiguous loss, a loss linked to a lack of closure, might experience tremendous stress and potentially carry a severe psychological burden for a prolonged period of time (1991 & 2009). People who experience and live with ambiguous losses find it difficult to understand and cope, and almost impossible to move forward with their lives. She defined two basic types of ambiguous losses: (1) *physical ambiguous loss* (physical absence with psychological presence); and (2) *psychological ambiguous loss* (psychological absence with physical presence). The first type describes situations where one is physically missing but keeps psychological presence to his or her family and friends due to no proof of death. Physical ambiguous loss is often caused by natural disaster, kidnapping, missing in war, or other tragic events with loose ends. The second type, psychological ambiguous loss, is mostly caused by mental illness, in which those with depression, dementia, or Alzheimer's disease are cognitively and emotionally cut off from their loved ones, even though the loved ones are still around physically.

The case shared above does not fit into either of the two typical scenarios, though Boss' theory may still apply. Linlin, the little girl in the story, did not have an understanding of the concept of death before her father passed away and did not comprehend its meaning afterward, at least for a very long time. His death remained as a mystery or uncertainty to her, which put her in a similar situation described in physical ambiguous loss. Her father is gone but remains psychologically present for her. This ambiguity could cause her great suffering, at the same time giving her room for hope. With limited knowledge of death, she was buried by fear, loneliness, and wishful thinking. What made it worse is that her mother who was occupied or simply overwhelmed by life and her own grief became somehow emotionally unavailable to the daughter. Therefore, Linlin experienced double ambiguous losses.

Wass and Shaak (1976) suggest that it is natural that children have curiosity and doubts about death, and it is part of the process in which they discover the meaning of life. Parents, instead of avoiding it, should help them understand the concept better by providing proper guidance. Talking in words children can understand will reduce their death anxiety and traumatic stress when losing a loved one.

Family Coping

Having family members or loved ones die is a very painful, personal event. As mentioned above, the Chinese are reluctant to open up and talk about death with others, especially strangers. Going for mental health services or counseling is not among the traditional options, even when families are experiencing an extremely traumatic process of grief, and not feeling they can cope with it in a healthy manner by themselves. Not addressing the matter directly does not mean Chinese don't deal with

death, however. The Chinese way of coping with death and dying often-time involves two key components, family and rituals.

The research and clinical literature reveal that, in Chinese culture, the rituals are more for the living than the deceased (Braun & Nichols, 1997; Yick & Gupta, 2002). This finding is also supported by phenomenological study. *Ritual* here has a very broad definition, including any activities caused by death within the range of an extended family, either death-related activities like the mourning ceremony or funeral, or any family gathering/reunion in the aftermath. By having these events together with extended family members, Chinese express their pain and condolences in a group and share that emotion with others who are related.

One who wishes to live a peaceful and wealthy life needs to make great efforts to restore things back to where they should be, which is called *balance* in Taoism. In that sense, if for some reason you owe an apology or appreciation to someone who died, you need to make it up one way or another, even though it can no longer be done face-to-face. These rituals not only function as a continuous expression of love and care for the lost loved one, but also provide opportunities for making up what they missed or failed to accomplish while they had the chance. So, it is a way to say “sorry” or “thank you” to the deceased. As discussed earlier in the philosophy section, Chinese believe life in general comes out even, and one gets what he or she offers. So, in a way, death rituals among family members are a Chinese version of coping strategies, which help with emotional expression and moral justification for those who live on.

These rituals and family events not only connect the dead and the living, they also support the connections among the existing family members. It is very common that after losing someone they love, Chinese families get together more often than before. In a strange sense, death brings Chinese families closer and tighter. The tragedy reminds them how important they are to each other, and how strong they can be when bonding together. They take the chance to review what they have done for the family, and rebuild a loose relationship due to neglect or misunderstanding in the past. Death of one brings the attention of the whole family to how important it is to cherish what they have now, the existing family members and the legacy left behind by the deceased. The Chinese family gathering can reunite them through trauma, from which they all suffer.

In the past four millennia, Chinese culture has developed a very unique set of grieving beliefs and practices linked to the philosophies of Confucianism, Taoism, and Buddhism. The combination of these diverse origins has significantly influenced how Chinese people view and deal with death and dying throughout almost the entirety Chinese history.

The Chinese cope with death in the unit of the family, not by the individual. Performing death-related rituals with family members helps significantly channel emotions, lower stress, and re-strengthen family bonds. These rituals directly reflect Chinese beliefs in death and dying, through a combined perspective of the three main philosophical origins.

It is important for health practitioners to understand their client’s traditional beliefs and culture. Understanding the value of family, filial piety, and ancestor

worship is a crucial step in helping the Chinese in a culturally sensitive and effective way. Mental health practitioners also need to be fully aware of the Chinese way of thinking and emotional expression related to death and dying.

The philosophical/religious basis is an evolving process, which integrates new beliefs and practices over time. The way Chinese perceive and honor death shifts as they add new practices of grieving or mourning over time. For example, cremation instead of burial is widely used now, due to governmental policy requirements. Both white and black colors are considered appropriate at today's funeral in China, in comparison with white only in the past, especially in ancient China. Guests are even allowed to wear red to the funeral of someone who dies at a rare old age, because it can be considered a happy event, just like wedding. In the past, it was common that death-related rituals were accompanied by loud and sad crying in the group. Not crying when someone has been lost was seen as disrespectful and impolite. Older generations even used to hire someone to cry at the scene, which was believed to create a heartbreaking environment for everyone else. Family members could come together in the same emotional state of grieving for the deceased one. Today it has been found that fewer people cry at the funeral than before. Now, various expressions are accepted as long as you are there for the deceased. Similarly, funerals now are conducted through a variety of services, including Taoist, Buddhist, Christian, and secular, respectively.

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Chapter 5

Death and Grief in Korea: The Continuum of Life and Death

Eunsuk Cho and Miai Sung

Introduction

Based on culture and religion, Koreans have developed detailed rituals and processes around death and grief throughout history. These rituals and processes have traditionally enabled Koreans to express lamentation and grief over the dead; furthermore, these traditions seeped into their ordinary lives. However, recent industrialization has brought radical simplifications to the rituals and as a result, bereaved Korean families now face challenges in healthy grieving. In this chapter, we discuss the funeral and ancestral tribute practices of *South Koreans* in the post-Korean war (1950–1953) timeframe.

Korea, a Country of Dynamic Religion and Ideology

Korea is a peninsular country located in the eastern end of the Asian continent with China and Japan as its neighboring nations. Korea is located between northern and southern Asian cultures, in which two cultures converge. The history of civilization in the Korean peninsula dates back over 4,000 years, with its first ancient kingdom, *Gojoseon*, founded circa BC 2,333. Across that time, Koreans have demonstrated resilience, maintaining their identity and intrinsic culture as one people despite numerous changes in ruling dynasties. In Korea, 70 % of the topography is mountainous, there are few natural resources, and the population density is high. The zeal for education in Korea is extremely high and a robust survivability based on this

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organizing principle is characteristic in Korean people around the world, referred to as the *Korean diaspora*.

Historically, the culture of everyday life in Korea can be split into the following: before and after the mid-seventeenth century when Neo-Confucianism began to exert influence on the family system and culture in general; the period of Japanese colonial imperialism and post-independence U.S. influence; and before and after industrialization (Sung & Ok, 1997). Before the mid-seventeenth century, shamanism and Buddhism had greater influence than Neo-Confucianism. Shamanism is a popular folk belief centered on shamans, who have the power to talk with spirits and cure illnesses. Shamanism was passed down through the years, and formed the basis of the religion of Korea long before foreign religions such as Buddhism and Confucianism were introduced. For this reason the shamanist folk belief system is deeply embedded within Korean family culture, even today (Park & Hong, 2012, p. 373). Buddhism was associated more with post-death ceremonies rather than everyday life proceedings. For example, during the *Koryo* Dynasty (918–1392), when Buddhism was the national religion, it was customary to cremate corpses and leave them in Buddhist temples (Park & Hong, 2012, p. 173).

From the mid-seventeenth century to the period of Japanese colonialism, the influence of Neo-Confucianism expanded from a mere family culture to society in general, and most systems of regulations were based on this philosophy. During this period, the funeral rite of leaving a cremated corpse in a Buddhist temple was prohibited, and the nation emphasized burying the deceased, enshrining the spirit at home, and performing ancestral tributes each year.

However, as with all cultures, elements of older customs and practices did not die out, even though they were superseded by a newer system of thought and custom. Therefore, even in this period, behind the formality of Neo-Confucianism, inherent Korean qualities of shamanism and Buddhism were a part of the peoples' *consciousness*.

Neo-confucianism

It is not possible to talk about the system of thought in Asian culture without considering Confucianism. Confucianism is a ruling theory of moral politics with the goal of *soo-ki-chi-in*, which means ruling the people after disciplining the self. Although Confucius, the Chinese progenitor, established the basis of the philosophy, it later evolved into a metaphysical school of thought, being influenced by ideas like *man-heaven unity* and *yin-yang* at the end of the *Jin* Dynasty and the beginning of the Han Dynasty. Neo-Confucianism is a subdivision of Confucianism established by *Zhuxi* during the twelfth century.

Presenting a rule of ethics based on a blood-related community centered on the family, and a society based on the nation, Neo-Confucianism developed into the central school of thought in society. In this way, Neo-Confucianism had two channels of clear application: social relationships and individual development.

In the case of Korea, with a Neo-Confucian book *Zhu Xi Family Ritual* as the foundation, from the mid-seventeenth century on, Neo-Confucianism began to exert great influence both in everyday life and in public institutions.

Source. Academy of Korean Studies, *Encyclopedia of Korean culture*.

During the Japanese colonial rule in the first half of the twentieth century, the imperialists emphasized Neo-Confucian customs, in order to make it easier to rule the colonies. Because the Confucian ideology of hierarchy made ruling colonies easier, the Japanese imperialists first implemented “education through modeling based on Neo-Confucianism” in the compulsory curriculum imposed on Korean students. Confucian and patriarchal feudal values of patriotism and filial piety self-discipline, and an ideology of emperor-worship were among the components of this curriculum intended to inhibit anti-Japanese sentiment (The Korean History Research Association, 1989, pp. 285–286). In the period of American military influence following the liberation from Japan, the USA discovered that the immense instrument of colonial government established by Japan was very suitable for efficient rule, and tried to maintain this instrument as best it could (The Korean History Research Association, 1989, p. 357). On the other hand, as Western culture was introduced during this period, there occurred a phenomenon of polarization deriving from the contradictions between traditional and Western values. After the Korean war (1950–1953), Korean society attempted to break free from the gloomy shadow of the war by paving a highway of growth. During that time, traditional Korean culture was greatly harmed under the guise of modernization. But as it is not easy for one’s own or a nation’s intrinsic culture or emotional standards to change, as ever in Korean culture, traditional aspects remain as the baseline even today. For this reason, in Korea there are thoughts and ceremonies about death which are unique from those of other nations.

Korean History and Unresolved Grief

Ideological Conflict and Tragic Deaths

Many wars have been fought on Korean soil due to frequent invasions from its neighboring countries China and Japan. In addition, during the years 1910 to the end of the Second World War in 1945, the nation was ruled by Japanese imperialists. After the end of the war, there was a split and conflict of ideologies, as the nation broke into two nations: the socialist north became the Democratic People’s Republic of Korea and the liberal democratic south became the Republic of Korea (Kim, 2009).

Jiseul II: The Age that Didn't End

This movie received the grand prize in the 29th Sundance Film Festival. It is a film based on a true story of a civilian massacre that occurred on *Jeju* island in 1948, when the conflict between the right and left was severe in Korea. *Jiseul*, which means potato in *Jeju* dialect, is a work which portrays the severe winter that the *Jeju* islanders were forced to go through when the U.S. military issued the declaration, “Everyone further out than 5 km from the coastline will be considered as a mob” (Daum Movie, 2013). This movie shows the innocent deaths of the *Jeju* people, victims of a clash in ideologies. It also portrays the process of consoling and comforting these families. It could be said that the fact that such movies are produced and released shows that only now, after several decades, Korean society has the peace of mind to heal the pains of collective loss through telling—and publicizing—the story. The disaster of April 3rd on Jeju was the communist people’s resistance against the U.S. military’s coercive control over the South Korean government after the liberation of Korea from Japanese colonialism in 1945. Public motivation to figure out what occurred and to recover the honor of the victims has increased gradually since the late 1980s, initiated by non-governmental organizations. Even though 25,000–30,000 innocent people were killed, their families did not receive any apology from the Korean government and have experienced their deepest regrets in their hearts for 55 years, until President Noh offered governmental apologies in 2003.

Source. Parkmungak Knowledge Engine Center, *Dictionary of Current Events*.

The Korean War broke out in 1950 with North Korea’s invasion, and after the armistice in 1953, despite being one people, the North and South are currently, technically, in a ceasefire, still divided by a military demarcation line. The war devastated all of Korea and the division that followed resulted in countless deaths and separated families between North and South Korea.

In the case of defection to North Korea or becoming missing during the war, bereaved families suffered a sense of loss, not even knowing if family members were among the living or the dead. And under the national system of anti-communist ideology, families were forced to suppress their sense of loss and live on, unable to learn the status of loved ones from whom they’d been separated. This uncertain state resembles the idea of ambiguous loss stated by Pauline Boss (2007):

The premise of the ambiguous loss theory is that uncertainty or a lack of information about the whereabouts or status of a loved one as absent or present, as dead or alive, is traumatizing for most individuals, couples, and families. The ambiguity freezes the grief process and prevents cognition, thus blocking coping and decision-making processes. Closure is impossible.

Family members have no other option but to construct their own truth about the status of the person absent in mind or body. Without information to clarify their loss, family members have no choice but to live with the paradox of absence and presence (p. 105).

Following the success of the Korean economy in the 1980s, the reunion movement of North–South families began, starting with the search for separated families, registration of those who were missing during the war, and searching for the remains of those killed in battle. The campaign began in 1983 with almost ten million people suffering from the loss of family members in the South alone. The campaign’s intent was to reduce the suffering caused by these losses. Live coverage of the campaign was broadcasted on television, and for the campaign’s 136 days showed an unprecedented story of drama to the world. The government also provided measures of support through NGOs, and formed task force committees in order to devise detailed plans of support (National Archives of Korea, 2013).

Even so, the wounds of many bereaved families have not yet healed, and these families are not able to rid themselves of lingering thoughts that the missing may still be alive. The movie *Taegukgi*, which was also released in North America, shows the story of brothers who must kill each other as soldiers of the North and South, as well as the grief process of the younger brother’s family as they find the remains of the elder brother in the twenty-first century as a result of a campaign.

Suicide, the Shadow of Industrialization

The suicide rate in Korea is high, relative to that of other nations. According to Organization for Economic Co-operation and Development (OECD) statistics, the suicide rate in Korea in 2009 was 31.0 per 100,000 persons, more than twice the average rate of 13.0 amongst 35 OECD countries. The suicide rate for elders was the highest amongst all OECD countries in 2010 and for elders under 74, the suicide rate was 81.8 per 100,000 persons, 5–6 times Japan’s 17.9, or America’s 14.5. The study showed that 60 % of elders who committed suicide lived alone and had nobody to rely on. In comparison, the teen suicide rate in 2009 was 15.3 per 100,000 persons. Suicide is the number one cause of teen death in South Korea. The study also revealed that 40 % of teens have thought about suicide at least once and 9 % have attempted suicide. Sexual and academic achievement problems accounted for 53.4 % of suicidal thoughts (Saesayon Research Center, 2013).

This phenomenon of high suicide rates amongst socially vulnerable age groups can be seen as *a shadow of industrialization*. That is, as a part of the process of industrialization, where growth and development are emphasized, the traditional custom of supporting the elderly was destroyed and never restored. In this chaotic environment, elders, who have lost their livelihood, are choosing suicide as a means of avoiding poverty. Similarly, when teens are not protected by their families from the results-centric educational ranking system, or the harsh university entrance process, it is evident that they feel a heavy burden.

One deeply tragic phenomenon observed in Korean society is that of an entire family committing suicide together. And amongst these, the most common form is where the parents are the assailants and the children are the victims. This is different from the Western phenomenon of committing suicide after killing their partner (World Socialist Web Site, 2005). The phenomenon of family suicide in Korea grew after the 1997 Asian economic crisis caused loss of jobs and societal unease (Kim, 1998). Regarding family suicides in the twenty-first century, with the polarization of wealth in Korea, the poor fell into despair, causing some families to see death as the only solution (Jung, 2004).

The psychological mechanism of Korean suicide may be informed by Marx's subjective powerlessness and Bowen's failure of differentiation of self. Lystad (1972), applying Marx's subjective powerlessness theory, argued that in modern society, the unemployed and otherwise poor people fall into a sense of powerlessness, become socially alienated, and eventually even create a class of alienation from the self. Meanwhile, Bowen saw the failure to differentiate one's ego from that of another person as failure of differentiation of self. In a family-centric country like Korea, the individuality of family members is threatened and parents tend to see their children as their dependents rather than as independent beings. Thus, there is an infinite sense of responsibility, threatening lack of self-differentiation (Son, Kim, & An, 1997). This lack of self-differentiation between parents and children could lead to family suicides when a family fell into extreme powerlessness (Lee, 2007).

With the increase in suicide rates, there has been an increase in the awareness of bereaved families whose loved ones have completed suicide, resulting in enhancement of social service programs to develop training systems for counseling bereaved families.

Culture, Religions, Industrialization, and the Grieving Process in Korea

Anyone who is born dies. Thus the last hurdle of life is death and it is recognized with funeral rites. In particular, death cannot be an exclusive personal event, as it is seen to affect society as a whole. In other words, the death of one person brings about changes to the social groups to which that one person belonged, and as such, has a social meaning. Through funeral rites the changing order is restored and by symbolically filling up the hole left by the deceased, a new order is erected and customs are rectified (Park & Hong, 2012, p. 170).

Based on notions derived from traditional shamanistic beliefs, most Koreans perceive humans as the dual combination of body and spirit (Park & Hong, 2012, p. 387). Thus, they believe that although the flesh may die, the source of life lives in the spirit, and that after death one is reincarnated as a new being, a spirit in this world, or goes onto the afterlife for eternity. Spirits are also seen as omniscient, omnipotent beings that are not restricted by space or time (Park & Hong, 2012, p. 387).

Therefore, within universally honored funeral rites, in addition to the Confucianism that had such a dominant impact on Korea from the mid-seventeenth century, there also exist residual facets of Buddhism and shamanism. From these derive rituals before and after the death, a ritual for the corpse, ritual for the bereaved, a funeral ritual, and a ritual after the funeral (Song, 2010). The process of these ceremonies precisely models the *separation–transition–reincorporation* process of Arnold van Gennep (1960). In other words, the separation between the deceased and the living, the period of transition where the feeling of solidarity lingers between the living and dead, and finally the process whereby the dead wholly reconsolidate with the afterlife, and the living with the reality of life.

This process of separation–transition–reincorporation lasts up to 3 years: the funeral, *cho-sang*, which takes place on the year of the departure; the commemorative first anniversary of one's death, *so-sang*; and the *dae-sang*, which occurs on the second anniversary. Together, this is called *3-year mourning*. The period of mourning ends after this 3-year period and the *reincorporation* stage then unfolds.

Koreans traditionally have a strong belief in the existence of spirits and also that the relationship between ancestors and descendants continues eternally following death. Consequently, it is very important to pay tribute to the deceased on the anniversary of death or on important holidays (Song, 2010). In this way, the funeral and subsequent tributes yield a smooth road to a difficult transition, which not only is thought to help the deceased to let go of lingering thoughts of this world and enter the afterlife, but also helps the bereaved to recover from the loss and to readjust to everyday life. In Korea, funerals are very expensive, and most guests at a funeral give the bereaved *condolence money*. It's a custom similar to that of giving money at a wedding, and was started for the purpose of reducing the financial burden of a funeral, and it continues today.

Because of the complex formalism of funeral rites, families often receive help during this process. In agrarian regions, relatives live together in a community, comforting and helping each other. This is especially true of the kinship group called *Dang-nae-chin*, which shares the fourth ancestral grandfather of the patriarchal lineage, and participates in the funeral wearing funeral attire. Even local residents help to send off the deceased, assisting in cooking or guest accommodations. Thus, in rural Korea, the traditions surrounding a death are highly communal in nature.

In urban situations, where families have left their native communities, the bereaved are often these days comprised of just the immediate family and/or close relatives, and religious groups are taking the place of more distant relatives or neighbors. There have also been changes in funeral rites. Most of the traditional funeral rites mentioned earlier have been simplified. Among the factors which dictated these changes are urbanization, the very rapid and nearly universal spread of condominiums and apartments as primary residences, hospital deaths instead of home deaths, the increasing popularity of public funeral homes over home funerals, changes in perspectives on death and the spirit, and the influence of Christianity.

Christianity, introduced to Korea in the late nineteenth century, has wrought many changes in funeral services. Rites honoring the spirit of the deceased were deemed *idolatrous* in the Protestant Christian view. Christians prohibited traditional funeral rituals and also the annual tributes for the ancestors. This Protestant approach often generated familial conflict when it was introduced. However, the Catholic Church, which accepted prayers for the spirit of the deceased and ancestor worship as part of the culture, was more easily integrated into the traditional Korean grieving system. Further, the lengthy ritualized lamentations of the past are vanishing, due to the modern individual's typically busy lifestyle. Traditional mourning has in many cases been shortened to as little as 3 days in some families. Most companies give a 3-day funeral leave for employees when a parent dies. Some people choose to keep the mourning period for 49 or 100 days, but it is now very rare to adhere to the entire 3-year mourning period. The rituals to honor the body of the dead continue to be performed, but those for the spirit are largely neglected, and the disregarding of all rituals after the burial has become commonplace. The tribute to the ancestors, which was normally dedicated up to the fourth ancestral generation in traditional society, has been simplified and many now dedicate only up to their grandparents.

Traditional funerals and rites of tribute have also been commercialized. The practice of paying a monthly fee to funeral service companies to receive help during funerals is expanding. Complaints, refunds, and termination of contracts regarding these companies are at times raised as an issue in society (Hankook Daily News, Sept. 14th, 2012). The commercialization of funeral ceremonies can result in unintended consequences. For example, while the bereaved should be the host of the funeral rites for the separation–transition–reincorporation process, through which both the deceased and the bereaved go their separate ways, the bereaved during standardized commercial ceremonies may instead become merely onlookers. Thus, despite a well-organized and structured ceremony, the bereaved may become lost in all the jumble of activity, may fail to be comforted, and as a result may be unable to integrate the loss into daily life. This situation can interfere with the fundamental rationale for offering funeral rituals.

Unique Korean Ideas About Death and Loss

Guilt Faced by Offspring After the Death of Their Parents

From a Confucian perspective, the death of a parent is a considerable sin of the offspring, because it is believed that they have failed to provide adequate care for their parents. The attire and the behaviors of the bereaved worn during the funeral and rituals express that guilt. In addition, dying before his or her parents die is the most undutiful thing that a descendant can do the parents.

Fearing Death and Ghosts

Rooted in shamanism, Koreans avoid contact with death as much as possible, because death is related to spirits or ghosts. The corpse is veiled and tied fast; soil is trampled over the soil mounded on the coffin, and a shaman ritual called *shitkim-goot* is performed during the funeral. *Goot* is a rite composed of sacrifice, dance, music, and ritual performed by a shaman. *Shitkim-goot* is a rite to cleanse the regrets of the spirit of the dead. The shaman cleanses all regrets the dead did not resolve before death, and releases the spirit to the other world (the afterlife). This tradition is based upon fear of the spirit of the dead person.

The Concept of Abnormal Death

Deaths of infants or youth by disease or accident, deaths of non-married individuals or those who have wandered, suicides, and other types of death are regarded as *abnormal* deaths. It is thought that the spirit of a victim of *abnormal death* hovers over the living and will harm them. The bereaved family who has experienced an *abnormal death* usually avoids the funeral service. Instead, the corpse is promptly cremated or buried, because the family is ashamed, and because they want to relieve the uneasiness of neighbors. Families of *abnormal* death could not lament or even speak about the death.

The Continuity of the Reciprocal Relationship Between the Dead and the Living

Koreans think that death cannot disconnect the dead from the living. Rather, the ghosts of the dead are always connected with the living, and in a reciprocal way. They believe that the spirit of the dead stays with its family during the 2-year-long transitional period before the spirit completely settles into the other world. Even after 2 years, as evidence of the family's side of this reciprocal relationship, the family of the deceased holds a memorial service to honor deceased family members up to the fourth ancestral generation on their death anniversaries and major holidays. In return, these ancestors are thought to extend protection to their descendants.

Consoling the Spirit of the One Who Died with Regrets

It is common for the bereaved to meet the deceased in their dreams. The former are sensitive to the status of the ghost of the dead and, upon awakening, perform a good deed for the latter. For example, when they think the spirit of the dead is not happy, they

invite a shaman to perform the *goot* ritual. One study (Yoon & Kim, 2010) tells of a mother who saw her son, who committed suicide, in a dream. In the dream, he said, “I am hungry,” and so, henceforth, she prepared food for him on his birthday every year.

Blessings for the Dead

The bereaved have a great interest in helping the ghost of the dead arrive at a better place in heaven. The rituals of shamanistic *goot*, providing money and rice to the dead body (the *ban-ham ritual*, explained in an earlier section), and the Buddhist *Cheondo* rite are examples of their blessings for the dead. The *Cheondo* rite is performed by a Buddhist priest to bless the dead, to open its eyes towards wisdom and be born again in a good place. Catholic churches often organize groups to perform a relay prayer to console the spirit of the dead until the funeral service finishes, as the Catholic Church teaches that believers can help the spirit of the dead ascend to heaven from purgatory through the merit of prayer.

Communication with the Dead Through Objects or Symbols

Koreans believe that they can communicate with the dead using objects or symbols. When they close the lid of the coffin over the corpse, they make *hon-baeck*, a symbol of the spirit of the dead, made of paper, and visualize the spirit. During shaman *goot* for the dead’s soul, the shaman dancer sweeps the body of a doll that symbolizes the dead with a brush as a symbolic act to release the spirit from the regrets it had before death. Koreans infer that the world of the spirit is reflected in the life of the living, and try to communicate with the dead through such symbols.

Korean Traditional Funeral and Grieving Processes

Korean traditional funeral and grieving processes evolved under Confucianism during the *Chosun* dynasty (16C–19C), and are mingled with ancient shamanistic practices. The rituals described here are categorized based on the works of Kim, Park, and Hong (2011, pp. 221–239) and Lim (2013, pp. 25–42).

Rituals Before and Immediately After Death

During the last moments of a person’s life, family members surround him in the main bedroom and say goodbye. This is called *im-jong*. When they confirm that the person has passed away, they loosen their hair and beat their chests, crying loudly.

Then, one person brings a piece of the deceased's clothing into the yard and waves it toward the roof, shouting "*Bok* (meaning "return"), *bok, bok.*" This process, *go-bok*, calls back the spirit that has just departed the body. After this, a table is set in front of the main gate of the home, prepared with bowls of rice, pairs of shoes, and coins. The family members believe that three messengers of the other world come to escort the spirit of the dead. Straightening the corpse before it hardens is called *soo-shi*. After straightening it, the host lays the corpse on a hard board, covers the whole body with linen, and sets up a folding screen in front of the corpse. After this, they inform neighbors, relatives, and friends of their bereavement (*bal-sang*).

Rituals for the Corpse

First, *seup*: the corpse is washed and clothed. *Ban-ham*: rice is put into the mouth of the corpse and beads or coins placed on the breast, actions thought to ease the journey of the spirit to the other world. Then, *so-ryum*: the corpse is bound with ropes seven times from bottom to top. Next, *dae-ryum*: the corpse is wrapped in a large piece of hemp cloth. Finally, *ip-kwan*: the corpse is laid in the coffin. After this, the coffin cover is nailed into place, and the coffin is draped with red silk on which the final career and name of the deceased are written.

Rituals for the Bereaved

Hon-baeck is an object made of thread or paper that symbolizes the ghost of the dead, which the bereaved receive after laying the corpse in the coffin. They put the *hon-baeck* in a box, put the box upon a high chair, and prepare a ritual table in front of the chair, a process thought to separate the spirit from the dead body. After receiving the ghost, the bereaved wear funeral costumes slightly different according to the kinship relationship with the dead. Sons and unmarried daughters wear the highest ranked attire, composed of coarse cloth, straw shoes, and a stick, signifying that they are sinners who sent their parents to death. Once they are dressed, they dedicate a *seong-bok* rite. After wearing costumes, the bereaved (the hosts) begin to receive condolences from other mourners, the number of which signifies the social position and status of the dead and/or hosts.

The Funeral

Helpers at the funeral (village folk in the past, but funeral specialists in the present) prepare a *sang-yeo*, a coffin carrier covered by colorful papers or flowers, and the grave. On the night before the funeral, people play boisterously, carrying the empty *sang-yeo* on their shoulders in the funeral home (usually the home of the dead).

Folklorists interpret this feast-like custom as a meeting point of the bereaved and the life energy of the living people, and as a performance to cover the gloomy atmosphere of death with play (Lim, 1995). The present funeral culture that allows mourners to stay overnight at the funeral home and enjoy alcohol and games can be traced to the play of *sang-yeo*.

Carrying the coffin out of the home is called *bal-in*. They lay the coffin upon the *sang-yeo* and dedicate a rite of *bal-in*: the farewell rite. Then, the parade of *sang-yeo* starts, the order of which is as follows: The banner on which is written the name of the dead; the spirit (*hon-baeck*) of the dead riding on the small sedan chair (*young-yeo*); several banners and the *sang-yeo*; the head of the bereaved family (usually the first son); other family members and mourners. The order of the *sang-yeo* parade is reflected in the present in the order of the seats on the bus or the service cars that carry the hosts and condolers to the burial place. After the coffin arrives, it is lowered into the earth at exactly the time and place specified by the theory of divination (*Feng shui*). After lowering the coffin, soil is spread on the top. Other helpers spread the remaining soil over the grave, level the ground, and dedicate a rite using food. Then, helpers rhythmically trample over the soil, make a burial mound.

Rituals After the Funeral

After the burial, the funeral party brings the spirit (*hon-baeck*) back to the home. This ritual is called *ban-hon*. At home, the returned *hon-baeck* is carefully placed in the living room or the room the dead used, and a dining table is set up in front of it. Dedicating food to the deceased, which is called *sang-sik*, continues until the expiration of the mourning period. A rite is conducted every day for 3 days from the day of the funeral, the third one being called the *sam-woo* rite. They dedicate the first rite just after *ban-hon*, and pray that the spirit of the dead should not wander, but arrive safely at the funeral home. After the *sam-woo* rite, they visit the tomb and check the burial mound, the site, and other facilities related to the tomb. From this day on they dedicate *sang-sik* not every day, but two times a month.

Within 3 months after the death, the *jol-gok* rite usually takes place to celebrate the end of lamentation (*gok*). After this rite, the family laments only when they dedicate food to the spirit. The second year death anniversary is commemorated as *so-sang*, and the third year *dae-sang*, which is the end of the mourning period. From this time on, the bereaved believe that the dead belongs to the other world entirely, and they return to their ordinary life. The eldest son of the dead prepares food for the rite every anniversary night after the expiration of the mourning period. They believe that the spirit visits home to receive offerings at the dining table. This is called the *gi* rite or the tribute to the ancestors, which the descendants are required to dedicate up to the fourth ancestral generation.

Korean Funeral and Grieving Processes as a Coping and an Intervention to Loss

As should be clear by now, various devices have been created to console the bereaved as a part of the traditional Korean funeral rituals. First, they seek to allow sufficient time for the bereaved to emotionally separate from the loved one. During the *3-year mourning* period, the bereaved family lives together with the spirit of the *living dead*. This process provides the bereaved a substantial period whereby to handle the psychological and filial problems deriving from separation and loss. It is noteworthy that this period roughly coincides with research that suggests 2 years is needed to properly deal with the sorrow caused by death (Horon, 1994; Wolfelt, 1988).

Second, there are ritualized ways to outwardly express the complicated emotion of sorrow, guilt, regret, and so forth. The bereaved are allowed and encouraged to mourn by crying loudly. This is intended to offer an effective way to grieve for men who are not allowed, per social norms, to cry in ordinary life, and for women whose voice must not be heard out of the house wall in traditional Confucian society. To wear coarse clothes and to suffer from insufficient eating and sleeping are also official ways to express sorrow and guilt.

Third, the rituals actualize some works the bereaved can do for the dead, and help the bereaved to maintain and develop the relationship with the deceased even after death: The bereaved prepare a dining table for the messengers of the spirit; perform a shaman *goot* to console the spirit before releasing it to the other world; offer a wedding ceremony for the ghosts of the unmarried dead children (*ghost marriage*); dedicate a Buddhist *Cheondo* rite; host and care for the spirit of the dead for 2 years; and perform a *gi* rite every anniversary night. These rituals provide a robust system for developing a satisfactory relationship with the dead. It is a way to bless the bereaved by renewing the relationship with the dead.

Fourth, the funeral process confirms the love of the community for the deceased, and after the funeral ends, the bereaved can successfully reintegrate into their lives. In traditional society, the funeral service was the work of the entire village. They gathered together at the home of the dead and created a boisterous air for at least two nights in order to be with the bereaved, and thus received energy to renew their lives together, by sending the dead to the other world.

Case Study: Suicide Survivors

This is the story of suicide survivors who lost their mother and wife to suicide, which is excerpted from a study by Park (2010), and reorganized by the authors from the view of the *healthy grieving and reincorporation into life*. For suicide survivors, in addition to the shock, rage, and guilt that come from suicide itself, survivors must also deal with the unfavorable perceptions of those around them. We will observe the importance of proper funeral and lamentation processes, which

were lacking in this case, to relieve the grief of the bereaved. All the names in this story are pseudonyms.

In the autumn of 2009, *Hyosung's* wife committed suicide. At that time, they had a 15-year-old daughter, *Jinhye* and a 12-year-old son, *Jinsung*. In his early 40s, *Hyosung* had unsuccessfully searched for a stable job after losing his job 4 years before, and his wife became clinically depressed. One day in September, with her young son at home, she committed suicide by throwing herself from the veranda of a 15-story apartment. Because he thought that spreading the news of his wife's suicide would be harmful to the children, he did not tell his parents, relatives, and the children's schoolteachers; instead, he told only his siblings and his wife's younger sister, asking them to keep it a secret, and then quickly held a funeral. Immediately after the funeral, he shut his family off from the rest of the world. As *Hyosung* explained:

After the funeral, just our family of three was left ... my daughter said this ... "Dad! When I go to school tomorrow, do I have to tell the teacher about mom? I don't want to ... I want to say she's just sick ... no ... it's OK if I just say that she passed away from a car accident, right? And this thought came to mind ... "Now we're trapped in a cave ... There is really only you and me in this world...."

Hyosung began to spend a lot of time taking care of his children, who were in puberty. The daughter tried to make up for the mother's absence and suppressed her own emotions in order to prevent relatives from mocking her mother. The son prioritized understanding his family over his own wants (examples?).

After the wife's 49 day-Cheondo rite passed, *Hyosung's* life was filled with uncertainty and unsettledness coming from his son's worrying actions (which were?), loneliness from the absence of his wife, and the burden of having to raise the children himself.

I was reminded of my wife ... Especially when I go to bed alone ... It's so lonely ... So, from a few months ago, the three of us all sleep together... Jinhye is a big child, so it was a little odd, but when I asked, "Do you want to sleep with dad?" the children liked it.

The daughter *Jinhye*, 15, is studious, active and has an independent personality. She began to lock up her world to protect her mother from the mockery of relatives (explain?) and to fill the void of her mother for her father and brother.

Last time at (mother's) funeral... aunt said something about mom... to dad... "You aren't even supposed to hold a funeral for those who commit suicide, why are you doing this?" ... That we are young and that it is bad to keep showing us this (suicide)... But ... I became angry ... What about my mom ... So now, when grandma or aunt calls, I reply "I'm alright! Don't worry about me!" and hang up. (Shortened) I don't like it because it seems like they mock my mom while pretending to care about me.

We never talked about mom at home after she passed away. Even when we eat dinner... We just talk and laugh about what happened during the day... Dad even worries about us watching television in the living room late at night ... That we might look at the veranda and think of mom....

The son *Jinsung*, 12, is shy and had an especially close relationship with his mother. He feels so much guilt from not preventing his mother's death that he portrays himself as a culprit who does not even have the right to feel sad.

(Very quietly) *But really, mom did that because of me, right?! Dad said it isn't (my responsibility), but I needed to block her... So I'm sorry to mom but also to dad and sister and grandma....*

After the mother's 49 day-rite, *Jinsung* was admitted to a hospital for the treatment of depression. After finding out that he has the same illness that his mother had, he fears that he may act like his mother.

I tried standing where my mom stood (the veranda). I tried it to see whether or not it was scary ... I'm scared ... How did mom fall from here? But if I fall and follow mom, I think for some reason it will be neither painful nor scary and I think that mom will come and receive me (from Jinsung's diary). Each person's pain is being completely suppressed, and in the absence of help or support, they are feeling the ill-effects.

Suggestions for Healthy Grieving and Reincorporation into Life

Even though traditional Koreans evolved detailed processes for healthy grieving, the funeral process today is much smaller in scale and convenience-centric. It is often the case that a sparse funeral and bare minimum ancestral rites are conducted. Also, as the responsibility of conducting funerals transfers from families to religious clergymen and businesses, the bereaved are becoming more like any other guest, making lamentation through the funeral almost impossible. Problematically, because all periods of mourning were planned as funeral rites in traditional Korea, people today do not know how to share the pain or talk about a death under the simplified ritual system. This becomes a severe problem for unusual or abnormal deaths, such as suicide. People are left to resolve their sadness and complex feelings surrounding grief on their own without the support of ancient rituals or traditional communities.

There are changes that could be made in the following areas to help modern Koreans deal more effectively with loss. First, we could educate people about how to share their feelings and support each other throughout the mourning process. Often, Koreans do not know what to say even when they are at the house of mourning. People do not know how to communicate with the bereaved, and the bereaved in turn do not know how to share their thoughts or feelings with other family members or close friends. Education in this regard would surely be helpful in dealing with these issues.

Second, a culture-specific effort by psychological and religious bodies could be undertaken to help the bereaved to receive sufficient consolation and to ensure healthy reintegration into their everyday lives. Perhaps the recent social movement,

which includes many older women, to conduct the *Cheondo* rite for aborted babies (Woo, 2013) is related to an insufficiency of consolation and mourning in response to prior losses. It also seems sensible to modernize and adapt the concept of *goot*, a traditional rite to help the deceased and the bereaved settle their accounts. This could be one role played by a psychological counselor in grief counseling.

Third, a greater effort for restoration and reconciliation of family relationships not only after death, but also before, would be helpful. Given their stormy history, Koreans often contain within themselves social, personal, and familial regrets and tensions. These tensions are often not resolved before death, and consequentially, are internalized as guilt or shame. Providing a service to help families reconcile before the death and have a good parting between the living and the dead is essential. This is an especially pressing issue because 25 % of the population is Protestant and the Protestant faith proclaims that there is nothing that can be done for the deceased. Accordingly, there is a need for a structured program in which pastors provide pastoral counseling before death, so that the family can be well prepared for the departure.

Fourth, and finally, it would be immensely helpful to find ways to change the perception of people who die due to suicide or from accidents, as well as offering social support for the bereaved who are suffering in these particular instances. This is important because, as we saw in the case study, those who suffer suicide or other unnatural forms of death may cut themselves off from the outside world in fear of being mocked or shamed. This exacerbates their emotional pain. Bereaved families are exposed to high levels of stress because of financial difficulties, necessary readjustments in family roles and the many other factors discussed here. Until now, there has been an implicit assumption that grief was something that should be taken care of within the family. But due in part to the radical curtailment in rituals and traditions that have customarily played key roles in the grief process, there is now a need for society to provide special attention and services for this matter.

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Part III
Europe

Chapter 6

Bereavement and Grief in Greece

Theodora Kaldi-Koulikidou

Death, the most terrifying of ills, is nothing to us, since so long as we exist, death is not with us; but when death comes, then we do not exist. It does not then concern either the living or the dead, since for the former it is not, and the latter are no more.

Epicurus, ancient Greek philosopher (341–270 BC)

Introduction

Grief and bereavement are universal phenomena but they are conceptualized differently according to the culture and society. The process, that people need to elaborate the loss and to reconcile with it, is related with how they conceive death, their beliefs about immortality of the soul, their historical and religious background, and their cultural traditions.

Greece, due to its unique location between three continents (Europe, Asia, and Africa) and two civilizations (Eastern and Western) has developed a mixture of features. This mixture originates from common elements among Mediterranean countries, or Balkan ones, and others from the Orthodox Christian countries. For each one of the above groups there are specific features which derive either from the locality or temperament of the people, others from the common cultural, geographical, and historical roots, and others from faith and religious orientation. Also, contemporary developments in Western theology and perceptions of death have influenced ideas about the immortality of the soul in Greece (Faros, 1993).

The word *penthos*, which means mourning in Greek, is a parallel type of the word *pathos* (passion, pathetic), having the same route from the verb *pascho* = suffer (Hausherr, 2004).

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The Perception of Death in Classical Greece

Death has been always a complicated and mysterious issue for the Greeks. Since the times of Homer our ancestors have expressed several philosophical ideas about death and grief. Death for the ancient Greek was not the end. Life and death were interrelated and they co-existed within the macrocosm and microcosm.

The belief that death was a gate to the real life led the ancient Greeks to seek an understanding of death, and hence to find ways to control their bereavement by giving their own answers to their philosophical quest toward an understanding of the unknown.

Early in Greek history death was conceptualized as the brother of Sleep. Homer (eighth century BC) writes in *The Iliad* that Sleep and Death are twin brothers (Verity, 2011) (Fig. 6.1). Since death was considered to be sacred, leading to the redemption of the soul, this perception affected behavior during bereavement. The popular wisdom today has borrowed this perception using the maxim, “Sleep is half death.”

The ancient Greeks personified death (Charon) and they called Hades the place where they believed that the souls of the deceased were living. The ancient Greek writer Antiphanes (388–311 BC) advises, “Mourn moderately your loved ones. Because they are not dead, but they crossed first the same path we will all necessarily take.” Plato (427–347 BC) in his dialogue, *Gorgias* mentions that death is nothing else than the separation of the soul and body (Plato, 2012).

Bereavement and grief were also expressed in a unique way in the ancient Greek tragedies. Tragedies are a hymn to proper bereavement and grief in a different



Fig. 6.1 Hermes (Psychopompos), between the twin brothers Thanatos and Hypnos (Death and Sleep) are moving the fallen son of Zeus, Sarpedon, to Hades, the world of the dead. Calyx-krater, ca. 515 BC; Archaic; British Museum, London. *Source:* <https://arxaiellinika.wordpress.com/page/11/>

dimension. In the masterpiece of tragedies, Sophocles' *Antigone* of the fifth century BC, the lament of Antigone is the quintessence of grief ending with the catharsis of redemption (Sophocles, 1999). Catharsis was used as the bridge for connecting the transition from ignorance to knowledge. In tragedy, the constant claiming of the right for someone to mourn is clear.

Transition to Christianity

Christian religion introduced the meaning of the resurrection and the immortality of the soul, and it attempted to incorporate the commemorative practices of the past.

The Christian approach gave a spiritual meaning to the mystery of death, which would be terrible by itself and with no meaning, if hope is not included in the narrow limits of life, and existence doesn't aim toward eternal life (Zeses, 2001).

The early Christian writers adopted the ancient Greek name Hades to indicate the place where people go after death. The above word is found 11 times in the *New Testament*.

The texts which derive from Eastern Christian literature and have as a topic the devoutness or refer to bereavement are numerous and attribute the spirituality of the East by delineating the evolutionary path that processed the teaching throughout the centuries (Hausherr, 2004).

From the Christian aspect, bereavement leads to catharsis, which seems to have several similarities with the ancient tragedies. Questions like *Why?* or *What is the purpose of life if there is death?* cannot be answered or explained by human criteria.

The Holy Fathers of the Church had studied and understood the wisdom of the comforting literature of the ancient Greeks, and they used it wherever it was now going against the teaching of Christianity by completing it (Zeses, 2001).

In the Orthodox Christian tradition the Holy Fathers are very clear that illness and death do not come from God. The view that God is the cause of death is considered to be the most blasphemous wording for God who is the source of life. It is a result of scholastic theology, the prevailing view in the West that God punishes man for disobedience to Him by death (Faros, 1993).

Nevertheless the way people grieve and bury their dead has not changed greatly since before the introduction of Christianity (Mystakidou, Tsilika, Parpa, Katsoula, & Vlahosb, 2003).

The Holy Father of the Orthodoxy, Saint Basil (330–379 AC) wrote, among others, seven comforting letters to people who were mourning over their beloved ones' death. His purpose was to lighten pain and console people (Zeses, 2001). These letters are still a guide for empowerment of the soul and support in mourning.

In the Byzantine hagiography, there are no scenes of bereavement in the cosmic sense. *Charmolypi* (a joyous mourning) and the hope of the resurrection prevail, even in the most mournful events. *Charmolypi* for the Orthodox Christians is called a mixed feeling of joy and sorrow. Joy refers to the eternal life with God and sorrow

to the human feeling of loss. This emotion seems to be a paradox for those who are not oriented to the Orthodox Christianity, since joy is the absence of sorrow and sorrow is the absence of joy.

The approach toward bereavement in the theology of the Christian East differs from that of the Western perspective. The Eastern approach focuses on the hopeful message of the resurrection. This helps to limit the excess of mourning. The more contemporary view of death has been influenced by Western attitudes toward grief, involving more stressful mourning (Faros, 1993). In Greece today beliefs about grief and death are based on both the ancient and the Christian Orthodox traditions (Mystakidou et al., 2003).

Important Historical Implications of Loss in Greek Culture

The Greeks have suffered numerous losses in their long and turbulent history. Many enemies, external and internal, have threatened their sovereignty and affected the development of the nation. Here will be mentioned the important losses and traumas, which either lasted a long time or have occurred during the last two centuries. The purpose of doing this is to show how a culture's history affects its approach toward death and grief.

The rule of Greece by the Ottoman Empire (1453–1821) is the longest occupation in Greek history and has had many unforeseen consequences. Countless ills shook Greek society for a long period of time, and sealed the subsequent path of their journey as a culture. Only in the nineteenth century when the Greeks began to shake off Ottoman rule could Greeks redefine their identity. Greeks began to reconnect with their past and built upon these traditions, which had been kept alive and evolved during the Ottoman rule. Death from unnatural causes was part of life, and it was often expected. Today, the ruins of history still haunt Greek society.

A major loss in recent cultural history occurred in 1922, and this so-called Catastrophe was the epilogue of the Greek–Turkish War (1919–1922). Greeks, whose families had been living in Asia Minor (Turkey) for centuries were expelled back to Greece at the end of the war, while Turks whose families had been living in Greece for a long period of time were sent back to Turkey. This expulsion was officially called the Exchange of Greek and Turkish Populations. For Greece, it meant that 1,500,000 Greek refugees living in Asia Minor were forced to leave their home, where many had been living since ancient times, and come back to the motherland. This so-called exchange uprooted countless families caused untold trauma which has obsessed the national consciousness ever since.

Ottoman occupation of Greece for almost 400 years, followed by the Catastrophe in 1922 and its aftermath, has left an indelible mark on Greece today when you take into account the hundreds of thousands of the Greeks who are descendants of those families forced out of Asia Minor (included the writer).

During the same period (1914–1923), one of the first genocides of global contemporary history occurred. It was the genocide against Greek populations in the

Black Sea (Pontian Greeks) by the Turks, which led to massacres and deportations of about 350,000 Greeks. The genocide has been recognized officially by the Greek parliament. It was part of the systematic ethnic cleansing of Christian populations, including Armenians.

The First and Second World Wars (1914–1918, and 1940–1944, respectively) caused many casualties for the country.

The civil war (1946–1949), which followed soon after World War II, was an unexpected and terrible shock for the Greek nation, already exhausted by the war. A series of mistakes and traps, imposed by the “high” foreign protector nations in order to control the rudderless ship of the just liberated country dragged the people into strife. An unexpected and unwelcome disunity, discord and enmity cost Greece numerous casualties and significant destruction. In the minds and hearts of many Greeks, the dissolution and disintegration during the Greek civil war after World War II has been captured perfectly by the ancient Greek historian Thucydides (460–398 BC) in Chapter 83 of his third book about the Peloponnesian War, which also was a civil war. The result was an enormous loss of manpower, incalculable disasters, and economic collapse. The Greek Civil War has been seen by many international observers as the first act of the Cold War in post-World War II history (Deleris, 2012).

Fast-forward to the global financial crisis which started in 2008. This is our most recent national trauma. The implications are still under examination. The Greek economic situation may be reminiscent of an ancient Greek tragedy. The impact of the economic crisis seems to vary as a multi-faceted phenomenon. The continuously increasing unemployment and the drastic reduction of income for families seem to have impacted on health in general and, especially, on Greek mental health (Efthymiou, Argalia, Kaskampa, & Makri, 2013). High rates of depression and suicidal tendencies have been recorded in the Greek population. An increase of 43 % in suicides has been officially recorded by the Greek National Statistic Service from 2007 to 2011. This has happened in a country which before the global economic crisis had one of the lowest suicide rates globally at the rate of 2, 5/100,000 of population. Now it has reached the rate of 5/100,000 (Apostolakis, 2013). According to the statistics, the psychological impact of the crisis hit mainly the most productive ages, people on whom the socioeconomic foundation of the country is based (Efthymiadou, 2011).

Without doubt, the financial crisis of the country affects family relations and it affects families during a period of transformation and redefinition. This is a reality which is imposed by outside factors upon the family, rather than a problem that families have created for themselves. Nevertheless, the distance between the family crisis and the financial crisis is not a long distance (Kogkidou, 2012).

So far, the end is not in sight. There is no indication that there will be an exit soon from the economic impasse, no signal that the despair that has overwhelmed the country will soon be gone. However, Greeks, despite the dramatic experience they are enduring, have begun rediscovering lost values. The country in past decades had entered the modern world, casting old values aside as they joined a world marveling in materialism and overconsumption, but things are changing once again in Greece.

Bereavement in Contemporary Greek Culture

As you set out for Ithaka
 hope the voyage is a long one,
 full of adventure, full of discovery.
 Laistrygonians and Cyclops,
 angry Poseidon – don't be afraid of them:
 you'll never find things like that on your way
 as long as you keep your thoughts raised high,
 as long as a rare excitement
 stirs your spirit and your body.
 Laistrygonians and Cyclops, wild Poseidon –
 you won't encounter them
 unless you bring them along inside your soul,
 unless your soul sets them up in front of you.
 C. Kavafy (1863–1933) poem *Ithaca*

Perceptions and practices during bereavement derive from both ancient and Christian Orthodox traditions (Mystakidou, Tsilika, Parpa, Katsouda, & Vlahos, 2004–2005). Dealing with death and bereavement in contemporary Greece is a mishmash of residues of past perceptions influenced deeply by Orthodox Christian theology, as well as history and tradition in Western culture, as well.

The practices mainly for mourning have many similarities with those ones practices in classical Greece. Perceptions during bereavement differ according to religious orientation.

Greek culture represents many common customs and traditions about mourning, but there are also sub-cultural customs which vary in the country from region to region. The common basis of them is mainly due to the dictates of the Orthodox religion and the cultural heritage. The diversity among them is due to either the local history—different parts of Greece were ruled by various rulers of different background—and the temperament of the natives. Areas which have been isolated for centuries have saved more typical and stricter rules for mourning.

The Grieving Process Grief is not a weakness, it is a necessity. Avoiding mourning is not bravery and it might cause bigger problems in the future (Klimaka, 2013). According to Freud and other clinicians, to begin the bereavement a person has to complete the first stage of denial of awareness of the loss (Kübler-Ross, 1997).

The various disorders brought on by bereavement depend on many factors, but several of them have acquired an anthropological dimension and constitute social cues of bereavement (Bacque, 2001).

Lament and mourning serve as timeless expressions of grief. Culture and religion play an important role, but how an individual integrates, accepts, processes, and assimilates these principles is determined by his physical and psychological status. The transition from a multi-cultural model to a multi-individual one has affected the contemporary perspective (Mittleton, 2009).

Ritual and its role in bereavement play an important in Greece for the majority of the people who are Orthodox Christians.

Expressions of Grief Bereavement isn't always manifested in the same way. Important factors affect the way one expresses mourning, such as how the death occurred, and the age and role of the deceased in family (Bacque, 2001).

The external expressions of bereavement, which have been developed through the centuries, are the precious practice of a valuable expression of accumulated wisdom and experience (Faros, 1993).

Death in urban Greek culture has become increasingly distant from everyday life; medical training and practice mirror this outlook by ignoring the study of ethical questions connected with the care of the dying. In all the areas in Greece there are common customs and traditions, which have been introduced from antiquity and reformed through Christianity.

Laments The laments exist in several countries of the world, mainly in eastern and African cultures, as an integral part of mourning. Though lament is a global phenomenon, it is expressed in numerous ways related to the cultural and religious roots, but also related to the personality of individuals. The laments help bring emotional relief in the funerals as an extension of the individualistic element and a spiritual deepening. They play a double role of an emotional relief and a spiritual deepening (Agorastos, 2010) (Fig. 6.2).

In Greece, these dirges are folk songs, improvised most of the time, and inspired by great pain. Death, bereavement, and grief, as a specific process, are the epitome of the laments. They are a eulogy to the person who passed away because they refer to the life of the deceased and her or his relationships. The emergence of religious elements through the lamentations can become palliative for the bereaved. They act as a psychotherapeutic process that prevent grief turning into depression, since



Fig. 6.2 Female mourners in Greece. Pottery fragment ca. 535–525 BC. *Source:* Louvre, Paris. Web site: www.louvre.fr/

through the laments people remember and share with others things from the life of the deceased for reminiscence of their shared experiences.

Being part of an ancient tradition the laments express, through the popular wisdom and emotions, the intense sorrow and grief.

Singing *moirologia* to the person who passed away is a privilege of women only. They could be the closest relatives or women of the community.

Referring to the women's lamentations, the Greek historian and writer Spyridon Zampelios (1815–1881) characterize them as wondrous masterpieces of the Greek elegy and native products of sensitivity (Myriovivlos, 2013). Their Greek name, *moirologia*, is derived from the word *mira* which means fate or destiny.

Various laments are found, especially in rural parts of Greece with their individual local features.

These mournful songs, called also the songs of *Charos* (Death), have their roots to Homeric times. The Homeric poems of mourning preserve burial customs and behaviors. Andromache's lament for her dead husband Hector and Achilles' lament for his friend Patroclus are unique expressions of mourning.

The progressive disappearance of them during the last century, especially in urban areas, was due more to the formation of new social conditions and the alteration of the structure of social cohesion.

There is a paradoxical analogy and close resemblance between popular songs about death (*moirologia*) and marriage (*nifika* or *nifatika*) in Greece. Though both at first glance seem to represent rites for two diametrically opposed occasions, they have similarities in structure and content due to the fact of separation, which is compared with loss. This analogy between death and marriage songs is even clearer when an unmarried young person dies (Danforth, 2004). It is quite common to find a *moirologi* which is sung as *nifiko* by changing a few words.

Where are you going my little pigeon, to build your nest?
 If you built it on the mountains, the snow will unmake it
 If you make it on the beach, the wave will ruin it
 If you make it on the ground, the snakes will break it down.
 Where have you decided my little pigeon to build your nest
 So that my lips have withered and my heart has burned?
 A *mirologi* sung by a mother who lost her son (Myriovivlos, 2013).

Funeral Meals: Makaria These are the funeral meals that ancient Greeks served to guests after the funeral. The name derives, according to ancient Greek mythology, from a goddess of blessed death, and she was the daughter of Hades and Persephone (Fig. 6.3).

Later, early Christianity endorsed these meals even from the time of the Apostles. The Christians used to offer common *forgiving meals* during which relatives and friends honor the person who passed away. Today, Makaria are still offered and people sit together during the meal, talking about the deceased's virtues, narrate moments from his life, and pray for his soul. The mourners find solace from the support of the community, unburden their pain, and feel that those are left behind are not alone.

Other Expressions of Mourning For centuries women in Greece used to get dressed in black while mourning (Fig. 6.4). Black has been associated traditionally by Western culture with death and mourning. It is an important change in the individual's appearance, signifying the emotions of the mourners. By dressing in black the women express the gloomy and painful part of their heart after the loss of a loved one. Also, in Greece if a woman does not wear black for someone's death in the family, it shows disrespect to the deceased (Pentaris, 2010).



Fig. 6.3 Eleusinian funeral supper. *Source:* Arhaiologike ephemeris 1886



Fig. 6.4 The lying in state of a body (prothesis) attended by family members, with the women ritually tearing their hair. Depicted on a terracotta pinax by the Gela Painter, latter sixth century BC. *Source:* Web site: <http://art.thewalters.org/browse/medium/ceramics/?page=2>

The period of time in which mourning people wear black clothes in Greece is called *bereavement*. The period of this mourning lasts according to the relationship of the mourners with the person who passed away, their personal feelings, and their personality and religious faith. Bereavement takes on an even more important role in rural areas, where the community is smaller and society has less tolerance for changes in tradition and custom. Normally this period lasts from 3 months to 3 years. The mourning person avoids participation in social events, or gatherings for entertainment for some period.

Another manifestation of mourning is that a woman doesn't go out of the house for 40 days after the death of someone in the family. She stays at home and the relatives, friends and neighbors pay a visit to her to express their sympathy and help her feel not so lonely.

When the mourners have visitors to console them they offer coffee and small dark chocolates. The house is not decorated, nor are there flowers in vases. No decoration could make the mourners feel happier or forget their loss.

In several rural parts of Greece women do not have their hair cut and men do not cut off their beard as a sign of mourning for a period of 40 days (when the first big mnemosynon-memorial for the soul takes place). In classical Greece the common practice was to have their hair cut. The behaviors and the traditional customs vary from place to place. In rural areas many customs are observed that did not have their roots in antiquity, while other customs can be traced to the dark period of the Ottoman rule in Greece (1453–1821).

Management of Grief: The Role of Rituals Death is the end of a known status, which hurts deeply and shakes the status of life causing mental and many times a physical pain, as well. A great ally in the battle with grief is time, but it is not enough by itself to restore the disturbed mental status of the mourners. There is no timetable for returning someone to normal feelings (Agorastos, 2010; Kübler-Ross, 1997).

How someone reacts to a loss depends on the cultural matrix in which the individual lives, the ways the person relates to other people, and the meaning the person gives to life and death (Zartaloudi, 2010).

The theorized five stages of the bereavement—denial, anger, bargaining, depression, and acceptance—are not necessarily followed by many Greeks. They can skip a few stages in between. Denial might not necessarily be followed by isolation, and it may last for an extended period of time. Acceptance, as though the reality is terrible, could come more smoothly after the first shock. This happens to those who have an unwavering faith in God and embrace the teachings of the Holy Fathers of the Orthodox Christian Church. The Holy Fathers have dealt with the issue of loss and death for many centuries. Anger for them would be an insult against God, showing that the person is lacking in trust. And depression is believed to derive from evil. The period of each stage depends on many factors, including the individual's personality and relationship to the deceased.

Those who mourn by keeping certain religious rituals, which can last for a long time, find the opportunity to help themselves to accept the event and then gradually separate from the deceased. Caring about the soul of one who passed away is a priority. Caring about the corpse is a necessity, so that we can more easily accept the loss.

Memorial Masses (Mnemosyna) The process of grief is characterized by emotions which are followed by various customs and rituals that help people to adjust to the new conditions and find their way to continue their life. The support of the church, relatives, and the community are key factors for managing grief.

Memorial masses follow specific religious patterns that Greeks, regardless of their place of origin, are familiar with (Pentaris, 2010).

The memorial masses (*mnemosyna*) play an important role. These rituals have been established by the church from the early Christian times and are kept by the majority of the Orthodox Greeks, regardless if they are church-going persons or they keep them as a social necessity. The *mnemosyna* take place on specific dates after the death period, and they aim to commemorate the person who died and to pray for the person's soul. There are held on the third day after the death, the ninth day, the 40th day, 3 months, 6 months, 9 months, 1 year, and 3 years after death. They also take place on days which have been designated by the church or related to specific dates, such as the day of death or the name day of the deceased. (According to the Greek Orthodox tradition, every day of the year is dedicated to Christian saints or martyrs. This day was the day of their death or martyrdom. When someone is named after one of those saints, that day becomes their "name day" and, traditionally, is celebrated. Name day is, in effect, more important in Greece than the day of one's birth.)

During the *menemosyna*, relatives and friends are gathered and share their memories and experiences. The closest relatives prepare boiled wheat (*kollyva*) mixed with sugar, raisins, nuts, and other ingredients, and this is offered to the attendees. The *kollyva* has a rich symbolism in Greek culture, and among others *kollyva* symbolizes the common resurrection of the people as the seeds die first in order to be born again.

Philanthropy for the poor people and helping others is a gesture of good will aiming to help the soul of the deceased and the mourners to manage their grief and feel relief. Usually a candle is kept burning for 40 or more days at the household, as a prayer for the soul of the person who passed away and as a reminder of the person's absence and feelings of loss.

Mnemosyna can be seen to resemble rituals in ancient Greece, called mysteries (*elefsinia*), which promised to help souls enjoy a joyful existence in the world of the Afterlife.

Community and Individual Contributions

Overcoming a loss depends on social support to a great degree. Human contact can have significant power, and can act as an antidote for someone struggling to overcome grief. The people who can support and help mourners are either professionals or volunteers. Doctors, social workers, psychologists, psychotherapists, priests, and others are among those who are involved, more or less, in the process of grief.

In Greece there is an absence of organized intervention programs to provide adequate guidance and support for the bereaved. There are some state organizations,

and counseling and psychiatric centers for depression and other mental problems, but few of these specialize in bereavement.

Turning to a psychotherapist is not as common a phenomenon in Greek society, compared to other Western countries. Certainly, what prevents people from seeking expert help is not a lack of experts in the country, but a lack of trust for unknown professionals, plus the need to find money for this service, which doesn't seem to be a priority. In contrast, many Greeks confide in good friends and relatives, who can support a grieving person for a long time.

The Orthodox priest can play a very supportive role in the process of grief. He is called to be, simultaneously, a confessor, a spiritual leader and supporter, a psychotherapist, a sociologist, and a healer of mental trauma.

Funeral offices also offer social services, having replaced—especially in urban areas—the traditional way in which the community, relatives, and friends were undertaking these tasks. The labyrinthine processes and requirements after a death in cities today, plus the emotionally charged atmosphere which burdens kin and friends, has led to this professional solution.

Epilogue

The ancient Greek philosopher Irakleitos (544–484 BC) said that dogs bark at those they don't know. For those of us in the modern world, we may fear death because no one knows what it is about, and life has become an end in itself.

Pain will always be the same, so it is with grief. The way that we face these hardships can give new meaning to our existence. And the wise apothegms of the ancient Greeks also tell us that those who passed on before us have taken a path that we all shall follow.

Christos' Story

It was Saturday, April 24th, 2010, the day of Saint George. The Church of Saint Paraskevi in Kallikrateia town in Chalkidiki, Northern Greece was full of people who gathered to say farewell to Christos, a boy of 13 years old. Christos could not fight anymore to win over death, and he passed away after 10 years of fighting with cancer. The atmosphere was heavy and the sadness hung in the air, but there was a peace and a restrained, soft wail of grief.

Christos was the only child of Theopisti and Apostolos. He had been diagnosed with rhabdomyosarcoma hibernoma at the age of three. The cancer was found in his left leg. At that time his odyssey began. Like Ulysses his painful journey lasted for 10 years. Did he finally find his own Ithaca, his own meaning and purpose in life? The reader will decide.

After the first diagnosis, the doctors advised that Christos should start chemotherapy immediately. Every day of postponement could be fatal.

His tiny body was not strong enough to fight with something so powerful. Only 6 months later the doctors had to amputate Christos' leg to avoid spread of the disease. It was July and Christos was not even three-and-a-half years old.

About that time he developed a special relationship with a priest who became his spiritual father and his crutch in this journey of life. The priest and the little boy developed their own code of communication.

Soon Christos discovered numerous ways to move. Mostly walking like a small rabbit in the house. Soon after, he was given a prosthetic leg. He tried to carry around the new foreign member but it was not easy.

This was just the beginning of a long and painful journey full of storms, incredible patience and fortitude, and also full of many small joys. This short life for Christos was spent mostly in hospitals, accompanied by his mother Theopisti (which translates as *Faith in God* in Greek).

Almost every 6 months Christos needed another surgery, because the cancer was developing a new metastasis. A brand new tumor appeared, over and over. After a while he stopped counting both the new outbreaks of the disease, and the number of surgeries he had endured.

He spent 3 months of hospitalization at ELPIDA (Hope), an Association of Friends of Children with Cancer. He was 5 years old.

“Am I going to die, Mum?”

“You know, Christos, there are many kinds of cancer. Many die but many can make it.”

“And me, Mum? Am I going to make it?”

“Yes my boy, you will.”

Cancer struck again very seriously, this time in the lymph nodes of Christos' groin. Twice. A new line of chemotherapy and surgeries began, and a long period at the hospitals followed. At the age of seven, cancer visited Christos' lungs. The doctors had to take bone marrow from him. That was also the time when he got a sister, Maria.

Soon cancer jumped to his bladder. Twice, again. That was the critical time that Christos decided not to have any more surgeries. He was 7 years old. His parents respected his decision.

The aggressive cancer, free this time, moved to one of his kidneys. It was urgent that his doctors perform a nephrostomy. This is an artificial opening between the kidney and the skin, allowing for the drainage of urine directly from the upper part of the urinary system.

Christos had already exercised his veto and his parents decided they should comply. He allowed the doctors only to introduce a bülau to his lung (a one-way valve which allowed the free air of his chest to get out) one and half month before he passed away.

The cancer spread to the upper part of his body. It conquered his head. One and half months before Christos passed away he lost his sight and became blind. His mind was undamaged, and his thinking remained precise and clear. His head became deformed within a few days. The end was close but Christos was thankful. He had accepted the situation. He had always been a cheerful person, full of joy. The only thing that he missed was the sea. His house was located about 200 m from the sea,

and the sound of the waves and the smell of the sea breeze were his companion while he was staying at home.

About that time Theopisti and Apostolos felt that they came closer as a couple. The long period that Theopisti spent with Christos in the hospitals was leaving no room for family symbiosis and partnership. Also, Christos' sister Maria needed care. She was growing up. When she complained that she had not had her mother, Christos replied, "Don't worry Maria. Be patient. Soon our mother will be all yours." Apostolos' mother undertook the task of raising Maria in the meantime. Maria came into their life at a critical time but the couple didn't realize it in the beginning. Maria would become soon, after Christos' death, their hope and the most important reason for continuing their lives in a normal way.

Christos learnt very early in his life to fight. He was a real fighter. He had known the meaning of his disease since he was 5 years old, and he had accepted his situation. He believed that this was his life, and his belief influenced his parents. In effect he was saying, "Accept your situation and the others will do the same." His parents drew strength from Christos. He was very cooperative with the doctors. He never said no to anything. He was a joyful and optimistic little boy. Everyone could rely on him to give them doses of optimism.

"The days at the hospitals were full of blessings," Theopisti explained. When he was 3 years old he needed to have his first nuclear exams and he should not move. "May I move my eyes, Mum?"

Once he had to do a very hard and painful biopsy without anesthesia. He suffered a lot. When he came out of the surgery he asked his mother, "May I belch, Mum?"

"Yes, Christos."

"Stupid doctor!" was his answer.

He could not go to school. The continuous residence in the rooms of the hospitals made school attendance impossible. Instead, he was attending the classes of the hospital teachers every time that his health allowed him to do so. And he was like a sponge. He was clever, smart.

He spent only 3 months in the second grade at the hospital. One day the teacher asked him in the class, "Christos, would you like to tell your story to us?" "Yes," he readily replied. He showed his prosthetic leg and he narrated his story to the other kids. He was very glad that the kids were listening to him. When he finished the children erupted in applause. Some were crying.

"Why did you tell your story, Christos?" his mother asked.

"I wanted the others to learn that I have equal rights as they do," he replied. And he moved dragging his prosthetic leg as it was very light. He seemed so light weight. He was just 7 years old.

After that event, he developed a deep faith to God. He was going to the church from the age of three and he could attend the Holy Mass in the ancient Greek language as it has been done for 2,000 years in Greek orthodox churches. The strange thing is that he could understand the words and the meanings of this old language.

During the last 2 years, he started preparing his parents for the end. The strong pains had already started to hassle his body. His mother remembers: "We went to

the pain clinic. He entered, went to the doctor and said, 'I have cancer. Can you help me?'" He was trying the lollipops with morphine, but soon they were useless. "Mum, why do I suffer so much? Oh, I know. I will have better treatment in God's hands." And he added, "Please Mum, don't worry. Wherever I will go, you will come with me."

The difficult nights had started. Exhausted from the pain he wanted to stay home. His parents accepted it. "Mum, I am going to die." To the abbess of his favorite nunnery he would say, "I wish I could be buried to your nunnery."

One night, 1 year before he passes away, he said, "Mum, I am going to die. I don't want you to wear black. I want you to get dressed in red. And color your nails red, too. This is what I want. I want my clothes to be given to poor children, my games to my friends, and my favorite football team stuff to my cousin who loves this team."

"Are you afraid, my boy?"

"No Mum, I am not."

That was the perfect summer, his mum remembers. Getting his medicine right, everything looked calm and not so painful.

She remembers, "At the hospital all the children were becoming one. Every time that one child was crossing the line of death, all the others knew it. What a kind of mystery, what invisible threats had united all those children to the route with no return? His favorite friend was Thomas. They liked to touch their bald heads and laugh. When Thomas left, Christos knew it."

September arrived and just before Christmas Christos was at the hospital again. When Christos lost his sight he developed other senses and the power of his faith was revealed to a great degree. He was becoming cumbersome. He was lying on the bed all the time. He couldn't even sit.

It was the Great Lent some days before the end. Theopisti remembers, "We all lived many spiritual moments during that time." Some nuns from the nunnery of Panorama, a suburb of Thessaloniki, came one morning to the hospital. They had with them the holy relics of Saint Nektarios, a popular Orthodox saint known for working miracles on incurable illnesses. "Mum, would you please help me to get up?" The small box opened in front of Christos and a fragrant smell was spread in the air. Christos started moving his mouth like he was talking to someone, but there was no sound. Christos suddenly said, "Heaven! What a wonderful word! Only by saying this word your mouth is getting sweet. Then addressing the nuns said "I will tell you what Saint Nektarios said for your nunnery and the nuns." Then he asked his mother to go out for 10 min in order to stay alone with the nuns.

When she went back into the room all of them were crying. His mother asked, "Who were you looking at? To whom were you talking, my son? What happened?"

"Mum, when I worshiped the holy relics it was like I was transferred somewhere else and Saint Nektarios came to me. I asked him, 'Shall I make it?' He answered, "Yes, you will because I am with you."

The same day at noon some nuns from the nunnery of Ormylia in Chalkidiki came to the hospital because a nun needed to have a medical examination. "How are

you, Christos?" asked a nun. "I was not here this morning, Sister. I was somewhere else. Who is outside of the room chanting? Can you hear them?"

He turned to his mother, saying, "Mum, what happens to me? I am not here. What is wrong with me? Am I losing my mind?" And he addressed a young nun sitting by his feet who asked him how he felt. He said, "I am good. You are not. Be careful. Don't do what you are thinking. Don't leave the monastery. Wherever you go you will find no rest. You must stay there and obey the abbess."

He wanted to confess very often to his spiritual father. However, "Christos does not confess to me. I confess to him," his spiritual father would say.

His sister Maria was 6 years old when Christos passed away.

Theopisti said, "I never asked why and I never felt anger. I have compromised with death. I was living death every day through the pain of the mothers of other children, as an audient, in the early days after Christos died. In the beginning I felt relieved that Christos had no more pain. He didn't suffer anymore.

Christos visited Mount Athos from the age of 7–11 when he was feeling better. Once, a monk gave to him a wooden cross with a small piece from Jesus' Holy Cross. He was wearing it all the time along with the cross from his baptism. Before the end he took off the wooden cross and gave it back saying, "I cannot carry it anymore, Mum. It is too heavy." Theopisti felt that Christos was saying that it was too heavy because he was carrying his own cross.

She admits that she had a long period of grief and a smaller time of bereavement. The 10 years of the torturous journey with Christos were full of pain and distress and the numerous sleepless nights were full of agony. The deaths of so many other children thought out the years and their parents' pain sculpted her patience she got acquainted with death; she had to do so from the moment the doctors had diagnosed that Christos was on a one-way journey. Necessarily, she learned how to deal with it, accept and find her own way to make it part of her personal and family life.

In contrast, Christos' father said that he was the one who asked *why*. But not anymore, he explains. And it is obvious that the faith and the spirit of his wife encourages and supports him.

Christos continues to visit his mum in her dreams. He is always present every time he wants to warn her and protect her from danger. He comes in her dreams the night before a member of the family passes away. He says, "I have come, Mum, to pick them up." There were several deaths like that. A total of seven deaths occurred in the family in a year and a half. Christos was always present to welcome them. And his mother considers it to be a great blessing.

When I met with her to talk about Christos, I saw a cheerful, smiling person reflecting love. She was dressed in a bright red blouse. She was dressed the same way the next time I saw her, too. That was Christos' desire. I think he wanted the color to be red. This color characterizes Easter where passion is followed by the resurrection. He wanted her to continue her life smoothly. Besides, Christos promised his mother before he passed away, "Wherever I go Mum, you will come with me." Christos' spirit and struggle have always been with her, and instead of weakening her, they have given her strength.

There is no anger or depression, no denial or isolation. There is only hope and a calm feeling of love. And at the end of this ordeal there is always the promise: She will be with Christos again someday. She keeps going to Christos' favorite church and nunnery, feeling his presence alongside her faith in God.

She asked me to write the story of Christos using real names. That was the least I could do in memory of such a brave little boy fighting for his life, and such exemplary maternal self-sacrifice. I feel like the story of Christos and his family is a gift: a hopeful and optimistic message.

Cleopatra's Story

It was a mild evening late that May, many years ago when Theodora got a phone call while she was at friends' house in her home city Thessaloniki. "Is your name of your mother Cleopatra?" "Yes" was the answer. "Your mother and your father had a car accident. Your mother is being carried with an ambulance to the hospital right now" "What, where, how?" Theodora lisped. The unknown voice from the other end of the wire, replied. "I know only that your parents were hit by a car while walking and the driver abandoned them on the street and left. Your father is right now at Kilkis hospital (a city one hour drive from Thessaloniki) but your mother should be carried urgently to a hospital in Thessaloniki."

A jumble of feelings and thoughts swept Theodora and numerous unanswered questions were born in her mind. "Is it real? No, it can't happen."

She didn't even remember how and when she arrived at the hospital. She was feeling confused without knowing what to expect. The ambulance hadn't arrived yet. It was an hour drive from the village where the car accident happened. Ten minutes later the ambulance siren sounded deafeningly while the ambulance entered the gate of the hospital.

Theodora recognized her mother lying stationary on a rolling stretcher and several doctors and nursed around her. She approached embarrassedly and took her mother's cold hand which was hanging out of the stretcher, running by the stretcher to the surgery. "Who are you?" a doctor asked. "I am her daughter" Theodora stammered. "She is in a coma." He said. Soon, the naked stationary body of her mother, covered by a white sheet disappeared behind the door of the surgery. That was the last time that Theodora saw her mother alive.

Two and half hours later a doctor came out to say to Theodora and all the relatives who had already arrived that Cleopatra would never recover again. "I am afraid that it is a matter of time now, maybe hours, days, weeks, who knows? All her body organs have been damaged. If the driver would not abandon her on the street and she had the appropriate medical care in time, she might live"

Theodora was listening to the words appalled without having contact with the reality. It was like a movie for her. She could not capture the dimension of the drama. Waiting skeptical on the bench, with no tears, trying to put her feelings

under control and her words in order asked the doctor.” Are you sure? No hope, at all?” “No we are sure” “Is it possible to donate some of her organs?” Theodora asked. “No way. The blow was so strong that all her organs have become shivers.” The last glimmer of hope flew away together with Theodora’s hopes to see parts of her mother to live through others. She couldn’t perceive yet the reality and she could not recover from the shock. There was still time for hope there was later time for mourning.

Twenty hours passed with Cleopatra in the intensive care of the hospital and Theodora was waiting. For what? She didn’t even know.

Suddenly the sound of a church’s bell resounded from afar. A shiver went through the Theodora. My mum has just passed away she thought that moment, like she got a transcendental message. At the same moment someone announced her that her mother passed away.

That was the moment that Theodora’s entire life and her family completely changed but it was too early for her to realize it. She couldn’t then perceive that a death could re-organize someone’s life and many times put life on another base.

The first reaction for Theodora was that she had to accept the reality and live with it from that moment. She could realize immediately what happened but it definitely it takes time.

Though everyone was keeping saying against the driver who not only caused the car accident but he left Theodora’s parents lying helpless and unconscious on the road, she never asked why. Cleopatra was at the age of 57 and Theodora at the age of 38. The police caught the 22 years old driver early next morning.

Theodora says “I didn’t blame the young driver for the car accident. It could happen to anyone. I blame him only for leaving my parents helpless on the street and this event cost my mother’s life. But he is young.” Today she didn’t even remember the driver’s name and she doesn’t want to.

She has never asked “why” since then. Not only for the accident but also for everything that happened in her life since then. This is something that she feels that it doesn’t belong to her. She would never get an answer. “Besides the why belongs to God and not to us” she strongly believes. Theodora through the pain and grief found relief and hope in Church. The support she got from there it was beyond any expectation. Then she decided to leave the screwdriver in God’s hands, which means for her, let God to guide our steps. That changed her attitude and though pain was like a knife in her heart she tried to find positive points and promising hope. That was the time she realized that what every day we read in the newspapers or news about deaths could affect anyone with no exception.

For 3 months Theodora was dressed only in black as all the mourners in Greece do and she intended to keep doing it for much longer. The grief though was so deep that she was feeling that her appearance should show the grief of her heart. One day her 12 years old daughter told her “Mum, I don’t want to see you in black any more. I cannot stand it” Like a veil was lifted and she realized that life goes on. She had a family to take care. She changed her clothes and she felt immediately the difference.

Being with friends was something that relieved Theodora. She liked to talk about her mother and she was surprised what people had to say about her, how her mother had affected their life one way or another. She was feeling remorse for not showing her love the way her mother deserved.

She has endorsed the idea that God loves each one of us as we are His unique children. Therefore, He allows us to pass away in our best moment which is known only to Him and allows us to join Him. She came to this conclusion after much talking with spiritual fathers and various events that happened in her life.

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Chapter 7

The Vision of Death in Romanian Culture

Alina State Mihaela

Introduction

Romanian Mythology

To live with death might be considered a platitude in many cultures. However, in Romania, this saying constitutes a starting point for reflection on death in society. Certainly throughout history, humans in all societies have been preoccupied with questions regarding death, loss, and immortality. These questions—and the answers derived, explored, and believed by various human cultures—affect the living in many ways. In Romania, death customs, folklore, gestures, and rituals based in ancient Romanian mythology are practised by people even today. According to this perspective, a human life undergoes three important stages, demarcated by events: birth, marriage, and death. After death, it is believed that the soul separates itself from the body and integrates into the universe, forming a whole with nature, a belief that originates in pagan times, perhaps traceable back to Thracian mythology. According to this view, then, the life after death is simply a continuation of the earthly one.

Traditional Romanian Culture: Rituals, Customs, and Traditional Beliefs

In Romanian culture, death is conceptualised as an old, ugly, and skinny woman, and its inevitability must be accepted. Romanians believe that a person's death is often preceded by a series of signs: the cracking of beams, the falling of religious

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icons off the wall, even the song of a hen. The ease (or lack thereof) with which the soul leaves the body depends on the degree of a dying person's morality. For example, a child is without sin, so he or she can easily see Paradise during the dying process. For a sinless child, passing over to the other world is easy. Once out of the body, it is believed that the soul sits near the doorway, by the eaves, by the window, walking in places where he or she lived. This is a period during which the soul is between the world of the dead and the world of the living, and it usually lasts for about 3 days, until the funeral, although in some cases, it is said that the soul can remain between worlds for up to 40 days.

Romanian funeral rituals, in some cases, derive from original Roman funerary traditions. The funeral tree is one of the classic forms under which some important vestigial elements in the life of a Romanian are present. In those older times, for example, a cypress, a tree which could no longer bud after it had been cut, was planted in front of a house with a dead person. When the Roman settlers from Dacia did not find this tree, the custom was slightly changed to use a fir tree, which came to be viewed as the tree of life. This is evidenced by the frequent appearance of the fir tree in many customs having to do with life transitions. There is, for example, a custom, followed by some midwives, of planting a *brother-fir* tree when a child is born, which represents the symbolic union of the two. This is also the reason why, at certain important transitions in the life of the individual, the fir tree appears again. For example, at a wedding a fir tree is decorated to celebrate the event.

When a young person dies, the brother-fir tree is cut and laid at the bedside of the deceased, and at the person's grave. The custom of confession by a fir tree also demonstrates the importance—deeply rooted, even before Roman times—of the fir tree in the Romanian imagination. To avoid the cutting of an entire tree, the custom is reduced to the taking of a branch, which is decorated with sweets and cakes that are shared at the burial feast. The fir tree is also used when the dying person is unmarried, and sometimes unmarried girls who die are dressed in a wedding dress, their funeral serving also as their wedding.

When a sick person is about to die, the family calls for a priest who performs an unction service, reads from the *Bible*, intended to facilitate the passing of the soul from the body. If the tears of family members run dry, if they have exhausted themselves of grief, they, like their Roman ancestors, may hire a mourner, although typically, the deceased is mourned by the spouse, the nieces, or the village women.

In Romanian tradition, the alms ritual of the dead was performed three times a year, a tradition now known as the Three Saturdays of the Dead. Death is perceived in Romanian culture simply as an aspect of the human condition from which no one can escape. After death, the body, still warm, is bathed and dressed in the finest clothes and laid in the coffin. A candle is lit, so that the light may help the deceased find his or her way in the darkness of the world beyond, a world that some Romanian folk tales call the white world. A person who dies suddenly, or who dies somewhere abroad, is considered dead without a candle, and the memorial services in such cases are different. The 21st of November, called *Ovidenie*, is dedicated to those who have died without a candle, those who have committed suicide or died in another country, far away, thinking that a light which is lit on this day will forever guide the soul in the world beyond.

Neighbours, friends, and relatives attend a wake, which usually lasts for about 3 days, during which the priest comes and reads the *posts*, that is, the four gospels. Then, at the cemetery, the priest splashes the coffin with wine and oil, and reads a special funeral service, while those present eat from the dead person's alms, prepared at home by the relatives, after which attendees gather at a home, where the priest blesses the burial feast. At this event, clothes and various objects considered useful in the world beyond are usually given to the poor.

A series of burial feasts is organised after a week, a month, 3 months, 6 months and a year, and at least once a year, during the following 7 years. The many gods are, according to pagan tradition, the souls of those dead in the family, transformed into spirits that may influence, for the better or for the worse, the living members of the family.

Marriage is considered the second stage of life, and if the deceased never married, then the tragedy of the death is perceived to be magnified. The same is true in the case of people too young to have married—seen as *not enlightened*—who die. In such cases, it is thought that the life cycle has not properly completed, and so these individuals will not find peace after death, but will exist in torment. In those cases, a ritual is performed during the funeral in which the wedding with nature and death is celebrated in an attempt to give eternal peace to the deceased.

Regional Characteristics in Approaching Death

The phenomenon of death has created different traditions and particular customs, specific to certain regions of the country. After accompanying him in his earthly existence, superstition has its well-established place fixed once with the passing of the Romanian to the world beyond. The entire funeral ritual is given special attention by the relatives of the dead person, and by the entire community as well. For example, in the Timoc area, as a sign of grieving, the men of the house wear their caps for 40 days, they do not cut their hair, do not shave; women take their skull-cup off, and the girls let their hair down.

In the Oltenia region, just like in other regions, important attention is given to alms, the food which is prepared for the deceased and shared with the living. Alms is made of clean wheat, washed in nine waters, boiled until it becomes a homogenous paste, mixed with sugar, nuts, and spices. The coils, which are shared, are round and in the middle there is a cross made from dough. The dead man's tree is made from a branch of a fruit tree, with three arms, each arm being loaded with fruits. At the bottom of the tree, a handkerchief is tied and it has a coin in one of its corners. After the funeral, the gifts are consecrated by the priest. Another custom for the dead is that from the Holy Thursday of the Holy Week. Villagers wake up at four in the morning and they commemorate their dead. They light fires in front of their houses, then they go to the cemetery. Each old lady keeps some cobs in her hands that they light in front of the dead people's graves, a bunch of tulips, and incense. The living start asking the dead to come back to this world and to see what has happened to their families. On their way back, the women bake coils and sponge cakes that they give as alms.

The most interesting example of the connection between ironic and happy epitaphs and the black death of the universe is the Happy Cemetery in Săpânța village in the Maramures region. This cemetery is famous for its brightly coloured crosses on the graves, the simple paintings representing scenes of the life and the occupation of the buried person. There are even lyrics on some of the crosses in which the people in question are often described in a humorous way. The novelty of this cemetery is the difference as compared to most cultures which consider death as a very serious event. In 1935, a Greek-Catholic priest, Grigore Risiu, who was also a Romanian and Latin teacher, suggested to Stan Ioan Patras that he make the vertical part of the crosses a little bit wider, with a place for the epitaph. The first epitaph dates back to 1935, and starting with the 1960s, the entire cemetery has been well appointed with almost 800 crosses, sculpted in oak, becoming an open-air museum of a unique nature and a tourist attraction. Some crosses are painted on both sides. On the one side, there is a description of the life of the buried one, and on the other, there is a description of the cause of death. In 1935, Stan Ioan Patras, an anonymous wood sculptor at the time, carved the first lyric of an epitaph on a cross in Săpânța. The Happy Cemetery is a sort of an archive which keeps a wood record of the life stories of the people in Săpânța. And to make it *happy*, it had to be a colour spectacle. Stan Ioan Patras did something that had not been done by then in Maramures: he added the colours of life to the wood and transformed a place which is generally sad into a happy one. One epitaph from Săpânța notes:

You look at me as well, as it was good for me in the world, as I liked having fun with my brothers. They sang and I danced. And we entertained them all. When I wanted to get married, death looked for me and took my life away. You, my lovely parents, comfort me with the others and I tell you all not to forget me as long as you live.

The Spiritual and Religious Approach

Belief in the immortality of the soul, in its survival after departing from the body, is a universal phenomenon. In most countries and religions of the world, there is the firm, general belief that human existence does not end in death, but the soul survives in a certain form even beyond the grave. What we call *the cult of the dead* is built upon this more or less explicit belief. That is, the responsibility that the living have to maintain the spiritual connection with their dead: to remember them; to honour their alms in different ways; and especially to look for and ease their situation in *the world beyond* through different rituals and ceremonies; by praying towards God for their undisturbed rest and the forgiveness of their sins.

In Christianity, the majority religion in Romania, the chief role given to the soul in religious life has transformed the care for the dead into one of the important elements of Christian piety, to be expressed in rich, varied, and religious ways. Thus, death represents the passing to a superior existence in which the soul of the believer finds rest and eternal happiness in the immediate vicinity of Christ. The firm belief that those who die are united with Christ, the conqueror of death, determines the

believers to reduce the distance or the impossible gap between life and death. The love which brings believers together in life is so strong that death cannot destroy it.

Another important religious aspect is the fact that we can get over the suffering if we are not alone. Those who suffer need people to be close to them, the pain must not be undergone on your own. There is a relevant example of this:

And they sat at Christ's cross, his mother and his mother's sister, Mary of Cleopa and Mary Magdalena. So, Jesus seeing His mother and the apprentice that he loved standing together, said to His mother: "Woman, there's your son!" Then the apprentice said: "There's your mother! And from that time on the apprentice took her with him" (John 19:25–27).

The Current Caring Standard for Grieving Persons/Families

The current state of social, medical, and emotional support to grieving individuals is quite limited. This kind of activity starts to become more visible due to the activities of some NGOs, which offer voluntary services to grieving people. It is too little as compared to the required necessity. There are projects, attempts, approaches which are meant to provide the introduction of psychotherapy/counselling services and support psychological assistance, in the category of the medical services, which are included in the health insurance package. There is also the desire to create more workplaces for psychologists/psychotherapists within hospitals. The presence of this specialist outside neuro-psychiatric hospitals is sporadic. There is not a very concise, well-organised approach yet, in the medical world, where there is generally a lack of personnel.

Support groups for those who go through grieving can be more easily found due to some voluntary activities within nonprofit associations and organisations. Despite this, grieving people turn more and more to psychotherapy services even in private practice. Psychotherapy is a process in which people believe more and more, and the benefits of psychotherapy have become better known, so that the people in question choose to try this way, also.

The Psychological Perspective: Therapy for Pain

Mourning is, from the social point of view, a time meant for living the pain. Traditionally, it lasts for about 1 year. From a psychological point of view, it is a process which implies the commitment of the person to the loss. This is why in psychotherapy, it is referred to as *mourning labour*. Its purpose is to confront the loss and all the feelings arising from it.

Mourning labour is the mental process that occurs after a loss through which we confront the loss. Then the pain gradually subsides. But life is in a state of permanent change, being full of mourning and losses, of letting go. Any change in our life implies a disruption, a separation, a choice that we make implies letting go of something.

Attachment lies at the basis of any connection. A person who does not know how to become attached, will never know how to separate either. If the relationship of attachment has been uncertain, then the separation phases are lived improperly and the mourning labour is not resolved. There are people who do not get attached at all, for fear of separation; there are also people who get too attached, they are very adhesive and they experience separation in a very difficult way. In any relationship, there are four phases: attachment, connection, separation, and mourning. If the mourning process is not accomplished, the person will not be able to get involved in another relationship and will not connect in an authentic manner; it will be just a substitute for the lost bonding. If mourning and grieving are not accomplished, the person will stay mentally blocked in the past. This shows the person's inability to integrate the loss and to move on, to adapt to a life without the deceased one. Research literature shows that surviving a loss depends on many factors: the individual's sensitivity to loss; the way the loss occurred; the intensity, importance, and the duration of the relationship with the person we lost; the complexity of emotions; and the social network. Personal sensitivity to losses becomes a part of our personality. If the attachment style is uncertain, then the sensitivity to losses is greater than that of a person with a safe attachment style. It also matters if the loss took place in a natural or unnatural, expected or unexpected way. The intensity and the duration of the relationship are important as well. In Romania, the loss of the partner or of a child can lead to pathological mourning. Anticipated losses are considered easier. If the person has a social network (family, friends, relatives), the loss can be better overcome than when such a social network is missing. It is not unusual to meet adults committed to a particular fight against death, evidenced by their careers as doctors, nurses, and pharmacists. When children are confronted at a very early age with the loss of someone they love, the effects of such experiences seem to linger. There are more principles which differentiate the pain of a child from that of an adult:

- Children experience grief physically.
- They express themselves more non-verbally.
- They express their anger in a more direct way.
- They live the mourning period discontinuously.
- They adapt their needs to the needs of their parents.

Case Study from an Adlerian Perspective

I will present the case of a patient I have worked with in psychotherapy from an Adlerian perspective, assisting her in grieving the loss of her son, offering therapy and psychological support to allow her to adapt to a life without her son. For ethical and professional reasons, the patient will be called *Victoria*. Victoria came to the office after being previously scheduled by phone by her best friend at the time. He asked me to see her, telling me that Victoria really needed to talk to a psychologist, since her son violently died in a traffic accident. The accident happened about a month before the meeting.

Socio-Cultural Aspects

Victoria is a woman who raised her child alone since he was 6 years old. Her family of origin was modest, living in the countryside, where she became accustomed to nature and hardships. The family was Romanian, of Orthodox religion, and highly educated. Now, Victoria is living in a small town in the central part of Romania with an established business of her own. She is 44 years of age and is upper-middle socioeconomic class.

I met Victoria nervously. She came to me stricken with pain and grief. I was surprised by her appearance, the words she chose, and the way she held on to her son's photo. In an odd way, I felt, from her very first visit to my office, an extraordinary force was hidden beneath this tremendous suffering. There was so much passion, so much genuine feeling, that I knew that together, 1 day, we would be able to redirect this vital force to the path of rediscovery and personal reconstruction.

Victoria spoke about her son, her failed marriage, and the significance motherhood held for her. Dan was an amazing child: talented, athletic, poetic, and loved by many. His death left Victoria tormented by feelings of guilt, primarily around not having spent enough time with him. I asked her to tell me about Dan.

She proudly showed me some of his lyrics. Together, we explored questions like: Who contributed to Dan's character? How did he become a beautiful, responsible young man, with a social interest, generous, and upright, appreciated and loved by all the people he met? Who supported him in his educational pursuits? Who stood by him when he succeeded and when he failed? Slowly, Victoria began to see the love between her and Dan more clearly. For the first time she saw that without her maternal dedication, Dan could not have become what he was. For the first time she said the feeling of guilt was beginning to diminish. We discussed the difference between being guilty and feeling guilty.

Slowly, Victoria started to trust me and to reveal herself as we built the therapeutic alliance. From my chair, I gradually and deeply entered Victoria's life and her grief. It was a long and difficult road with many question marks, but we never gave up. I helped by honouring her fear, helping her manage her protest, and we walked together toward the rediscovery of self and new meaning in life.

We also talked in depth about her childhood. We explored her experiences of the family atmosphere, birth order, gender, and other dynamics she felt interfered with her growth. It is important to note that Victoria underwent a period during which she could not bring childhood memories into therapy. She experienced strong emotional resistance to this process. With the aid of therapeutic stories, psychodramatic methods, and dialogue with her inner child, she revealed that at the age of 12 she was abused by a family member. This experience with past trauma also influenced how she reacted to Dan's death. Victoria began to understand the pieces of her life's puzzle. She began to have meaningful dreams, all entrance gates providing deeper access toward knowledge and self-understanding.

The psychotherapeutic approach in Victoria's case was guided by these principles: (1) pain is an individual process, each individual deals with loss in an original and

unique way; (2) pain is an opportunity for inner development; (3) pain can be best faced when in a safe environment; and (4) pain cannot erase an unwritten natural law, that grief is a normal emotion. I also used the Adlerian lifestyle inventory, a working instrument that I used not only to collect data, but also as a tool for psychotherapeutic intervention. This measure includes lifestyle components dealing with self-esteem, self-image, and identity. It also deals with values and moral judgments as well as behaviours. As in the Cultural Building Block model,¹ the biopsychosocial environment is explored, culture and genetics, and family capital. We also deeply explored her as an individual, working together to challenge beliefs that may impede her ability to grow through this tremendous grief, as well as her strengths. For example, she noted her own bravery and tenacity, sense of humour, and flexibility.

Today she is studying psychology, now a second-year student. To commemorate her son, she organises and sponsors an athletic event. The champion receives an honorary cup bearing her son's name, and thus, every year, Dan is present among those children, who play in his memory. Of course, there are still moments of breakdown, sadness, and mourning, especially around important dates and during the winter holidays, but these are her sacred, intimate moments that she now approaches with trust and courage. Her choice is called *life and presence*.

My approach with Victoria, as in Adlerian psychotherapy, respected her individuality in a holistic way while considering the culture of her life in many layers. And the benefits to us both for this type of intimate partnership were immense.

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¹See Fig. 1 of Introduction chapter.

Part IV
Latin America

Chapter 8

Death and Grief in Mexican Families

Rosario Esteinou

Introduction

Death and grief together comprise a social and cultural phenomenon of great importance in Mexico. The death of a parent, child, or a close family member involves complex rituals, religious and traditional beliefs, and both community and personal resources which support the process of grieving and the integration of grief. In the following chapter, I will present an overview of how this phenomenon is experienced by many Mexican families, particularly those of low socioeconomic status.

The Macro System

Mexican society has a long history that stretches back to pre-Hispanic times, when numerous indigenous groups populated the area of Mesoamerica (located in the central and southern area of the country). These groups featured deeply held beliefs and practices regarding death, “death alive” (that is, dead individuals who are thought of having a role in the lives of close people, as if they were alive), services for the dead, and the veneration of the ancestors (Bonilla, 2002; Cortés, Oliver, Rodríguez, Sierra, & Villanueva, 1987). Even today, anguish toward dying, the fear of death alive, the cult of the dead, and the veneration of ancestors cause some people anxiety and the need for catharsis. It has even become a Totemic issue, according to Lomnitz (2006); that is, something that calls for veneration.

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Many studies have demonstrated that the cult of the dead, which archeological evidence indicates has been present in the region from the early archaeological phase up to the village phase, is an important and substantial aspect of the constitution and function of the ideology of the group (Durkheim, 1968). In the case of the Mesoamerican culture, Ochoa (1974) has pointed out that—according to the archeological findings—in the preclassic period, between 1800 and 1300 (before Christ), some Mesoamerican social groups developed rituals (such as collective offerings of objects) and beliefs about burying their dead, starting with this a cult of death related with the development of certain forms of religion. In other words, these findings revealed that these Mesoamerican social groups started to develop certain views regarding the ways the deceased were going to be buried, what happened with them after death, what was their connection with the ones who stayed alive, and the strong belief that life extended beyond death as an answer for the meaning of life. The answers to these philosophical questions appeared in certain forms of religion, resulting in specific rituals and the cult of death (Barba de Piña, 1956; Bowker, 1991; Matos Moctezuma, 1971; Ochoa, 1974; Piña Chan, 1967). The main influence of this line of thought is found in the beliefs that life continues after death and that dead have a role within the living relatives and the community; that is, there is a fluent connection between these two worlds.

In Mexican indigenous culture, for example, death ideology formed the substrate for a complex array of practices that manifested in daily life, social organization, and relationships with other groups. Death ideology was reflected in sculpture, architecture, ceramics, poetry, music, and above all, in religious thinking. Religion, death, and the dead formed a unique relationship. Cosmogony, or a shared worldview, was understood to be closely linked to the type and condition of death. For example, different types of deaths yielded specific consequences that dictated the rituals to be followed. Since death bestowed, in certain conditions (for example, when due to war), status and prestige, the cult of the dead, the service or rituals devoted to it, and the attendant offering (objects used in the service in order to give peace to the soul or to support the journey of the deceased) developed as such fundamental aspects of this culture that it devoted special annual events to recognize its dead (Matos Moctezuma, 1971; Ochoa, 1974).

The early Mesoamerican rituals and traditions about death became intermingled with Catholic teachings introduced by the Spanish missionaries in the sixteenth century, and although there were significant differences among them, there were some aspects that were similar (Camacho & Jurado, 1995; Ruz, 2003). In the Catholic tradition, death does not mean the extinction of life. Rather, it is the process, the possible spiritual transmutation, to a better or worse life. Heaven is for good souls, purgatory is for those who have “something to pay,” and hell is for those who have not achieved the divine pardon. The concept of death is linked to the concept of a soul, which is perceived as a reality, a fact. Per this tradition, both the living and the dead have to wait for final judgment announced by Jesus Christ.

In the indigenous tradition, death is also a segue into another world. But according to Ochoa (1974), there’s a significant difference between the two traditions regarding life after death. While in the Catholic tradition the final judge will define where a soul goes (heaven, purgatory, limbo, or hell), the indigenous tradition teaches that the soul

goes to a supra-world, where there is an abundance of everything that is lacking in the earthly world. Family members and friends help the soul get to this world by offering food, clothes, and other resources. Although this difference between the two traditions persists today, over the last four centuries there has been a process of syncretism (Ruz, 2003). Even though there is not a stark difference between social groups, we can observe today that middle and upper class families tend to follow the standard Western Catholic rituals regarding the dead and are thus less inclined to follow the indigenous traditions. The indigenous conceptions of death, life after death, and all the related rituals and beliefs normally appearing in social and individual behavior today appear to be more prominent among indigenous groups, peasants, and urban, low-income groups, along with, however, some important elements of the Catholic religion. So, as we will see, we can find today in these groups many of the rituals and traditions coming from the indigenous cultures as well as rituals symbols and objects coming from the Catholic religion. The Guadalupe Virgin is our brown color Mexican Virgin, a culture national symbol, representing in itself a symbol of these syncretic forms: a Virgin who doesn't have western features but rather indigenous; a Catholic Virgin who is asked for protection and for miracles and is widely venerated by low-income groups. Her picture is almost always present as an object in the shrine for the dead, and so, for that matter, is the Catholic cross. Further, most of the prayers made during the services are also Catholic. Here lie important manifestations of the syncretism that has evolved across centuries, demonstrating an absence of contradiction between these two traditions, at least from the individual experience perspective.

The Meso System

There is a strong tradition around death that continued through the centuries, not only among indigenous people, but also among mestizo (mixed ancestry) groups, urban low-income groups and other substantial proportions of the Mexican population. This tradition manifested in Día de Muertos, a national festival devoted to venerating the dead that runs from October 31 through November 2. During this festival occur important rituals in which family members, friends, and people from the community participate (Cortés et al., 1987; Ríos, Ramírez, & Suárez, 1995; Vázquez, 2013). The most famous is held in Pátzcuaro, Michoacán. Another important celebration is in Mixquic, near Mexico city. But there are celebrations all over the country and they are so important that November 2nd is considered a national feast recognized by the state.

The concept of death transcends human and worldly extinction; that is, in both aforementioned traditions, there is a certainty about immortality. Death is perceived as a transmutation, a change, and an inevitable process that leads from a physical state to another, superior, state of being. In both worldviews, while dying may seem tragic, life *after* death does not.

One of the differences between the two traditions is that the Spanish Catholic tradition ties immortality to the concept of deity and to the idea of sanctity and salvation, whereas the traditional indigenous cultural beliefs do not.

When a member of the community dies, people of the neighborhood offer to help to serve the family of the dead: women spend time grieving with the members of the family, they help clean the house, prepare the food, care for the children, and organize the wake. Men, on the other hand, organize themselves into the *fajina* (a kind of collective work group) to dig the tomb and bury the body, performing all this work as an act of solidarity (Flores, 2012; Ochoa, 1974; Vásquez, 2002).

The body is washed and dressed in clean clothes, and utensils and food are offered inside the shrine. After holding a solemn wake, drinks and food are served to everyone. The body is placed in a coffin chosen according to the economic resources of the grieving family, then brought to a church accompanied by a large group of mourners. A mass is performed, aimed at bringing tranquility to the soul of the deceased, and prayers are offered. The body is then buried in the cemetery that surrounds the church and an arrangement of flowers is emplaced to distinguish the tomb (Ochoa, 1974).

Over the next month, the tomb will receive flowers and special care. In the house of the deceased, a lime-colored cross is put in the place where the deceased died, and the area is lit with a blessed candle in honor of the decedent's soul. The candle is removed after 9 days of prayers. Afterward, the deceased still has rights which demand a candle and a special offering every year in the domestic shrine (Ochoa, 1974).

Close family members and friends remain in the house during the preparation of the body, the arrangements for the service, and the first prayers. The personal belongings of the deceased are given to other members of the community or they are inherited by close relatives according to the family rules. Rarely, they may be destroyed. Usually, however, close family members avoid using the personal belongings of the deceased as a first option.

The tomb of the deceased will receive flower offerings during the entire year, at least once a week, which are especially abundant in September, November, the day of the remembrance of the death, and the day of the saint's death: there is a custom that each individual's name is acquired according to a saint, who will protect the person through life, and each year the date of the celebration of the saint is celebrated by the individual (Ochoa, 1974).

It is especially important to point out that, in this tradition, mourners recognize that the deceased is still in a relationship with the family. He or she continues to be psychologically present in their daily lives. For 3–7 years, the offering in the domestic shrine will have a special place in the home. A more recently deceased person is remembered more frequently. And as a result, the family will honor him or her, offering personal objects and food that he or she especially enjoyed (Ochoa, 1974).

The deceased now becomes a “death alive”—a supernatural protector, a vigilant soul that demands seriousness and good behavior. The deceased judges, advises, and serves as an intermediary and has the power to punish or reward. In sum, the person who died now mediates the behavior of his or her family. This is a strong belief held in the rituals of the community (Ochoa, 1974; Pérez Castro & Castillo, 2007).

There is an important event in the funerary service, one upon which the afterlife of the deceased is seen to depend, performed at the moment of placing the body in the coffin. The family places some water, a humid cloth, salt, pepper, seeds, sandals

or shoes, clean clothes, and coins that will be used in a journey through the desert, mountains, and swamps in the coffin to accompany the deceased relative. The water will calm the deceased's thirst and the salt prevents the rotting of flesh before he or she arrives at the final destination. The sandals or shoes are necessary for the long and thorny roads. The coins are for "the dog," a mythical black creature that helps the soul cross the river of seven arms; the candles, lighted during the 9 days of prayer, will light the way traversed by the soul (Ochoa, 1974).

A soul that is abandoned in this journey and that does not receive help from his or her close family is condemned to return to the town or place where he/she used to live, to suffer, and may cause damage or harm to surviving relatives. Often, this motivates grieving relatives to serve their deceased ones well, pleasing them and giving them part of their possessions. Should the dead be displeased, the living might live in fear of future punishment. When children die, their souls are treated as little angels. Babies and children who die are dressed up in tunics or as saints and are buried following a more modest ceremony (Ochoa, 1974).

Día de los Muertos, the nationwide celebration of the dead, begins on the 31st of October and continues until the 2nd of November. During these 3 days, communities, friends, and families commemorate and honor their dead. The prescribed rituals are very important during this time. Grievers devote a great deal of time to arranging domestic shrines during the last week of October. Shrines are cleaned to make the souls of the dead happy. The shrines are made from tables or empty boxes covered by paper, over which part of the offerings and some images are put. The table is placed near a wall and is ornamented with colored paper. The floor is also decorated, and this is where grievers place offerings such as candles and food. Theoretically, for each dead member of the family, a candle is put in the shrine. Offerings are made to grandparents, parents, children, siblings, and other relatives, so some shrines will contain many candles. In all of them, *frankincense o copal* is burned to perfume the spirit of the dead. Dead children are offered colorful objects and food because color is their glory (Ochoa, 1974).

The gift of food consists of offerings of *tamales* (corn dough stuffed with meat), oranges, sugar cane, bananas, different kinds of the so-called *dead bread*, salt, water, candies, corn, *atole* (a special beverage), squash, hawthorn fruit, lemons, sugar, chocolate, *mole* (a paste made of chili), and various types of fruit and vegetables. For adults, alcoholic beverages, such as *pulque*, tequila, and rum, are offered, as well as herbs and ceramic objects representing animals. Children are offered toys. Flowers and candles constitute the main part of the act (Ochoa, 1974).

According to Ochoa (1974), the objective of the offering, besides pleasing the dead, is to fulfill a responsibility to his or her memory. It is believed that the deceased relative visits the home and likes to enjoy the food he or she enjoyed when alive. The visitor, as a spirit, can only smell the aroma of the offering and is satisfied by it, since it is thought that souls are made of wind and clouds, without teeth or palate, without eyes and hair. In this case, souls are an active part of domestic life. Grievers work all year to actively remember their dead. Meanwhile, the dead, if they are pleased by their relatives or friends, can intercede and help whomever needs it, in case of illness or economic difficulties, family, or work problems.

Although death and grief rituals have been gradually losing their meaning in some communities in Mexico, these traditions and rituals still exhibit a strong presence in others, especially among indigenous, peasant, and urban low-income groups. These rituals facilitate the sharing of feelings, communal grieving and praying, and remembering the dead. These shared activities help mourners to process their losses.

The Micro System

Long-standing rituals, like the ones described above, play a crucial social function, as Durkheim (1968) pointed out decades ago, in easing the grief after the death of a close family member. There are specific steps to the vigil ritual, the wake, and the way in which the family and community members keep or remake certain group mental states, as they try to process their grief.

Pérez Castro and Castillo (2007) present a case in which this process can be observed in the *Huasteca* area (located in the state of Veracruz, on the central east coast). A couple, Teresa Gómez and Pedro Torres, and their son, Juan Torres, died in a car accident on the highway, on the way to buy items for the National Celebration of February 5th. They were *mestizos*, i.e. Mexican-Spanish blended, and their family and community followed many of the traditional indigenous rituals. Family and community members said they had premonitions about the crash, revealing the popular belief that death is often intimated and foreboded. This can occur through a vision of the person who is going to die, a dream about that person dressed in white or getting married (believed to be indicative of imminent death), or dreams about sweeping the floor or killing a pig or cow. Members of the community reported that Teresa dreamed about a lot of meat, an assumed presentiment about her own impending death. Other types of premonitions include special characters such as Jesus Christ or *La Llorona*, a crying woman who wanders the streets moaning. Even animals are thought in some cases to predict the death of someone, like the chant of an owl, dogs barking, or coyotes crying.

In this tragic case, Pedro crashed into a large truck, and all three family members died instantly. Mexican culture distinguishes between a good death and a bad death, and the family and community reckoned this a bad death because it was sudden and violent. Thus, the logic goes, their spirits remained tethered to the place where the accident occurred since death took them by surprise, and because of this their spirits were not prepared to die. The location of this tragedy is marked with three crosses, and flowers will be placed there continuously. Mysterious occurrences are reported by visitors at the site of their deaths, such as the sounds of branches snapping, or moans being heard. Because their spirits did not die in peace, to avoid harm from them, a courandero or healer was needed to protect the community from these possibly harmful spirits. The courandero took some earth from the place and took it to their home where family and friends would be holding the wake or vigil. He also sprinkled blessed water on the place, and the three crosses were then erected. This ritual was intended to reunite the spirits with their bodies, since otherwise they

would wander angry and resentful, and could cause harm to others. Once the spirits and bodies are reunited, the belief is that they would become protectors of family members and friends.

All three bodies were taken to Pedro's house and a series of rituals were performed that prepared the bodies and helped relatives grieve. The closest relatives washed the bodies according to the tradition, they were dressed with new clothes, and inside the coffins a bed and a pillow, made of perfumed leaves, were made for their final rest. Teresa was dressed in her wedding veil, Pedro in his work clothes, and Juan with a pair of little wings and a crown. Teresa and Pedro's coffins included some of the things they liked most. A bag with water, some food, and seven coins for the journey were placed in Pedro's coffin. Teresa's coffin didn't include money, but did include a dish, cup and needle, representing her daily chores. Both coffins held a little boat to cross the sea. Juan's body is prepared in a similar way but with some notable differences. The three bodies bore crosses and a blessed palm leaf, and each person's hands were clasped together.

The people of the town all knew about the accident and the deaths. The bells of the church rang. The whole town attended the burial not only to accompany the family of the deceased but also to support them with produce and work. Women prepared food, rice, chicken, *mole*, coffee, and cookies; men were in charge of killing the chickens and pigs. As one man said, "All of the town cooperates because people here do not abandon the dead" (Pérez Castro & Castillo, 2007, p. 87). All unite before death, each one gets closer to the other, and they support each other because when an individual dies, not only the family group but also the community itself is diminished. To rest indifferent before the grief of other members of the community would be to forget that the deceased are also part of it. Assistance and cooperation are seen as acts of reciprocity, necessary because of the fragile economic situation of the people.

During the burial, prayers were offered in order to defend the spirits of the other world and help them to find peace in the afterworld. Four people who are devoted to prayers in the town were called. Each prayed for some time until tired and was thereupon replaced by another person, a relay that continued throughout the burial. The prayers for the dead included the five mysteries, the litanies, and praises to God used in Catholic ritual. The attendants at the service listened and by all accounts felt the prayers deeply. Death hurts, and when people suffer tragic and unexpected deaths, like these, they say that the spirit can reach them. In moments of tremendous vulnerability, there seems a force beyond this world that helps them.

Those in charge of the prayers are experts in awakening others' emotions, and they recognize the importance of weeping in the mourning process. Mourning which is suppressed is believed to affect the body, manifesting in headaches and gastrointestinal distress. When a person feels sadness over the death of another person, they will cry for 9 days, as it is thought to take 9 days of prayers in order to begin the healing process when a loved one dies. The prayer leader in this case was understood by the community to be a "guarantor"; that is, a person who can help defend the soul, asking the Lord for forgiveness and advocating for the spirit.

As Juan was a little boy, an angel according to custom, praises were prayed for him, and the vigil was held only during daylight. Mysteries were prayed for the adults, Teresa and Pedro, because their souls are seen as less “heavy” than those of their elders, and the praises weren’t as sad for that same reason. The belief is that older people have more sins to carry and children, having a short path in life, are without these heavy sins.

Both praying and crying can help individuals to become closer to each other and to their community, connecting them in a stronger bond, and allowing them a means through which they can communicate their sadness. It is a communion of consciences that enhances the social vitality of these communities.

All these beliefs, traditions, rituals, and practices are structured in such a way that they start preparing the grieving relatives, friends, and community members to process the death of one of its members. Keeping vigil over the body is a special way of maintaining the social balance while dealing with the departure of the dead, the attendant necessary restructuring of daily life, and the emotional turmoil of loss and mourning leading to eventual acceptance of death. In fact, as Durkheim (1968) has pointed out, keeping the vigil is a response to the impression of weakness the group feels when it loses one of its members. The sequence followed in the ritual purports to allow the griever to go from one affective state to another; from surprise they transit to pain, and through the grief over the loss emerges a tranquility that derives from a sense of social solidarity.

Pérez Castro and Castillo (2007) note that the vigil can be seen as a set of actions intended to regulate and develop friendly relationships between those who are alive and those who are dead. Following a period of grief and anguish caused by death, the grieving relatives arrive at a state of confidence and security. From the pain of the loss they pass through a state in which feelings of mistrust and insecurity toward the dead emerge, because they believe that the dead also have mixed feelings of sadness, anger, and cruelty. The liberated soul detaches itself from those feelings of love toward their living relatives to become a potentially harmful entity. Such transformation, however, is transitory, since once the funerary rituals have taken place, the dead becomes once again a caring entity who will support the family with the powers acquired due to its new condition. The fear inspired by the dead during the vigil changes into feelings of tenderness and solidarity, as it is believed the dead become protectors. The resulting tranquility indicates that the process can be described as a purifying ritual. The funerary ritual, in sum, is a necessary act whose social function is to restore social balance.

Some Contemporary Experiences Regarding Death and Grief

In this section, I present information from experiences gathered through in-depth interviews with two family members with indigenous backgrounds from low socio-economic strata, in order to show more deeply how these traditional rituals still play an important role in processing death and grief today. I concentrate on this social

group because it constitutes the majority of the Mexican population. However, it is important to point out that middle and upper socioeconomic groups in Mexico usually follow different paths in processing death and grief, paths more similar to practices in Western contemporary cultures.

The first experience comes from Juana, a 36-year-old domestic worker, who lives in Mexico City but was born in a dairy in San Francisco Jaltepetongo, Oaxaca, in the southwest of the country where Juana's parents and part of her family still live. She had a brother, Antonio, and a sister, Maria, who both died. Antonio died of pneumonia while in his twenties about 20 years ago while working as a cook in Los Angeles. He was the fourth of eight children in the family. Maria was 48 when she died 14 years ago, of what her family believes was cancer. Married with six children, she was the oldest child of the family and suffered a great deal when she became sick. It began with some marks and spots near one of her eyes, and on her cheek, and with pain in her arms. The physicians could not offer a diagnosis, so the family took her to a traditional healer, a *courandero*, and he said someone had made a spell on her or wished her harm, according to traditional belief.

Before Antonio and Maria died, there were premonitions of their death, including dreams of a vibrating eye, of a tooth that came out, of a woman dressed as a bride, and of cloudy water.

When Antonio died, the family was not able to follow all the rituals because the body took 15 days to arrive home from the United States, by which time it was badly decomposed.

Conversely, when Maria died, they were able to follow all the traditions and rituals. First, a member of the family went to the *biscal*, a local authority of the church with specific functions, and to the local authorities to give notice of the death. The *biscal* sounded the bells of the church to communicate the news to all the people of the town while the family looked for a *rezador*, a man of the community in charge of praying. At the same time, other members of the family started preparing the body and bought items necessary for the vigil. They washed and dressed Maria's body in her best clothes, and put her in front of the home shrine, on the floor, over a mat made out of palm. They bought food (beans, corn, eggs, coffee, and rice) and started to cook the post-vigil meal. Meat is not consumed during the wake meal because it would symbolically represent eating the dead person. They bought candles and flowers and decorated the place where she was lying in the house.

The wake started at night according to custom, about 11 o'clock, when the native and local authorities came. Before that the *rezador* (the pray-er) began saying prayers with the members of the family and community who were gathered in the house. He also preached a sermon so sad that some attendees began to cry. At about 11 o'clock the municipality president, the *cabildo*, the *regidor*, the *sindico*¹, the minister, and two or three additional authorities arrived. The person with the lowest rank, the minister, brought their *facultades* (traditional sticks with ribbons carried

¹ Cannot be translated into English because these are specific kinds of authorities of the indigenous traditional groups.

only by the authorities) tied in a roll, and he gave one to each authority. The authorities brought a *rezador* (pray-er) and a *paragonero* (orator or speaker), and the family also had a *paragonero*. Family and community members had previously made the mortise (a white tunic used to dress the deceased), as well as the rosary, the *cíngulo* (belt), and the sandals made out of palm, and now put them in a tray. Five *comadres* or godmothers (godfathers, when the deceased is male) were chosen to dress Maria, and would serve as the godmothers of the cross they took to the cemetery. These roles all find their place in an indigenous framework of positions that depend on kinship and ranks in the community: people in charge of the cross, of cleaning the body, of dressing the deceased, of praying, and other rituals.

The authorities' *paragonero* presented himself and the authorities who were with him, and announced that they were there to share the loss, noting that it is also a loss for the community. He emphasized Maria's value to the community and the family. The family's *paragonero* thanked the attendees for being there, and spoke for a considerable period of time. When the speeches ended, the tray with the mortise and other objects was blessed and the *comadres* took the tray and asked for permission to dress Maria. They also asked Maria for her permission to dress her, otherwise, the logic goes, and she might not have let them do it, making herself rigid. While they dressed her, the *rezadores* and all the attendees prayed, sang, and cried. After this ritual was finished, the members of the family served the meal to the attendees, after which they continued to pray, sing, and cry until about 1 or 2 o'clock in the morning.

The next day, prayers started at about 7 o'clock in the morning and there were fewer attendees because of the need by many to attend to their daily work. Before the burial took place, the family fed lunch to all of the attendees, and then a last rosary was prayed and they all sang for Maria.

The burial started at about 3 o'clock in the afternoon. This is usually the time when people are buried, because it is believed that the deceased experience this time of day as daylight and, as a result, can see the way to the cemetery. It is also a convenient time because most people have finished their work in the fields and households, and therefore they can attend the burial. As they took the body outside the house, a lime cross was made on the floor where the body had been lying. Maria's body, rolled in a palm rug, was carried out by her family members (only recently have coffins begun to be used to transport bodies) and taken first from the house to the church, with praying and singing along the way. At the church, a rosary was prayed and a mass was delivered on her behalf. (Some families cannot afford the mass because it often costs a fee.) A ceremony was also performed in which Maria's husband returned his groom's bouquet (*suchitl*), meaning that his role as a husband was fulfilled and his engagement concluded, and now he was free to enter into another relationship. He also formally declared his last farewell to Maria. The *biscal* (the father in charge of the church) communicated to the family the place where Maria could be buried, and the burial procession continued to the cemetery.

Earlier in the day, a member of the family had measured Maria's body with a reed in order to determine the size of her grave, which was then dug the same day by men close to the family. When the procession arrived more prayers were delivered and Maria's body was interred. The attendees then proceeded to the family's home where they would share a meal.

For the next 9 days, the *novenario* (the Catholic ritual consisting of praying the rosary and other prayers, asking forgiveness for Maria) were delivered by *rezadoras*, family, friends, and community members. After eating, the mourners talked, seeking to comfort one another. Special *comadres*, or godmothers, are assigned to different aspects and objects that have significance during the rituals, and so for example, *comadres* were responsible for replacing certain candles, the function of which was to light Maria's way into the other world.

The powdered lime cross on the floor was decorated during this period with flowers, sand, food grains, and special colors, thus creating a shrine. On the last day of the ceremonies, family, friends, and community members brought sets of poplar leaves arranged as crowns, and put them on the walls in the shrine room. The godmothers began removing the lime cross and all the decorations nearby, putting them in a sack and burying the sack in the tomb, near Maria's body. While the powdered lime cross was being removed, the *comadres* brought in a new one which they blessed. This new cross, which can be made of wood or another material, had Maria's name and dates of birth and death, and it was taken to the tomb. Later, everyone returned to the house where the family once again prepared a large meal for the *comadres*, their husbands, and other attendees. This time, meat was allowed and was offered as a sign of gratitude. From this point on, Maria and Antonio are honored and remembered annually at the death festivity, following the rituals and customs described in previous sections.

These traditions served to help process the grief and heal the pain. But the deaths proved particularly difficult for some members of the family. The siblings' deaths were very stressful for Juana's mother, especially that of her son, Antonio, because he was in the United States and had died alone. She experienced deep regret for not being there during his illness, as a result of which she denied her belief in God. In addition, she felt angry because her son had been planning to return to Mexico soon to participate in the performance of an important role in one of the religious festivities of the town. Her family and friends talked with her, telling her that she should accept his death, that this was the will of God, that crying was not good after the 9 days of praying. Doing so, it was asserted, would preclude Antonio from finding peace. While from the outside, all the prompting from others seemed to move her along in her grief, she actually became more angry and bitter, and she scolded her children more. To make matters worse, Antonio's father started to drink more than usual. As difficult and painful as this experience was, they report some relief every year when they go to the tomb and talk to their son. Juana was 12 years old at the time of Antonio's death and does not recall suffering much because, she explained, she wasn't very conscious of the implications.

Juana also told me about the death of her uncle, who lived in Mexico City. The family took him to a funeral parlor to be embalmed, and then the body was taken to the town where all the rituals and traditions were followed, from the vigil to the burial of the body. Juana said this is very common. The family rented a bus and family members and friends drove to the town. The 9 days of prayers were offered in Mexico City. Her aunt and her children experienced considerable sadness at the uncle's death. They cried a lot at first, but after the nine days of prayers had ended, family and friends told them that it was better for the peace of the deceased not to cry.

Instead, they were told, it was better to talk and remember him. With these rituals and the support of the family and friends, they gradually found their way to acceptance of this death.

The second experience comes from Mario, a 41-year-old security policeman, who lives in Mexico City, also existing on a lower rung of the socioeconomic ladder. Recently, his maternal aunt, Maria, died. She was very sick with stomach cancer, and Mario said, “she was decomposing from the inside to the outside for about a year.” She was a very close relative who lived near his home, and he had frequent contact with her. His aunt lived with two grandsons, Carlos and Fernando, since her daughter had moved with her husband to the United States. These two grandsons, and another married granddaughter, Denise, who lived nearby, helped to take care of her at the beginning of her illness and supported her economically. As time passed, it became more difficult to take care of her since one of the grandsons traveled a great deal and the other one worked fulltime.

When the aunt died, Mario’s mother had a very difficult time in overcoming her grief, and the entire family suffered and grieved. As conventional tradition dictates, they followed many aspects of the funerary practices and rituals previously described. They put food and bottles of tequila, which she enjoyed while alive, on the offering altar. But they couldn’t follow the entire wake ritual because she was decomposing. In fact, the whole process of illness and physical deterioration was a great shock for the family.

Despite these difficulties, the traditional rituals and practices were useful in helping to process the pain and grief and in bringing some peace.

Still, there was peace only up to a certain point. The way individuals overcome death and grief depends a great deal on the emotional relationship the living relatives held with the dead. Likewise, the family environment and the community and professional resources available are fundamental to processing the many feelings related to the loss.

Mario reported that his aunt was a strong figure—the “matriarch,” as Mario put it—who held the different members of the family together. However, the family lived with very harsh rules, and family violence was prevalent. His aunt used harsh language, was not nurturing, and frequently physically abused her grandchildren and other members of the family.

While she was dying, she called the grandchildren to talk with her but some of them refused to see her. When she died, the ones who had refused remained resentful and had difficulties in processing her death. The two grandsons who lived with her had a hard time in grieving her death because they experienced ambivalent feelings: both love (she was their grandmother and had raised them, after all) and resentment (she was violent and abusive).

Under these circumstances, the traditional rituals and practices helped, but the memories of their grandmother and the strong feelings associated with them made it difficult to find a state of forgiveness and tranquility, and to make matters worse, they didn’t have any other personal, family, community, or professional resources to whom they could turn.

As a result, one of the grandsons, Carlos, started to drink heavily, not returning home at night, and, according to Mario, he is still grieving the death of the grandmother and doesn't know what to do with his life. The family has not been very helpful since all the members grew apart and little contact is maintained between them. Mario has tried to talk to Carlos but to no avail. The other grandson, Fernando, also started to drink heavily and eventually died. Mario said that he was so resentful and sad that he couldn't overcome the death and find his way in life. Although it is not possible to attribute his death to his grandmother's death—and to his response to that death—directly, it certainly was a contributor, as it was for Carlos' behavior.

Concluding Remarks

We have seen that ancient rituals, customs, and beliefs in Mexican society offer strong social and cultural means to process the grief that death causes in close family, friends, and community members. At the macro and meso level, these tools appear as useful and effective means toward that end and may help to bring peace to mourners, while depending on the nature of the relationship (parent to child is particularly difficult) and the cause of death. As one griever said, "We find peace when we follow the tradition because that was what our parents taught us and they are happy to know that we do it." The power of the group is revealed in the involvement of community members supporting the family members, helping in the different activities, talking, crying, and praying. These activities bring a sense of community, of a group, of belonging that help individuals bear the pain and grief. Religious beliefs and traditions are also a powerful cultural force which may help mourners to bear pain and grief. Both Catholic and traditional indigenous belief systems recognize the continuation of life after death. It is a spiritual idea of transcendence which salves, at least in part, the anguish of death. Some people were offered platitudes about their dead relatives being "in a better place," and in communication with the living. However, some, such as Juana's parents, may not have received these well-meaning statements as helpful.

One of the strengths of the Mexican culture's handling of death and grief is the respect and dignity demonstrated by the ceremonies of the vigil and burial of the body. These social elements at the macro and meso level have an important influence on the individual as they help to support the individual and family process of grieving and are very common, especially among the rural population and in low socioeconomic, urban areas. But one important thing we could observe through the interviews is that although these rituals are still strong, there are also other elements, at the individual level, that have to be taken into account, including the actual relationships family members had with the deceased. It seems that if the relationship and the family environment were not satisfactory, as we saw in the case of Carlos and Fernando, grieving and overcoming the loss can be more difficult.

It is further noteworthy that it is rare for relatives of the deceased member to use alternative resources, such as psychological and/or palliative care. Therefore, if individuals cannot find solace in family relationships, rituals, and spiritual beliefs, then sadly, powerful experiences of loneliness and resentment are likely.

In Mexico, traditional rituals still persist and offer tangible help for those grieving. Modernization, globalization, and the dissemination of more secular belief systems seem to be influencing individuals in particular socioeconomic groups. It is likely that in the absence of tradition and social support, new approaches including counseling and other psychological treatments are being developed. The influence of the macro and meso systems is still important and brings fundamental resources for processing grief and pain; but it is also likely that they are losing some ground in a society increasingly globalized and modernized, where the individual has more room, and even can have different and contradicting views regarding the social group. In the traditional views (indigenous or Catholic), the individual experience of death and grieving is regulated mainly by the group view: There is little room for showing individual differences, beyond those allowed by the group. This leaves a gap when these rituals are not adequate for processing the loss, but there are not other available resources to help those who are suffering. Future research needs to assess more comprehensively how much the traditional beliefs and rituals are helping in the grieving and recovery process in the current context; if there are other views about death and grief developing among these groups; and where we need to develop other intervention strategies.

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Chapter 9

The Brazilian Ways of Living, Dying, and Grieving

Maria-Helena P. Franco

Introduction

What does wisdom teach us about death? It's simple. Death only says two things. First, points us in the twilight, the candle, the river, and tells us: *Tempus fugit* - time passes and there is no way to handle it. And soon after, concludes: *Carpe diem* - reap the day and who reaps a delicious fruit, as this fruit is a godsend. Poets and artists have always known that. Because art is so, grab the eternal twinkling for a moment in the river of time

(Alves, R.O. Medico, 2012, p. 90).

When studying the history of Brazil, small children learn that Catholic Portuguese arrived here in 1500, and they found the indigenous natives with their sociocultural organization and religious grounds for their practices. But these small children cannot realize the impact that it had on the identity of Brazilians, an impact that continues today. This was the first collision that we have information about in Brazil on beliefs and practices related to death, dying, and bereavement, among others. The Portuguese came to Brazil to exploit the natural wealth of the new land, and in a few decades Jesuit priests were brought to start teaching the indigenous population. Apart from the tradition of teaching, these religious men began the massive work of conversion among the indigenous population, who were forced into Catholic schools. By the middle of the sixteenth century, Calvinist French Protestants arrived in Brazil, running from religious persecution.

In the same century, Brazil suffered invasions from other European countries, with other religious orientations, mostly Protestant. These new actors brought slavery to the scene. Slaves, besides missing their country, were forbidden to practice their beliefs.

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The following century brought other Europeans to Brazil, from Holland, due to economic interests and religious persecution in Europe. The first synagogue in the Americas—Kahar Zur Israel—was founded in Recife, northeast of Brazil, in the period of 1630–1657, under Dutch domination.

By then, in Brazil we could find the coexistence of the native indigenous population, the Portuguese (Catholic or Jewish) and the Protestants. Different beliefs, different practices. An important role was played by the lay brotherhoods that, in Portuguese and Spanish colonies, had diversified organizations, with devotional and philanthropic goals mixed. However, they highlighted the hegemonic way in promoting works of social impact. Thus, the Portuguese crown gave them great administrative power overseas, making them responsible for proper attribution of the Crown, such as the building and maintenance of churches, patronage of the processions and religious festivals, administration of hospitals, nursing homes, and cemeteries. That is how the poorer classes found support from the spiritual orders, and material goods from these associations. We can see that inherent in a multiracial and strongly hierarchical society conflicts were minimized by the unifying action of the brotherhoods, which were used as effective instruments of control and social integration.

In less than one century, the indigenous population, the Catholic and Jewish Portuguese, and other European Jews and Protestants had to find a way to relate to each other and survive the influence of the other groups. Strong effects were found in the beliefs and rituals related to death, dying, and bereavement. Melting cultures together requires a long time to acquire a definite boundary with a new shape, and this chapter will address some of these features that can be understood as the Brazilian way of living and dying. In the nineteenth century, in the south-southeast of Brazil, a strong migration movement occurred, with populations from Germany, Italy, Syria, and Japan, among others, whose influence is still felt in beliefs and traditions related to death and bereavement.

The Cultural Approach to Death and Bereavement: Funeral Rituals Then and Now

It is necessary to speak of culture, since cultural aspects influence the experience of the grieving process. Brazilian culture is rich in rituals from many different influences—different forms of expression of grieving in our country, related to variations in the sociocultural, economic, and religious context.

We know the importance of rituals, for happy or sad celebrations. The death rituals acquire even greater importance because they have the role of an organizer when necessary in disorganizing situations. According to Franco (2002a), death is a major cultural disruptive factor. Facing death or grief, rituals bring people together and provide safe conditions for the expression of emotions, and help the process of meaning making. The epigraphic writings assist the bereaved in the reorganization of life after the loss of someone dear, since they allow the life–death cycle to be

implemented in this passage through words. That is the reason why an experience with epigraphic writings will be discussed in this chapter.

When we talk about funeral rituals, we face different concepts on the subject. According to Koury (2003), the rituals have as main objectives to help in the realization of death, confirm the loss, allowing the expression of feelings and memories, to foster the construction of meanings, and provide social support to the bereaved. Post-modern societies, however, distanced human beings from their rites; expressions before death become increasingly individualized and the time of bereavement should be brief. The rituals have become increasingly rigid and empty, and sometimes guilty feelings can be noted, reinforced by social rebuke dealing with feelings of pain and regret.

Additionally, we now live in a moment of intense marketing of death. Numerous funeral services provide care to bereaved people, assuming all responsibilities for the care of the deceased, relieving family members of any tasks related to dealing with the dead. An example of this market is funeral insurance and funeral companies that transform mourning rituals as a source of profit. It is the phenomenon of institutionalization of death: more money and less time spent with the dead themselves.

Despite the so-called marketing of death, the relationship with death remains—religion is still very strong and present in the bereavement rituals. When a member of a tribe or a group dies, there comes a crisis, and in an attempt to restore normal routine in the life of the community, various rituals are performed. The burial rituals, for example, have the function of helping the deceased to make the transition to the world of the dead (Gaardner, Hellern, & Notaker, 2005).

Post-modern men described by Bauman (1998) do not differ much from their ancestors: they must ensure that their dead are honored, and say goodbye to those whom they loved. By performing rituals, a major reorganization and elaboration of the process of loss will take place. This enables a reinvestment in the emotional relationship with the loved ones, who will always be part of the life history of each individual and family. When a member of a tribe or of a group dies, a crisis surfaces and, in an attempt to restore normal routine in the life of the community, various rituals are performed. The relationship between death and religion is still very strong and present in the rituals of bereavement in Brazil.

DaMatta (1997), a Brazilian anthropologist, presents his ideas on Brazilian society based on modern Western societies: all societies have to cope with death and the dead, and a visible pattern emerges when one examines the issue broadly. On one side there are sociocultural systems that are concerned with death, and on the other side there are systems that are concerned with the dead. Of course, we cannot establish a radical break, but there is a tendency to view death as important, while discarding the dead; and an opposing tendency to see the dead as basic, and dismissing death. In modern systems or societies where the individual wholly or in part socially prevails over all, death is a secluded issue and a fundamental problem, more like a taboo. Yet this would not be said about the dead, once dispatched to their place, remain as something worthy to be remembered or claimed by their relatives and friends. In fact, it is nonetheless significant that, in individualistic societies, the practices seem to focus on destroying the dead; the dead should not even be a memory, due to the risk of that being considered a pathological reaction.

However, speaking about the dead reveals the opposite, being something sentimental and morbid, something revealing a psychologically weak attitude, as if the individual were actually refusing to move forward—to the future, which implies new social relations and boundaries. Forgetting the dead is positive, remembering the dead is to assume a kind of pathological sociability.

This position is what we presently find in Brazil, mainly in the industrialized areas in the south-southeast region of the country. Families are organized in a post-modern configuration: children leave home to live alone or with friends and/or partners; family members travel frequently to work; children go to school from 9 a.m. to 5 p.m. People don't have time to be together when they are alive, and they do not have time to observe the death rituals. Usually in Brazil, in urban and developed areas, the wake starts at the same day of the death, provided there is no need for forensic examination, and it lasts for 6–18 h. Most of the bodies are buried, but there is a growing tendency for cremation, with several destinations for the ashes.

A religious representative is called to pray and say a few words. For some families it is absolutely necessary that this person will be someone who knew the deceased well, while others take this as irrelevant. People do not wear black as they used to do until mid-twentieth century. Children are allowed in funerals only in exceptional conditions, because the adults still consider that children are “too young to know,” despite the efforts of psychologists and educators to make them understand that this is a prejudice that may lead to disenfranchised grief.

At the wake, the body is laid with the feet facing the door so that the deceased can leave the house without the need to come back. If the feet are tied, at the moment of the burial they have to be untied, to allow the dead to walk his or her way.

According to the religion of the family, ceremonies are held, and it causes some discomfort that a person who belongs to the inner circle of the family does not attend them. This is more an emotional and social view about the behavior, not determined by religion. The law allows the family members to be away from work for 2 days in case of death of parents, siblings, or children. Employers tend to be flexible regarding the law and allow bereaved employees to spend more time at home.

There is no social convention regarding the proper time to distribute the deceased's personal effects, so this judgment is left up to the family. Families tend to give some items to the next generation as a memoir, such as a watch, a piece of jewelry, a work of art, not for the material importance but for the emotional link.

As soon as possible, the family members resume life as it used to be. Or, at least, as they wanted it to be.

In post-modern society, the ideology of progress and consumption does not leave a place for grief, nor for any kind of contact with the dead, which necessarily evoke the past. In fact, this contact is extraordinarily complicated in modern individualistic systems, pervaded by technique and pragmatic ideology, and marked by the belief in progress and consumption. This approach is found in Brazil mainly in the south-southeast regions, which had been more exposed to foreign cultures. The south-southeast regions received the population and cultural influences of those moving from rural areas to urban areas; generally speaking, these migrants are people who more readily accept an individualized society.

Some Specific Regional Meanings Related to Death and Bereavement

A very different attitude is found in tribal and traditional societies, where the focus is not on the individual, but the relationships between individuals. In these societies, there is an important relationship to the dead, which are systematically invoked, mourned, remembered, honored, without embarrassment by society. This arises from a deep silence about death as an isolated event, and as a definitive instrument of discontinuity. This silence undoubtedly served to fuel the social prejudices against them as “primitive” societies that could not understand the distinctions in relational systems, where death is dealt with in a different manner. A fundamental attitude in regard to death and the dead makes ongoing social relations much more important than the dead, and the living stay together and keep indissoluble links.

In the northeast and the central regions of Brazil, we find an approach to family life that is more interested in family matters, in community issues. Their rituals are traditionally performed, in a way that facilitates attendance for those who have come a long way. A typical ritual is described by Silva (2000), in the rural area of the state of Alagoas. Two different rituals, actually, divided by the economic condition of the family, are present there. For those families who can afford the expenses of a funeral, the procession with the coffin goes from the house of the deceased to the church for the mass. After that, the priest leads the procession to the cemetery, while the church bell rings all day long. For those families who cannot afford the funeral, the body is taken in community-owned coffin, without passing by the church and straight to the cemetery, where it is put in a pit, covered with earth by the same people who carried it, and then the empty coffin is available for the next body.

This is what is expected to be done, according to rules that do not have to be written to be respected. They are transmitted from generation to generation, by means of a vicarious learning and, if anything goes different, a strong impact can be expected over the bereavement process. The main reason is that the rituals are the most secure way to guarantee that the dead is happy with the behavior of his or her family, and will rest in peace and in addition will do some favor in interceding for them, asking blessings from God. If not, the soul can come back to haunt those that did not behave as expected by the tradition.

DaMatta (1997) stresses that in Brazil, we speak more of the dead than of death. That implies a strange contradiction, because speaking of the dead is already a subtle and disguised way of denying death, thus prolonging the memory of the dead and giving the perception of a living reality.

Long before being aware that death means non-being and nothingness, most Brazilians become aware of the death of their family, home, neighborhood, community, nation, and century. These “people” who in the form of spirits, souls, specters, heroes, and ghosts appear to their acquaintances, colleagues, countrymen, and brothers to ask for some prayer, Mass, favor or honor. It is very common in stories told to children as much as in daily conversations to talk of souls and spirits long before being fully aware of death as something final in a person’s existence. This is because when someone died, there would be immediate comment on the existence

of ghosts (and/or “lost souls”) returning and demanding favors from their living relatives. The fear is not of dying, but of seeing before your eyes one of those ghosts who populate the night, the dark hallways, basements, cemeteries, and other deserted places.

Religions Beliefs and Practices

Being a multiethnic country, with considerable diversity of religious beliefs apart from the traditional religions such as Christians, Islamism, Judaism, in Brazil some religions emerged and offered ways to celebrate the dead and will be explained here, to provide an understanding of the multiplicity of meanings that can be made, based on religions beliefs and practices.

For evangelicals, as a recent bias that raised from the protestants, with specific behaviors regarding money contributions to the church, death is the separation of the soul from the body. All rituals and ceremonies dedicated to the dead are condemned. The wake is directed for good mental, emotional, and spiritual being of the bereaved. Burial is brief and immediate after the wake.

According to Spiritism, founded by Mr. Allan Kardec in France and with a strong presence among Brazilians, funeral practices are not defined, as it is believed in death as a passage and evolutionary path. Reincarnation is seen as necessary for purification of the soul. The spirit is immortal. Crying is not considered beneficial, since the dead should proceed only with good sensations and positive thoughts on a “good trip,” thus favoring the disembodied spirit. After the burial, no ceremony is supposed to happen, and the use of candles is not adopted (Saporetti & Silva, 2009).

Candomble is an Afro-Brazilian religion that derives from African traditional religions, and was founded by slaves from Africa. The death of the old is well regarded as having already fulfilled their mission and can rest, while for young people, death is seen as a sign of tragedy and punishment by the deities.

Umbanda is considered a quintessentially Brazilian religion, at the junction of Candomble, Roman Catholic Church, and Kardecists spiritualistic concepts and practices. After death, the spiritual realm is where the spirit will reside, in line with their attitudes and actions in life.

Above all, the Roman Catholic Church is hegemonic in Brazil. For Roman Catholics, the Sacrament of the Sick takes place after the absolution of sins. The body is veiled at home or in the church cemetery. The wake is the time for prayers and tributes to the dead; burial follows the belief that the deceased, so buried, waits for the Last Judgment. It is also common practice for postmortem celebrations, including the Mass of the Seventh Day, and All Souls’ Day, celebrated in Brazil on November 2 (Gaardner et al., 2005).

In Indigenous culture, we can also see the diversity of funeral rituals. In the ethnic tribes of Tupi, the dead are buried inside the house, on the site where once stood their hammocks (where they used to sleep). The Bororo Indians have a practice called *double burial*: the body is buried, and after a period of decomposition, is

exhumed and buried again, ending the mourning process to forward the soul of the dead to her or his final destination. The Yanomami usually prepare a paste of banana mixed with the ashes of the deceased. This is ingested, thus burying the dead within the living (Koury, 2003).

The diverse ways of dealing with death and bereavement will now be further illustrated by two examples: (1) the *Kuarup*, a ceremony for the Day of the Dead, performed by the Indigenous population just as they have been doing for centuries; and (2) the cemeteries in the State of Minas Gerais, with the religious approach expressed in tombstones characteristic of the area, and representing the most traditional ceremony for the dead, according to the Roman Catholic Church.

The Kuarup

This is the principal funeral ritual of the Indians of the Xingu. It is a gathering of all neighboring tribes to celebrate life, death, and rebirth.

The Indigenous Peoples Preserve of Xingu, the largest area ever set aside for the exclusive use of native peoples anywhere in the world, is situated in the heart of Mato Grosso State and is about the size of Belgium. Fifteen different tribes live there. At last count, they added up to about 5,500 people.

In many ways, the territory occupied by the inhabitants of the Xingu River area can be considered one single nation because of the close relationships among the various tribes, despite speaking different languages. The Xingu communities are interconnected through trade networks, marriages, and rituals. For the most part, they have the same beliefs and superstitions, similar feasts and ceremonies, similarities in essence and form.

They all have essentially the same cosmology and religious concepts. Interestingly, rites of passage are practically the same in all villages, despite different ethnologies. There is even a strict psychological and temperamental similarity among the members of the various villages of the Xingu Indians.

Each tribe has its own unique language, or dialect, and each has its own ethnology. There are some belief systems, rituals, and ceremonies, which are shared. The greatest of these is the *Kuarup* (sometimes spelled *Quarup*).

The Indigenous population believes that the spirits of the dead would not want to see the loved ones they have left behind unhappy. So, the surviving family members smile and laugh and dance, play music and practice sports. They don't mourn. They celebrate renewal and regeneration.

Each of the dead from the previous year is personified by a trunk cut from the sacred *Kam'ýwá* tree, placed in front of the burial sites and painted with the white juice of a fruit called *jenipapo*. The decorated trunks are referred to as *Kuarups*, hence the name given to the ceremony.

Their natural landscape is filled with physical remnants and symbols of past events that shaped the people's history. Contemporary rituals reenact these events. For example, humans are thought to have been created from wooden logs of the

kuarup tree that were placed in a secluded chamber made of straw; thus, adolescents going through puberty and parents with newborns stay in seclusion to honor these times when personhood was formed. The *kuarup* remains as an important wood in ceremonies, including a lengthy funeral ritual that is so well known that the tribes are sometimes referred to as *Kuarup* by people throughout the Upper Xingu region.

One of the culture's central events is the presentation of all young girls who have experienced menarche since the last *kuarup*, and whose time has come to choose a partner. They tint their bodies and wear many ornaments and dance. It is a festival for the dead.

The Cemeteries in Minas Gerais State

Carvalho (2014) studied the inscriptions in the tombstones in cemeteries in Minas Gerais State, due to their particular meaning related to Brazilian history and the impact they had on the traditionally Roman Catholic population of the state. The origin of many cities is related to the cemeteries, and the proximity to the churches and their history is similar to the history of many cities in Brazil, mainly those that keep a Roman Catholic religious tradition.

As a heritage of colonial times, the religious brotherhoods, with the passage of time and changes, managed to stay active and independent from the Portuguese Crown. This was the case of the Brotherhood of Mercy, which keeps an important role even today, because of its essentially philanthropic and social nature, and also for its charitable role with the physician-hospital network, enjoying full autonomy. The Brotherhood of Mercy also survived, perhaps, because of support from their wealthy brethren and the church. The brotherhoods are linked to the Third Order of Carmel and Saint Francisco, as well as the Blessed Sacrament. The Brotherhood of Our Lady of the Rosary of Black Men, founded in 1711, is linked to the poorer classes and also survives to the present day. The collectivist sentiment of the eighteenth century becomes clear in the mining companies in the State of Minas Gerais, even though the division of races and classes remained. The Carmelite Order is described by modern historians as the Order of Rich Men, both in Vila Rica as in other villages of Minas Gerais.

In Portugal and then in Brazil, the brotherhoods also existed for the so-called *alien races*, Moors, Negroes, and Indians, including the Our Lady of the Rosary, for blacks, and that of St. Thomas, for the Indians, who were used by the Portuguese Crown as an instrument of social integration. Blacks expanded their brotherhoods, adopting patron saints, including Saint Benedict, Saint Iphigenia, Saint George, and Our Lady of the Rosary, the most widely honored saint. According to Boxer (1969), these confraternities served for humiliated and despised classes as a source of mutual support, comfort, and a possibility of cultural survival for blacks against the domination of white settlers.

The burial site was an important aspect of the identity of the deceased and the funeral included talking about who was killed, when she or he died, and where they would be buried.

In Minas Gerais, as in almost all colonial Brazil, the church and the priest were indispensable for a peaceful death, comforted by the sacraments, with the commendation of the body and the guaranteed enclosure of the church grave. Living and dead were company for each other, dead ones wake us at home, then cross together familiar streets; the living buried the dead in churches where they had been baptized, had married, confessed, attended Mass and practiced their devotions.

The eighteenth-century mining towns, particularly São João Del Rei, reflect this connection with the Roman Catholic Church that linked the burial of the dead both inside and around the temples. By the early nineteenth century, it was common practice of burials within the church as “the church gave security against the devil” (Lima Jr, 1978, p. 153). Having a grave inside the church was also a way to keep the dead and the living connected, reminding the living to pray for the souls of the departed. The proximity to home was crucial, since it would facilitate the stay of the dead in memory of the community and neighbors. So the dead came to occupy the same temples frequented in life, where they had received the baptism and marriage, and where they now testify and influence the everyday business of the community—because at that time the churches served as voter precincts, classrooms, auditoriums for political debates and court sessions. The living ones tread on the graves while they took part in these activities. This occurred for religious and economic reasons, as Vieira (2007) points out, “the secularization of death meant a blow to ecclesiastical finances, since the prohibition of burials in churches, rents would be subtracted.” However, even though the ban had prevailed, the dead were given the right to a sacred space, when the cemeteries came to be constructed purposely by churches and temples, and located at the periphery of cities, such as São João Del Rei and other historic mining towns.

In Minas Gerais, since the nineteenth century, cemeteries were almost all close to the churches and chapels, without fences, which often facilitated the desecrations (often indicated by the writings of the bishops in their pastoral visits). Even when separated by walls and gates they continued to be considered sacred places and the walls were an attempt to avoid the desecrations.

The abundant use of words and messages in the cemeteries of Minas Gerais reflects the cultural attitude that existed in the gold mines of the past and has resonance today. Moreover, in the cemeteries social issues can be perceived that reveal differences in social level that date back to the religious brotherhoods.

However, the cemetery is a place where the symbolic world can be seen. The tombs, mausoleums, and the tomb architecture all emanate ideas and feelings related to death and cult figures of those who died. The door closes on life and death’s door is open, so it is as if this environment were turned into crystallized projections for the life beyond the emblems on tombstones and words that adorn the tombs. The cemetery is a *field of words* that holds meanings which bring about the possibility of understanding and appreciation of this place. The cemetery is a semantic field where, as in a garden, flowers can be seen; blooming metaphors and stirring interpretations can be made. Therefore, the cemeteries, especially those that emerged from the eighteenth century were named by the Portuguese as *romantic cemeteries*, and became places where art is present as a form of expression to deal with the pain of loss.

These cemeteries seem to occupy an intermediate understanding regarding the relationship of the sacred to the secular. They are a space of social memory for Minas Gerais. The epitaphs are a means of asserting individuality before perishing, decay and oblivion. The disturbance of death and trauma generates awareness of the future and irremediable event and the words mean more than words, they connect past, present, and future.

A Case of a Child and Family Grief

In order to provide a brief discussion of how a Brazilian family with a young child would deal with the loss of a parent, a case study is presented, with some notes on the psychotherapy of mother, son, and maternal grandmother (Polido & Franco, 2014).

Simone lost her husband due to a car crash. Andre, her 9-year-old son, was informed by her about the death of his father. He participated of the rituals but went to the cemetery only once, with Simone, to put flowers on the grave. Andre was referred to a psychotherapist by the school, due to complaints of headache, violent behavior, and social isolation.

As expected in Brazil, the caring role is a gender issue mainly performed by women in the family so it was no surprise to see Simone overloaded after her husband died, she had to take care of Andre without counting anymore on support from her husband and also trying to behave in a way that she considered to be a proper one, regarding social rules for a young widow and her protective role with Andre. She pretended not to be suffering, because she did not want him to feel insecure. Andre's behavior was quite understandable only at school, not by his mother. In psychotherapy, another important family member emerged: Simone's mother, again another woman with a caring role in the family. She was herself also overloaded because she understood it was her duty to take care both of Simone and Andre, a role which she performed very well but at risk of her own health, though. Grandmother's grief was a disenfranchised one, because she was not the mother, or the widow of the diseased and also because she was an old lady who would be expected by society and by herself to know how to cope with a family crisis. In spite of the fact that nothing had been hidden from Andre, he was not allowed to express his feelings because he had to be "the little man" in the family. Loose ends begin to make a pattern when grandmother, Simone, and Andre are invited to go together to the psychotherapy and it was offered them the opportunity to de-construct the previous ideas they had about a proper way to grieve. Obviously the cultural pattern was ruling their experience as a model that prevented them to live their own personal and family grief. Psychotherapy was a safe haven for them to get to know each other according to the new demands they would have to face, taking into consideration also that each one was in a different time in life spam.

Final Considerations

Brazil is a country with multiple influences in its history. The inequalities are present in everyday life as much as in extraordinary events, such as death. Presently, the Brazilians face the possibility of deciding about their last days, if they want to be organ and/or tissue donors, if they want to interrupt treatment when there is no hope for cure. But at the same time, it is a controversial issue that puts together ethical and bioethical decisions, religious beliefs, and the new family configurations.

Along with a very conservative code of laws, the general population is aware of possibilities brought by scientific advances in health care, though these are not available for most of the population. Grief is always an important issue, family members gather for death rituals, and the social family is also considered as part of the grieving process.

Bereavement as a psychological experience occupies a space that has not been in focus until the last three decades in Brazil, though solid studies on thanatology date back to the mid-twentieth century. Some studies had been carried out (Bromberg, 2000; Casellato, 2005; Franco, 2002b) and grief psychotherapy is beginning to be acknowledged as a specialty field of intervention.

However, the importance of rituals has been underestimated by researchers from different fields of knowledge, mainly those rituals related to death, grief, and bereavement. This is a broad field that needs to be broadly considered for it implies understanding how a population deals with the most natural experience in life: death and dying.

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Part V
Middle East

Chapter 10

Death and Bereavement in Israel: Jewish, Muslim, and Christian Perspectives

Maha N. Younes

Introduction

Death and bereavement represent life's most dreadful and inescapable realities through which social, cultural, spiritual, religious, and even political ideology manifests itself. The outlook on life and death can be especially mystifying in collective Middle Eastern societies where the private intricacies of family life are closely safeguarded, but life and death matters are dramatically and publicly shared by extended family and the wider community. Middle Eastern families are fundamentally bound by history, unwavering cultural traditions, and deeply internalized religious practices. These are highly demonstrative cultures that are fearless in celebrating life or mourning loss, which may seem overly melodramatic to Westerners. This chapter focuses on death and bereavement from the individual, familial, and societal perspective of the Jewish majority in Israel, as well as the Arab minority comprised of Christians and Muslims who reside in Israel. Religious and cultural practices are tightly interwoven, and depending on the circumstances of the loss are often infused with political overtones reflective of historical trauma.

Precipitating Historical and Political Factors

A brief introduction to regional geography, history, and politics of Israel is vital to sensibly appreciate the cultural conceptualization of death and bereavement. Israel is small Middle Eastern country situated along the Mediterranean Sea and bordering the Arab countries of Egypt, Jordan, Lebanon, Syria, as well as the Gaza and West Bank regions. The entire area totals 20,770 km² and is often described as being

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“slightly larger than New Jersey” (Central Intelligence Agency, n.d.). Referred to as the “Holy Land” due to its significance to Christianity and Judaism, and with close ties to Islam, endless bloodshed, wars, and occupations have plagued this land in the name of God and religion. An Arab majority and Jewish minority coexisted in the region for hundreds of years and well before the establishment of the state of Israel in 1948. The Jewish quest for a homeland was supported through the British Balfour Declaration in 1917 and in 1918 following World War I when Britain took over Palestine as a mandate. World War II and the Nazi persecution and murder of six million Jews during the Holocaust illuminated the need for a Jewish home and hastened the British division of Palestine into separate Jewish and Arab states in 1948. While celebrated by Jews, surrounding Arab countries perceived the division as favoring the Jews and declared war on the newly established country, resulting in defeat and additional loss of Arab territory. A large percentage of Palestinians either fled or were forced to flee their homes to neighboring Arab countries where they assumed refugee status. Meanwhile, the new Jewish state declared victory and the Jewish minority replaced Arabs as the majority. The Palestinians who remained in Israel are now referred to as “Israeli Arabs,” identify themselves as such, and maintain a fragile relationship with the Jewish population due to the imposition of oppressive Jewish policy and practices. The Arabs who remained in the Palestinian regions of Gaza and West Bank refer to themselves as Palestinians, and due to Israeli security concerns have been subjected to military rule and restriction, occupation, as well as social and economic constraints that have greatly undermined their wellbeing and national autonomy. Additionally they continue to struggle against Israeli takeovers of their land to support the expansion of Jewish settlements. The outcome is Palestinian fury leading to acts of martyrdom or terror as viewed by the Israeli side, acts that have perpetuated national and racial insecurity among Jews and tremendous oppression and human suffering in the Palestinian region.

This brief history describes the origin of the Israeli-Palestinians conflict, where similar arguments are asserted and destructive means are employed to legitimize them by each side. The outcome is seemingly perpetual generation and reenactment of collective trauma endured by each side, where loss of lives is viewed as collateral damage and grief is something that Jews and Arabs accept as part of their fragile fate and existence. While most Western nations feel the compulsion to take sides, the reality is that trauma takes a heavy toll on every segment of the population regardless of age, religion, or ethnicity, as the need to preserve one’s people is supreme. Attic (2000) reports that grief is experienced on multiple levels that include individual, familial, community and collective. Such response is typical following terroristic attacks or other traumatic events in Israel or West Bank, where people are forced to cope with personal and community destruction. Reliance on protective factors such as family, religion, and culture is central to the bereaved and those who witness the loss. Strength-based interventions and programs are used to support families and to promote their continuing adjustment.

Country Demographics and Profile

According to the Israeli Central Bureau of Statistics (CBI), the 2013 population count is approximately 8.018 million, of which 75.3 % or 6.042 million are Jewish, 20.7 % or 1.658 million are Arabs, and 4.0 % or 318,000 represent other groups, such as non-Arab Christians and unclassified groups. The CBI (2013) broke down the Arab population in 2012 as being majority Muslims at 1.371 million, followed by 157.1 thousand Christians (this includes Christians who reside in Israel but are non-Arab), and 130.5 thousand Druze. As with other Middle Eastern societies, Israel maintains a collectivist orientation where family and community play a central role across the lifespan of individuals and families, and religion provides a framework to guide life's most important milestones from birth through death. The collectivist outlook influences individuals throughout the lifespan and through end-of-life decisions. Glick (1997) describes these as "communitarian" values that are ingrained in the collective consciousness and temper personal interests with collective values. Whereas Western experiences with loss and bereavement are likely to be somewhat private, they are more prolonged and public in the Middle East and involve immediate and extended family, friends, and the community. "Successful" bereavement entails accepting the inevitability of death and loss, restructuring life to preserve the memory and bond with those mourned, and making sense not only of the loss but the need to continue life's journey despite the loss. These are informal and formal social processes that are recognized by the community, supported through religious and cultural frameworks, and legitimized through laws and established social and political programs.

Cultural Perspectives on Death and Bereavement

Israel provides its citizens with generous social welfare programs, advanced medical technology and universal healthcare, and a network of services to support citizens across the lifespan. While the patient's right to know their diagnosis and prognosis is recognized by healthcare professionals who are required by law to disclose it, some families may resist and limit that information out of respect, to protect the sick or dying. Jewish bioethics challenge informed consent and truth telling to patients and assert that such decisions be guided by Halacha (Jewish religious laws), which "determines the value system and God that is in possession of one's body" (Hirschprung, 2012, p. 420). However, as Hirschprung notes, in reality Halacha does not support informed consent as patients are apprised of their condition when viable treatment options that could possibly reverse the condition are available, but forces risky treatment that they may refuse if it could save their life. Moreover, shielding seriously sick patients from bad news such as the death of a relative or their own poor prognosis is justified as a protective measure to prevent them from losing hope. While this practice finds its basis in the Jewish Talmud (text of rabbinic Judaism), it is commonly accepted, even in non-Jewish Middle Eastern societies.

Research has also demonstrated that end-of-life decisions and care are greatly impacted by other factors such as immediate and extended family, and the role of women and community. In one study, physicians were found to be more likely to withhold rather than withdraw treatment if they were Jewish, Greek Orthodox, or Muslim as opposed to those who were Catholic, Protestant, or had no religious affiliation (Sprung et al., 2007). Sprung et al. (2007) noted Israel's rare use and unclear status on advanced directives, as well as a lack of written or unwritten policies or practices regarding euthanasia. Blank (2011) further confirms that active euthanasia is highly unlikely in Israel due to cultural and religious beliefs. While these seem to present more obstacles to a patient's right to self-determination, Israel's policies and services underscore its commitment to serving the wellbeing of individuals through an extensive network of services aimed at upholding strong religious, cultural, filial, and community supports for individuals facing death and for their families.

Common themes exist among Jews and Arabs that relate to religion, the role of extended family and community, and a prolonged mourning process. Burial is done within 24 h or as soon as possible, and begins a weeklong mourning process where family and friends gather to support the bereaved family, and where grief is expressed through clothing and minimal self-care. These concepts are shared by Lobra, Youngblut, and Brooten (2006), taking note of Judaism's belief in the soul's immediate return to heaven upon death, the wearing of dark ribbon or torn clothing to express grief, the weeklong "sitting Shiva," the presence of family and guests to support family, minimal self-care, covering of mirrors, and daily reading of Kaddish (meaning holy) prayer. Lobra et al. (2006) also outline Islam's view of earthly life as preparation for eternal life and the soul's immediate exposure to God upon death. Dying patients are situated to face Mecca, the room is scented, and *Quran* recitations are shared with the dying. The following section will contextualize loss and bereavement within each of Israel's ethnic groups, and the implications for individuals, families, and society.

The Jewish Experience with Loss and Bereavement

Bachner, O'Rourke, and Carmel (2011) found that fear of death, communication about death with terminally ill relatives, and psychological distress were significantly lower among secular Jews compared to religiously observant Jews. The authors explain that Jewish beliefs in life after death and the judgment upon one's entire life contributes to caregivers' fear of death and psychological distress, and limits the communication of religious caregivers with their loved ones. Judaism supports the idea of *tikkun* or healing through human intervention and the provision of care to prevent suffering, restore health, and save lives (Shalev, 2010). While valued, the authority and expertise of doctors does not supersede the patient's right to informed consent and autonomous decision-making. This right was protected through the parliamentary passage of Basic Law: Human Dignity and Liberty in 1992. Reaffirmed through an Israeli Supreme Court decision in 2004, this law protected

the patient's right to medical information, a right (?) reinforced further through the passage of the Dying Patient Law in 2005, which regulates end-of-life decisions, while limiting the scope of patient rights and decision-making (Shalev, 2010). Cohen-Almagor (2011) highlights the 2005 law's primary functions, which apply to competent patients who are dying and have expressed treatment preferences or the need to end or prolong their life: the law specifies that a patient's medical condition, wishes, and the degree of suffering are to be accounted for in making end-of-life decisions; and outlines the care and decision-making process for minors and those considered incompetent to make their own decisions (Cohen-Almagor, 2011).

Shalev (2010) asserts that the passage of the Dying Patient Law of 2005 demonstrates the influence of Orthodox conservatives and the ongoing tension between Orthodox religious beliefs that stress the sanctity of life and duty to preserve it, and the ongoing discourse with secular humanism that stresses democratic ideals to safeguard autonomous decision-making and patient rights. The Dying Patient Law gives precedence to life preservation over right to refuse care; extends medical treatment despite prognostics and justifications to discontinue it; prohibits physicians from any practice that hastens death despite patient requests; provides palliative care despite risk to the life; and respects advanced directives only within limits and with restriction (Shalev, 2010). Jewish religious law prohibits active euthanasia or removal of treatment, however, withholding treatment is acceptable as it is viewed as an act of omission and non-interference with natural processes that are best left in the hands of God (Ravitsky, 2005). Attempts are made to balance the emphasis on individual liberty related to end-of-life decisions with collective values and Jewish religious laws. For example, as Ravitsky notes, a patient's exercise of autonomy and request for removal from ventilations poses a challenge to religious laws or communitarian values regarding hastening death, and so this challenge was resolved through the use of timers that can expire on ventilators, thus allowing patients to not "renew" treatment rather than "discontinue or withdraw," therefore "converting commissions into omissions" (Ravitsky, 2005, p. 417). A patient is permitted to issue a Do Not Resuscitate (DNR) order as long as it does not hurry death. Thus the application of palliative care in Israel is mindful of Jewish religious law while focused on fulfilling the expectations of the World Health Organization (WHO) to ensure quality of life for terminally ill patients and families by addressing physical, psychological, and social needs while minimizing suffering (2002).

Whereas most Jews are secular, Orthodox Jews otherwise known as *Haredim* (Orthodox, non-Zionists) promote conservative and fundamentalist beliefs that have greatly influenced public policy. The Orthodox rabbinate is the provider of all religious services relating to marriage, divorce, or death in Israel for all Jews alike, a source of controversy for secular or non-observant Jews. Despite the emergence of groups such as *Tzohar* and *ITIM* to challenge their presence and to provide services to secular and non-observant Jews, the Israeli rabbinate remains the recognized government religious authority, and understanding the role and services related to death and burial is important for our discussion (Ferziger, 2008). Therefore, the following discussion about the Haredi community is highly relevant to contextualizing the Jewish experience with loss and bereavement.

The Haredi community adheres to strict interpretation of Jewish religion and segregates itself from Israeli society (Stadler, 2006). They reside in separate homogeneous neighborhoods, attend special schools, and maintain a different lifestyle. Whereas military service is compulsory for all Jews, Haredi men abstain from military service and participation in the labor force, and instead dedicate their lives to the study of Talmud. Women attend separate educational systems and work to financially support their large families and their spouse's dedication to religious studies. Haredi families tend to live in poverty or maintain a modest lifestyle that is often supplemented by governmental assistance (Stadler, 2006). The Ministry of Religion in Israel oversees burial services; however, with few exceptions, the Haredi burial society known as the *hevra kaddisha*, meaning sacred society, is responsible for all funeral and burial arrangements for Jewish citizens. Jewish traditions require burial as soon as possible because human remains are considered impure and may contaminate the purity of people and things that come in contact with the body. Jewish communities have entities dedicated to caring for the dead, removing them from the home, purifying and covering the body, and managing all informal and formal funeral details (Stadler, 2006). *Zaka* is a Haredi group that specifically responds to terror related deaths, recovers body parts and organs, and ensures proper care for the victims' remains in accordance with Jewish law and religious practice. This has been described as a way for Haredi society to contribute to Israeli society and redeem its parasitic image to secular Jews (Stadler, Ben Ari, & Mesterman, 2005).

When exploring issues of loss and bereavement from a cultural perspective, the impact of history, collective trauma, and religious ideology must be examined. Lebel (2011) offers research studies that describe Israel as "militaristic society" where life seems to revolve around experiences of national loss and trauma, and sensitivity to loss is heightened. He asserts that parents of fallen soldiers are afforded special treatment and status that allows them to shape public opinion and military decision. This in turn influences military decisions to use combat strategies that minimize loss of life, and results in compromising national security and the wellbeing of civilians (Lebel, 2011). Malkinson and Bar-Tur (1999) reaffirm the emergence of a "bereavement culture," where military death is regarded as sacrifice and heroism of national significance. Bereavement is persistent for parents who lose children in military service and the attachment continues across the lifespan and ends only with their death. When death the result of acts of war, terrorism, or traumatic events such as the Holocaust, the heroes or victims are honored during holidays such as Memorial Day and by national monuments (Possick et al., 2007). Possick et al. discuss how Jewish society utilizes *Hantzacha*, meaning the "perpetuation or immortalization" of lost loved ones to "re-membering" the dead into the life of survivors, and reconstructing their existence to promote a lasting bond (2007, p. 111). Through *Hantzacha*, survivors honor the dead for their sacrifice to their country or for their victimization, and allow their memory to influence and guide the living.

Hantzacha can be a private commemoration to achieve "emotional catharsis" by and for family members by memorializing the dead through tangible items such as pictures and albums, and/or via a less tangible approach whereby the family carries on the legacy of the dead member through their own existence and the way they live

life. It can also involve a public commemoration that attempts to make meaning of martyrdom or victimization of loved ones through publishing personalized memory books or monuments; or by presenting memorial lectures or marathons (Possick et al., 2007). Such processes allow the meaning of the relationship with the dead to continue despite the loss.

The Arab-Israeli Experience with Loss and Grief

Arabs total 20.6 % of Israel's population and are classified as 16.9 % Muslim, 2 % Christian, and 1.7 % Druze (CIA, 2013). Whereas differing religious beliefs dictate the practices of each group, common themes exist. The view of God as having the ultimate authority and power for matters relating to life and death, and respect for His will dominates the various Arab cultures and their outlook. God is referred to as *Allah* in Arabic, and his wisdom is integrated into daily interactions, as well as proverbs and metaphors that are organically embedded in the way people communicate and interact. Belief in the *Maktub* or *written* depicts the fatalistic stance on life assumed by most Arabs and describes their view of life as predetermined by God. *Inshalla*, meaning and referring to *God's will* or *God willing* is a typical response used in response to requests or invitations. A simple wish for someone's recovery from illness will most likely invoke a response of *Inshalla*. Thus, it is God's will that dictates responses to health, life, and death. As noted in Barakat (1980), this is contrary to Western cultures where personal control over one's life is perceived as vital for health and positive adjustment. The following narrative describes how each Arab population segment experiences episodes of loss and bereavement.

Smith and Haddad (2002) note Islam's view of death as God's will, and grief as a consequence that those bereaved are expected to accept as their loved ones are destined for *Jannah* (heaven), especially if they led a moral life filled with good deeds, or if they died in childhood and before the age of responsibility. Illness and death are viewed as tests by God, and life's challenges as a way for Muslims to demonstrate their reliance on God (Hamdan, 2007). The deceased's body is not embalmed but washed or purified by close family and wrapped in white seamless sheets for burial. It can then be placed at a mosque or another place of prayer where family and friends gather. The entire community is invited to attend the funeral, which usually occurs within 24 h (Philips, 2005). Attendees must purify themselves by washing of hands, feet and face, and engage in prayer and readings from *Quran* (Islam's holy book) led by the *Imam* (religious leader). Men and women are usually separated during this process, and women generally don't attend burials at the cemetery. The body is buried without a coffin and faces Mecca. Typical words of consolation used are based on *Quran* and translate as, "To Allah we belong and to Him is our return" (Ali, 1989). It is typical for the public grieving process to last 3 days, during which extended family, friends, and the community are expected to provide support to bereaved families through their presence, bringing of food, and prayer.

Arab families are expected to care for loved ones from birth into death, and personal issues are generally addressed within the family system. Therefore, institutionalization is perceived as a last resort and is sought only in cases of severe illness and disability where family resources are scarce or it is deemed in the person's best interest. While potentially burdensome, dependence on natural and informal support systems within the family and community to attend to the physical, social, and emotional needs is viewed as a moral obligation. Therefore preference is for the ailing or dying to be cared for at home with subsidized institutional services to be provided through end of life. Aziza, Ron, Shona, and Gemini (2010) studied death anxiety among Arab Muslims and found that death anxiety was higher for residents of nursing home facilities than for elders in the community who enjoyed a higher degree of social support from family. Anxiety was also higher for women and those lacking education, with overlap between the two in this study; anxiety was found to be unrelated to religion (Aziza et al., 2010).

The Druze are a minority Arabic-speaking community that descended from Islam in the eleventh century (Dwairy, 2006), and integrates beliefs from Judaism, Christianity, and Islam, as well as Gnosticism, Neoplatonism, Pythagoreanism, and other philosophies. The Druze religion is secretive and closed to outsiders; however, adherents pledge allegiance through military service to any country of residence. The Druze community maintains a strong belief in the afterlife, which promotes better adjustment and recovery from the death of loved ones (Benore & Park, 2004). Belief in the immediate rebirth of the soul into another Druze body or into a realm close to God tends to discourage or inhibit expressions of grief [or its process?] (Bennet, 2006). Death is viewed as a "temporary state" with gender and religion being maintained through reincarnation, and thus burial and mourning rituals are minimal (Dwairy, 2006, p. 30). Belief in reincarnation seems to ease the grief, and the knowledge that the soul of a deceased family member lives on in a newly born child seems to make the pain associated with the loss more tolerable (Littlewood, 2001). Dwairy notes situations where bereaved parents were able to identify young children who have recollections of past lives that match the story of their deceased family member, and the attendant positive or therapeutic impact on the grieving process (2006). Research by Somer, Klein-Sela, and Or-Chen (2011) compared the impact of reincarnation and fatalistic beliefs on the parental bereavement of fallen Jewish and Druze Israeli soldiers and found that Druze maintained a stronger view of reincarnation and fate than their Jewish counterparts and had a better adjustment to family tragedy. Moreover, a minority of Druze parents expressed difficulty accepting their loss versus a majority of Jewish parents, which also translated to a reduced sense of helplessness, guilt, and anger among the former.

According to Faraj-Falah (2009), bereavement issues for Druze widows are exacerbated by their status within the traditional community. Druze women are educated in separate schools, and they are generally not allowed to drive, and if they do, men are not permitted to ride in the same car. While Druze women may inherit property, the absence of explicit provisions in a will results in any inheritance going to their sons. Young widows with children may be forced to marry their brother-in-law, and those without children are frequently forced to return to their family

with no rights of inheritance; either way their fate is often decided by the family (Faraj-Falah, 2009).

Arab Christians face double marginalization in Israeli society where they are oppressed by the Jewish population for being Arabs and ostracized by Muslims for their Christian beliefs (Ventura, 2012). The reality is that Arab Christians combine old Middle Eastern traditions with Western approaches. They share the fatalistic outlook on life and strong reliance on their faith for cultural and political identification, and view matters of life and death as resting in God's hands. Prayer, belief in miracles, fasting, and alms giving are used to appeal to God's mercy for ailing, dying, or dead relatives. Death may be viewed as merciful for those who have suffered through terminal illness or the consequences of old age, but cruel when the deceased is young or leaves behind a young family. The deceased is dressed by family members, placed in a coffin, and buried within 24 h. The body is placed either at home or in a prayer hall where family, friends, and community members pay their respects, all dressed in black or dark colors. It is rare for women to accompany men to the burial; however, they visit the grave site the following morning where they light candles and recite prayers. The family wears black, wears no or minimal cosmetics, and avails itself of those who wish to pay respect for a full week of mourning. This mourning period may conclude a few days earlier, on the fourth or fifth day, at which time a prayer service is conducted on behalf of the deceased. For the duration of public mourning, relatives provide meal service for all attendees and are expected to offer prayer and whatever support is needed. Mass service dedicated to the deceased marks the fortieth day, six month, and one year anniversaries. While traditional practices are slowly changing regarding the mourning process, it is traditional for the immediate family to dress in black or dark colors for a designated period of time depending on gender of the mourner, the age of the deceased, and the relationship. Widows and mothers of deceased children may wear black for a number of years, and dark colors thereafter. Family members refrain from participating in public ceremonies, commemorate the deceased through prayer services, display pictures of the deceased throughout the home, and visit the grave site where they light candles or leave flowers.

Terrorism Related Bereavement

Deaths resulting from acts of terror provoke the strongest of emotions and often compel people to take sides. Suicidal acts leave behind families and communities that not only suffer from the loss of that life, but also oftentimes pay a staggering price for the act. Suicide bombings carried out by Palestinians may be followed by Israeli retaliation where entire neighborhoods are demolished, hundreds of families displaced, and whose casualties often involve innocent children and other civilians. Abbott (2009) investigated the effects of politically driven violence on seven Israeli Jewish families who lost five children and two adults and nine Palestinian Arab Muslim families who lost seven children and two adults between the year of 2000 and 2005.

While this phenomenological study used a small sample size, the outcome is of value as it provides a general representation of how Israeli Jewish families and Palestinian families in the Occupied Territories of Gaza and West Bank areas cope in the aftermath of violence. The outcome revealed ramifications on individual family members, marriage, parenting, and community. Intense grief and prolonged distress was reported on both sides, even years later. Both viewed the loss as endless, the pain as constant, a “hole that cannot be closed” and an “open wound.” Israelis viewed the loss as a “senseless act of terror,” while Palestinians viewed martyrdom as a mean to an end (Abbott, 2009, p. 121). Both sides reported strain on the marital relationships, increased tolerance in parenting and closeness with their remaining children, behavioral and emotional difficulties for surviving siblings, and a wide range of community supports. Both sides reported partial withdrawal from community activities and communal celebrations such as weddings and birthdays for several months or years, and Israeli parents reported restrictions placed on their children’s activities in public places. Abbott (2009) found that coping strategies utilized by each side included memorialization of the dead through display of photos of the deceased at home, erecting of monuments at the site, public honoring of the deceased, and memorial services. For some, replacement of the deceased child with a new one and participation in support groups or with families who experienced loss and grief were used to promote healing. Whereas Jewish families participating in the study were secular, Muslim families tended to rely on their faith and viewed martyrdom as God’s will and as paving their way to paradise.

National Response to Loss and Bereavement

As noted earlier, Halacha guides religious and non-religious life as well as health-care policy and practice regarding life and death matters in Israel. Medical personnel are expected to provide services to preserve and prolong life, except for hopelessly ill patients. The Israeli Dying Patient Law of 2005 is based on Halacha principles and provides tools for making advance medical directives, views palliative care as a universal right of every citizen, ensures the selection of a person who makes healthcare decisions with family input, guides medical decisions and actions, appoints a senior physician to ensure accurate documentation and communication, and empowers local and national ethics committees to resolve disputes and avoid legal actions (Sprung, 2012, <http://www.chabad.org>).

Israel provides an extensive network of medical and social services to support the life of every citizen regardless of age, ethnicity, religion, and background. These services are initiated through physician or family referrals and activate a range of interventions aimed at allowing terminally ill patients to die with dignity and the least amount of suffering. According to the Israeli Association for Palliative Care (IAPC), eleven organizations provide palliative care for adults, which include twenty-seven services for home hospices, four inpatient hospice units, and two hospital-based units. Six of these services provide pediatric palliative care as well.

Community health centers are available to provide home health service and for pain management, and cancer clinics provide psychosocial support. Patients diagnosed with cancer are provided free medication and those diagnosed with other illness qualify for prescriptions at a reduced rate (<http://www.palliative.org.il>).

A unique program found in Israel is *Ambulance for Wishes*, which was created through Magen David Adom (Israeli ambulance service for emergencies) to grant wishes to terminally ill patients who are confined to their beds but wish to visit one last time their favorite beaches, religious sites, nature reserves or other places. The ambulance is furnished with refrigeration, medicine, advanced medical technology, and a rooftop camera to allow patients to track the route of the ambulance through a plasma television. This service is organized in collaboration with physicians and is provided free of charge to all patients (Gal, 2009).

A paper published by the IAPC reveals some of the ethical challenges encountered by physicians and helping professionals who work with end-of-life patients in Israel. First on the list is the disclosure of prognosis to patients as the law requires in the midst of family pleas to withhold information for fear that their loved one will lose hope or commit suicide. The dilemma of when to continue, withhold, or discontinue treatment is another challenge, especially when patients and their families are not fully educated about their options, especially appropriate factors in the consideration of withholding or discontinuing treatments intended to save or extend life. The third challenge relates to the cultural tendency of wanting to shield children from the painful reality of death by not allowing them to see their dying relatives, thus complicating closure and separation issues. The remaining challenges include fear of opioids for sedation and pain relief, provision of care for patients who lack family support, and provision of palliative care for patients who simply want to die, or who request assistance in ending their life (IAPC, http://www.palliative.org.il/articles/israel_country_report.pdf).

Case Scenario and Strengths-Based Culturally Sensitive Interventions

We begin this section by sharing a case scenario that demonstrates the experience of Edna and her family with end-of-life issues. At the age of 75, Edna came to her medical appointment accompanied by husband and son. Devastated by the physician's news of her cancer diagnosis and dim prognosis, a decision was made by the family to utilize all necessary means to treat the disease. This required daily rounds of chemotherapy, radiation, and medicine. The family decided to move Edna and her husband into her son's house where they can be cared for attentively, taken for daily rounds of treatment, and be surrounded by grandchildren and family. Edna and her husband were clearly depressed about the impending loss, although no one spoke of it directly. Within a few months, Edna's poor prognosis became apparent as all treatments concluded with failure. She was moved back into her home, where palliative care was introduced and a team of professionals was attentive to her every need.

Home health nurses oversaw her medical needs, while social workers addressed her psychosocial wellbeing and that of her family. A government-paid caretaker attended to household chores, despite the family's constant presence and company. Edna and her family were strong believers and kept candles lit along with ongoing prayers and pleas for healing. Edna passed away and hundreds of family, friends, and community members attended her funeral. It has been 2 years since her death and her husband still shows symptoms of depression and loneliness. He visits her grave most mornings and keeps a candle lit in front of her picture. More recently, he joined a club for elderly men and attends for a couple of hours every day after visiting her grave. Family members care for his home and physical needs; however, the adjustment continues.

While unlikely to seek formal therapeutic services, Israel provides Edna's spouse with plenty of opportunities to promote continued community engagement and support. Culturally appropriate interventions are crucial in supporting grievers within Israel's various population segments. Israeli Jews, Muslims, Christians, and Druze share common themes that serve as protective factors that foster resilience. These include the guiding and regulating role of religion when it comes to matters of life and death; the role of faith and prayer in conceptualizing the loss and coping with grief; the centrality of the family unit in making healthcare decision and caring for the dying; and engagement by and with the wider community. Jewish and Arab cultures are collective in nature and clinicians are advised to contextualize problem identification and diagnosis within that framework, and to utilize interventions that engage and reinforce natural support systems.

Culturally sensitive interventions need to account for issues of historical trauma, ongoing political discourse, and the perspectives that patients have related to their sociopolitical reality. When death is sudden, or is hastened by violent acts, the bereaved may experience a range of mental health issues such as complicated grief or prolonged grief disorder (PGD), major depression, post-traumatic stress disorders (PTSD), and anxiety disorders. Kristensen, Weisaeth, and Heir (2012) stress the need for mental health clinicians to understand the nature of loss and the increased threat for mental health disorders among bereaved. Possick et al. (2007) encourage community workers and mental health professionals to view the *Hantzacha* (commemoration) in therapeutic terms to assist survivors to cope with their loss, especially when death results from untimely violent terrorist attacks. This would require using traditional cultural rituals and practices already employed by the bereaved.

When addressing issues of grief with bereaved Arabs, recognizing the perspective of collective over individual, the important role of family and kinship, and strong engagement with wider community is crucial. Help-seeking behaviors may be inhibited by cultural expectations for families to take care of their own, to save face in the community, and to rely on religious and natural support systems for assistance. Building a supportive and trusting relationship with those seeking help becomes the vehicle for helping them. Seeking healthcare services seems natural, however the preference is for people to be cared for and to die at home with the provision of supplemental informal and formal care. Al-Kenai and Graham (2000) view

the Arab integration of individual and group and the acceptance of sociocultural norms and values as psychologically beneficial due to the sense of security, belonging and identity they provide. They recommend incorporating support systems in providing mental health services. Family is viewed as “sacred,” a “continual source of support” and its participation in times of crisis is expected (Al-Kenai & Graham, 2000, p. 14). While privacy with respect to outsiders is guarded by Arabs, it is nonexistent within the family where healthcare decisions are made. Al-Kenai and Graham (2000) advise practitioners to be aware that what may appear to be an “Arab family’s over-involvement, overprotection, blatant codependency, or enmeshment” is culturally appropriate whereas the absence of these may indicate neglect and abandonment (p. 14). Thus for Arabs, issues involving illness, impending loss, death, and bereavement are culturally bound family matters.

Prayer is a coping mechanism used by Muslims to seek comfort and to show acceptance of God’s will. Since Islamic beliefs play a central role in a Muslim’s life, Hamdan recommends incorporating such beliefs and applications into the helping process as a way to regain spiritual strength to cope with illness or other situations (2007, p. 95). Awed (1999) confirmed that 90 % of Muslims used prayer, 95 % used confessions for wrong deeds, and 61 % read Quran regularly. Helping professionals are advised to employ culturally sensitive strategies in addressing loss and grief related issues with Muslim families. This would include supporting coping strategies and systems such as prayer, extended family, and community traditions. Baggerly and Abugideiri (2010) highlighted the importance for grief counselors to appreciate Islamic beliefs and traditions related to loss, grief, burial, and healing, as well as to use interventions that stress collaboration, outreach, and advocacy.

While seemingly worlds apart, Jews and Arabs in Israel are more alike than different. They share a history filled with historical displacement and trauma, maintain strong value systems that are rooted in religious ideology, recognize the pivotal roles of family and community, and hold a unique set of cultural and spiritual rituals to cope with loss.

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Part VI
North America

Chapter 11

Perinatal Death and Grief in Canada

Francine de Montigny, Chantal Verdon, and Kory McGrath

Introduction

Attempts to count the number of perinatal deaths in Canada have shown that the concept itself of perinatal death is defined differently from one province to another. While some reports stipulate that perinatal death occurs after 28 weeks pregnancy (Statistics Canada, 2010), others distinguish perinatal death from stillbirths. For nine Canadian provinces and three territories, stillbirth occurs after 20 weeks gestation or when the fetus weighs more than 500 g (Statistics Canada, 2013), while in Quebec stillbirth is defined as the demise of a fetus weighing more than 500 g, without consideration for the length of the pregnancy. Meanwhile, the National Institute of Public Health in Quebec stipulates that perinatal death includes all pregnancy losses (INSPQ, 2011). This has a definite influence on how the phenomenon is represented and on the recognition of its importance for families. In keeping with the framework of this book, in this chapter we will use the American definition of perinatal death, which is death occurring after 20 gestation (e.g., stillbirth, neonatal death).

In Canadian studies, the medicalization, depersonalization, and objectification of a baby who has died before birth has contributed to the ambiguous and disenfranchised nature of parental grief (Lang et al., 2011; MacConnell, Aston, Randel, & Zwaagstra, 2012). This is perpetuated, for example, by the practice of framing stillbirth as a “pregnancy loss” in medical and mainstream literature in Canada (Cacciatore, 2010; Robinson, 2014). Healthcare providers have recognized this tension between the biomedical model of care and the lived experience of bereaved parents, especially in the use of medical terminology, such as “fetus,” in an attempt

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to distance both the provider and the bereaved parent from the loss (MacConnell et al., 2012). The disenfranchisement of parental grief in the medical literature is also apparent in the emphasis on biomedical investigations rather than on bereavement care in Canadian guidelines for the care of patients after stillbirth (Leduc et al., 2006). The lack of specialized support for families affected by stillbirth, leaving many alone in their grief, is yet another manifestation of this phenomenon.

This chapter presents how perinatal death and the subsequent grief are experienced in Canada, a country integrating various cultures. We begin with a brief historical overview of the implications of loss in this culture. We then examine the experiences of mothers, fathers, extended family members, other children, and health professionals, focusing on information gathered from Canadian research and clinical practice. Excerpts from two clinical vignettes narrating the stories of Melanie and Stephane, whose daughter Erika and son Theo were both stillborn, and of Nick and Sandy, whose son Raphael died 7 days after birth, are presented throughout the chapter to illustrate the experiences and concerns that have inspired the development of an innovative model of care.

Melanie and Stephane's story

"In my first pregnancy, with Erika, there's no denying I was pretty naive. I was the mother of a little baby in the making, and in my head, once we got past the notorious first 12 weeks, I would be home free. It would never have occurred to me that both my first and second pregnancies could end so tragically after nine months of pregnancy. What I remember is that, when I was discharged from the hospital, I felt emptier than I ever had in my life. I had just given birth to a child... and now I was going home with an empty belly, my heart broken by sadness, and my mind in a total state of disbelief. For several weeks, and even months, everything felt so unreal to me. Sometimes I had the impression I was living a parallel life. As if my heart and mind had to protect themselves, because what I was experiencing was too big and overwhelming for my mother's heart right then. Like a tropical storm in the middle of winter... our story was impossible! In spite of ourselves, as time went by, our memories of Erika and Theo became gradually more subdued. We made a place for our children... in our hearts and in our family story. We decided to create this place for them, so that they wouldn't take up all the space in our lives. They're not physically present, but our children live on through us, through the people we have become." (*Mother's voice*)

Nick and Sandy's story

"Sandy went into labor on a Sunday afternoon at 40 weeks pregnant. The birth was uneventful until the very end, when the baby's heart rate started decelerating. As the birth was imminent, a vacuum extractor was used, and a large baby boy weighing 9 lbs. 2 oz. was born, with an Apgar of 6–8. Nick said, "We were so proud and relieved, the baby was breathing, everything seemed to have gone well, and we could feel the relief in the doctors and nurses.... For the first 24 h, breastfeeding was difficult, and Raphael was not sucking very well; he was sleeping and needed to be stimulated a lot. No one was worried, people kept reassuring us. 'Big babies have reserves, they're not as hungry,' the nurse told us. Then on Tuesday morning, they told us he had a fever and that we couldn't go home that day as planned, they had to do some tests. From that point on, things just went from bad to worse. That same day, the nurses hooked him up to a cardiac monitor and a respirator; his heart was beating too fast and he was also breathing very rapidly. The doctor told us he was worried about an infection, and pretty soon we found out this was the case. They gave him antibiotics, but his condition was deteriorating before our eyes. They had to intubate him and give him a sedative so he wouldn't resist the oxygen going to his lungs. But the infection was everywhere. It was horrible. Less than a week after his birth, the team met with us and explained that there was nothing more they could do. The infection was in his bloodstream and his brain had been damaged. We could have decided to continue the treatments, but we saw clearly that this would have caused him to suffer for no good purpose. It's a decision no parents ever want to have to make, taking their own child off life support. We called our parents; we wanted everyone to have a chance to hold Raphael one last time. He died in Sandy's arms, four hours after the respirator was turned off." (*Father's voice*)

Canada, a Broad and Vivid Tapestry

Canada is home to a broad and vivid tapestry of people, with First Nations, Inuit, and Métis inhabitants across the ten provinces and three northern territories, and a large majority of European descendants who have carved out francophone and anglophone regions and culture in communities and cities across Canada. Over the last century, Canada has also seen an influx of refugee, immigrant, and migrant populations from across the globe (Citizenship and Immigration Canada, 2010). While French and English are Canada's two official languages, hundreds of dialects and languages are spoken, and this is especially prominent in large urban centers.

As a Commonwealth nation, Canada's culture has been strongly influenced by the British approach to government, law, and citizenship. This same influence is pronounced in approaches and attitudes to death and grief practices in Canada, which can be traced to the Victorian era, whose period of industrialization saw death and funeral rites moved out of the realm of families and their homes and into the hands of hospitals and funeral parlors (Curl, 2000). At the same time, a growing middle class placed increasing value on social expectations such as purity and privacy, which in part helped define modern funeral customs and mourning. While the remnants of staunch British customs and attitudes toward death and grief predominate in Canada, there are many other traditions whose rituals and ceremonies are observed by Aboriginal, immigrant, refugee, migrant, and emerging secularist populations.

As Canada's immediate neighbor and trade partner, the United States has a strong influence on Canadian culture. The trading of goods and services in a capitalist society has also produced the commodification of death. In Canada, as in other capitalist nations like the US and the UK, death is "managed," not by individuals, but by healthcare institutions and funeral and cemetery corporations. One consequence of the industrialization and capitalization of culture in Canada is the distancing of individuals from important life events such as birth and death, which are increasingly controlled by the use of medications and machines in a sterile environment. Technological innovations in healthcare and other industries, and their ability to prolong life and treat disease, have led to both birth and death being progressively managed, not only adding a technological authority and barrier, but also removing the human element (Davidson, 2008; Holloway, 2007; Jordan, 1997).

While 'individualized care' is an approach that is slowly being integrated into institutionalized care, technology reinforces the processes of a standardized environment in which culture is not easily expressed and assimilation and homogenization become ultimately more practical and economical. Similarly, the modernization of funeral practices emplaces societal values and dependence on technology and convenience with an increased demand for direct cremation, virtual memorials, and services wherein the body is often not present. While there are remnants of traditional funerals in some regions of Canada as well as faith-based rituals in Jewish and Muslim communities, for example, where the body of the deceased figures centrally, the landscape of death and grief culture is continuously being redefined, and mortal remains are becoming seemingly inconsequential (Carlson, 1997; Holloway, 2007). This evolution distances individuals, families, communities, and the nation from

physical proximity to the dead, thereby increasing society's discomfort and denial of death (Becker, 1973; Carlson, 1997; Kübler-Ross, 1969; Mitford, 2000).

Canada is not alone in being a death-denying society; this is actually a hallmark of Western culture. In the healthcare system, often the location of death in Western nations, death is seen as a failure (de Montigny, 2010; de Montigny & Beaudet, 1997; Holloway, 2007). Especially in childbirth, where the essence of the event itself is to bring forth life, death is perceived as the ultimate failure. Yet death denial is strangely shadowed by death obsession. Death is splashed throughout the media, on the front pages of newspapers, in film and television. More recently, social media and the Internet have increasingly become instruments for expressions of grief, and yet these expressions are located in technology, a medium in which the death and the bereaved still remain shrouded and distanced from the everyday world. Though omnipresent in the media, death is evacuated from everyday life (de Montigny, 2010).

Conception of Birth and Perinatal Death in Canada

To understand death and grief practices surrounding stillbirth and neonatal death in Canada, we must first examine and consider the evolution of birth practices in Canada. Since the turn of the twentieth century, birth has taken place predominantly in hospitals rather than in homes. Hospitals are traditionally authoritarian places where patients are managed by experts; in turn, those patients place enormous trust in healthcare providers (Jordan, 1997). Historically, patients did not have a voice and were sometimes even “rendered unconscious... physicians used sedation as a technological device to distance themselves from women, to eliminate ‘face-to-face discussions’” with women whose babies had died (Malacrida, 1999). Recent advances in patient-centered care and informed-choice decision-making have begun to alter the landscape of maternal healthcare. However, a lack of caregiver training that leaves health professionals not knowing what to say has engendered another kind of silence.

Silence can also be adopted by women themselves, who may choose, for instance, not to announce their pregnancy in the first 12 weeks, in case they lose the baby (Drake, 2010). Combined with the ambiguity surrounding perinatal death, this silence disenfranchises the grief experience, as these deaths generally go unrecognized by society. This lack of recognition is discriminatory to women and their families, since perinatal death is not given the same legitimacy as other deaths and places women, in some provinces, in a position where they might not qualify for parental or bereavement leave, for example (Drake, 2010).¹

In Canada, the shift away from this culture of absolute silence can be traced to when women started to demand equality, reclaiming their bodies and their births. Layne argues that, since the 1980s, women who have experienced a pregnancy loss have been caught between “sets of cultural forces—long-standing taboos against death, unruly women's biology, and the emergence of fetal personhood and

¹This again differs between provinces. In Quebec, mothers experiencing a perinatal death after 19 weeks pregnancy have access to a 20-week parental leave, while a projected law is under study to allow fathers a 5-week leave.

patienthood” (Layne, 2006, p. 602). While the feminist movement helped reclaim homebirth, breastfeeding, and the inclusion of fathers and other birth supporters in the birth space, it also created situations in which, in the event of perinatal death, fathers and birth attendants also needed perinatal bereavement support. The very recognition of stillbirth as a birth, not just a death, was the result of an American bereaved mother’s action to change state law (Layne, 2006). The declaration of October 15 as a day of formal recognition of pregnancy loss in Ontario (Bill 200, Queen’s Park) and Quebec (2008), as it is nationally in the US (Layne, 2006), is a more public attempt at lifting the veil of silence surrounding perinatal death.

While the literature acknowledges differences in bereavement across cultures, broadly speaking, Western culture tends to value individualism and autonomy and Eastern culture places greater value on social and familial duty (Holloway, 2007). Given Canada’s complex cultural landscape, we have attempted to encompass some of these cultural considerations here, as illustrated in Boxes 11.1 and 11.2.

Box 11.1: Birth and Perinatal Death in Canadian Aboriginal Populations

Those studies that have examined birth practices in Canadian Aboriginal cultures have not explored perinatal death practices. The Canadian federal government noted high rates of infant mortality in Aboriginal communities, especially the Inuit, in the 1950s, and this was one of the driving factors for the relocation of birthing women (Jasen, 1997). The birth experiences of rural Aboriginal women are thus influenced by a complex interplay among their remote geographical locations, the impacts of ongoing colonization, and efforts towards self-determination (Varcoe et al., 2013). European colonization has had a detrimental effect on the cultures of First Nations, Inuit, and Metis communities, as well as creating disparities in healthcare and gender equality, and fundamental shifts in death culture and birth culture (Jasen, 1997; Stevenson, 1999). First Nations women who give birth in their home community are typically surrounded by scores of family members ready to celebrate a birth (Varcoe et al., 2013). However, knowledge of traditional birthing practices is continually being lost as a result of the impacts of colonization (Varcoe, Brown, Calam, Harvey, & Tallio, 2013). For example, Inuit and Nishnawbe First Nations mothers in the far north are likely to be transported long distances from their home communities to give birth in hospitals in cities that are unfamiliar to them (Gold, O’Neil, & VanWagner, 2007; Kornelsen, Kotaska, Waterfall, Willie, & Wilson, 2010; Moffat, 2004; O’Neil & Kaufert, 1995; Varcoe et al., 2013). In considering the impact on the woman and her family of this removal from her community, it is easy to understand that she has likely also been removed from regional foods, medicinal herbs, and important rituals at a time that traditionally would be cause for great celebrations (Alberta Health Services, 2009). The continuing legacy of the residential school system, which has left survivors feeling a lifetime of shame and inadequacy, has had an impact on generations of Aboriginal mothers (Ing, 2006; Simpson, 2006; TRC, 2012). In this context, Aboriginal women might experience perinatal death while separated from their traditional circle of support.

Box 11.2: Birth and Perinatal Death in Canadian Immigrant, Migrant, and Refugee Families

Literature on the birth practices of immigrant, migrant, and refugee women in Canada is limited (Bodo & Gibson, 1999; Grewal, Bhagat, & Balneaves, 2008; Higginbottom et al., 2013; Reitmanova & Gustafson, 2008). These studies focused on traditional practices and beliefs related to birth. Fortin and LeGall (2012) state that the perinatal period represents, for immigrant women, a turning point which symbolically integrates them within Canadian society, while underscoring the absence of their traditional social network. While de Montigny and Beaudet (1997) have looked into the funerary rituals surrounding the death of a child in different cultures, to our knowledge, no Canadian research has explored perinatal death culture and practices in immigrant, migrant, and refugee families. We know immigrant women are confident the healthcare system will provide the expertise they need at the time of the birth of their child (Fortin & LeGall, 2012). Even though situations might arise that could cause tensions with health professionals—for example, in relation to gender relationships between pregnant women and male physicians—generally families and health professionals attempt to learn from each other (Fortin & LeGall, 2012).

Rituals Surrounding Perinatal Death Across Canada

In Canada, as elsewhere, there is wide variation in the grief reactions and mourning rituals surrounding both the deceased and the bereaved at the individual and community levels. While early colonization introduced the Protestant and Roman Catholic religions, over the past hundred years Canada has become increasingly secular and diverse. As such, rituals surrounding perinatal death today may stem from religious practices or secular grassroots parent movements. There is limited literature on specific perinatal death practices and rituals in Aboriginal, immigrant, migrant, and refugee communities.

Hospitals in Canada are likely to call the funeral home at a time of perinatal death, but for those of Eastern and Middle Eastern origin living in Canada, the practice might be to transport and prepare their own child for a funeral, bypassing the funeral home altogether (Hébert, 1998). In the province of Quebec, parents have the option of managing the disposition of their child's body themselves with the support of funeral homes. If parents do not choose to take this on, there are some cemeteries that have become affiliated with hospitals to provide a specific place for these deceased infants. As such, in some regions (Québec City, Montreal, Saint-Jérôme), certain locations have been developed to serve as places of contemplation for families. Birth, once a private event within the domain of women, has slowly moved into the public sphere, where any number of familial supports may be invited to participate. Paradoxically, death, once a public event in which mourners were invited to

the family home to visit with the body over several days, has become increasingly more private, with statements like “No service by request.” With perinatal death, there seems to be a melding of the two paradigms, with bereaved parents moving out of the private sphere of silence and into a more public forum of online tributes and walks to remember, for example. A micro-culture is emerging around bereaved parents and families that includes colors, ribbons, picnics, memorial stickers on cars, identification with *angel babies*, online forums, annual picnics—all contributing to the emergence of a culture and identity of *orphan parents*.

The past 5 years have seen the emergence of annual ceremonies to commemorate babies who have died during the year. Some of these ceremonies have been organized by healthcare staff in hospitals and others by volunteer organizations, such as Parents Orphelins, Bereaved Families of Ontario, and the Pregnancy and Infant Loss Network. Parents Orphelins, a Quebec organization that provides information, active listening, and advice to bereaved parents, was created by parents in 2008 to compensate for the lack of any such structured organization in society. Parents Orphelins works to sensitize society to the phenomenon of perinatal bereavement. In response to the culture of silence around stillbirth, a group of bereaved families in British Columbia formed Still Life Canada: Stillbirth and Neonatal Death Education, Research and Support Society in 2012 as a concerted effort to build a community of support and to combat the stigma and the grief related to stillbirth (Farralles et al., 2014). The group is actively involved in community-based participatory research projects aimed at addressing the gaps in support, education, research, and policy for anyone affected by stillbirth. The bereaved families are not only actively involved in guiding the research process in partnership with their academic partners, but they are also key in knowledge translation and dissemination of research findings.

Box 11.3: Rituals Surrounding Perinatal Death in Different Cultural Groups

While it is important to understand traditional practices, it is also important to recognize that a person’s cultural identity is highly individual and complex, being formed by a large variety of factors beyond ethnoculturally specific traditions. For instance, an individual’s pre-migration experiences, coupled with the nature of their migration to Canada (immigrant, migrant worker, or refugee), may have significant influences on their cultural identity and on the interplay between this identity and the dominant Canadian cultures (Ndengeyingoma, de Montigny, & Miron, 2014). The lack of services in languages other than Canada’s two official languages may limit the exploration and understanding of individual preferences surrounding ritual, especially when individuals have varying levels of pre-migration literacy in their language(s) of origin. At the same time, these factors may also limit access to mainstream bereavement services and supports.

Apart from traditional funeral rites, rituals related to perinatal bereavement can take several forms. For instance, there are rituals around dates that are significant to the parents. These may be calendar dates, such as Mother's Day or Father's Day, Valentine's Day, or the holiday season (for example, Christmas). There may also be significant dates associated with events that occurred during the pregnancy, or the child's birth or death—the date when the parents announced the pregnancy, the first ultrasound, the birth, or the date when they announced the child's death. Each of these events may be significant to the parents, and being able to organize rituals around these events may offer a source of comfort. Bereavement groups that are open, or drop-in style—i.e., groups that parents can participate in at any stage of bereavement after their infant's death—are places where rituals can be created. Talking about their baby and the emptiness left by the baby's death, about their memories and the events before, during, and after the baby's death, may all represent a form of ritual in which parents devote time specifically to reflection on the effects and the impact of the perinatal death (de Montigny & Verdon, 2015).

The Canadian Community and Cultural Responses to Death

In the following sections, we examine the cultural response to perinatal death from several perspectives. We consider the roles, practices, and responses of healthcare providers, then we discuss current standards of care for bereaved families, and finally we look at perinatal bereavement as it affects the extended family. Here we should point out, however, that there is a notable lack of literature on the perspectives of health professionals and extended families in Aboriginal, immigrant, migrant, and refugee communities in Canada.

Perspectives of Canadian Health Care Providers

Many practitioners are involved and interact with families going through perinatal bereavement: physicians, nurses, midwives, social workers, psychologists, and doulas. As education programs for maternal healthcare providers and midwives focus broadly on *normality*, there is no room for death in normal birth (McKenna & Rolls, 2011). Certainly, death is not a *normal* outcome of birth, and yet, death is as normal as birth. There are also cultural divergences among the healthcare system, healthcare recipients, and healthcare providers themselves. For example, health professionals' education in regard to perinatal bereavement and standards of care is uneven not only within Canada, but in other developed countries as well (Chan et al., 2007; Holloway, 2007; McGrath & Burton, 2013; Williams, Munson, Zupancic, & Kirpalani, 2008). Not only do teaching curricula have trouble addressing sensitive topics such as death, bereavement, and perinatal death, but they also face the challenge of training health professionals who will be capable of providing healthcare services in a respectful way to a diverse population. The lack of research on the experiences of Aboriginal

and immigrant families adds to the complexity of this training challenge. However, the concept of *cultural humility* has been put forward as an approach to compensate for this deficiency in training. Cultural humility refers to health professionals' commitment to self-assessment and self-criticism, with a view to rebalancing the distribution of power between patient and practitioner and, by this means, to develop mutually beneficial partnerships that are not paternalistic (Tervalon & Murray-Garcia, 1998). This is part of a reflexive practice supporting individual and family empowerment (de Montigny & Goudreau, 2009) and is also recommended by the MIRIS. This way of being is inspired by methods that enable professionals to look after themselves while looking after others.

In fact, a few studies that have explored practitioners' experiences of perinatal death have shown how difficult it can be for them to deal with repeated bereavements. The suffering of parents and families very often resonates with their own suffering (Jonas-Simpson, MacDonald, McMahon, & Pilkington, 2011; Verdon, 2012; Verdon, Lavoie, & Blondeau, 2012). This situation can represent a form of trauma for the practitioner and lead to compassion fatigue, which arises when the practitioner's resources are inadequate to cope with workplace stress. This suffering may also affect them personally (Buttery, 2009), making them more appreciative, for example, of their lives and their children, even to the point of being over-protective of them (de Montigny & Beaudet, 1997). Nurses have reported that supporting parents through perinatal death is an honor and a privilege suffused not only with difficulties, but also with opportunities for expressions of faith. Connecting with families and supporting them in developing connections with their infant offers some comfort in the presence of inconsolable loss. They try to envision the future, imagining how the mothers will continue their lives after this loss. These nurses have expressed the need for support and time to share their experiences, replenish themselves, and gain some understanding (Jonas-Simpson et al., 2011). It is easier for nurses to have a constructive attitude toward bereaved parents if they practice a religious faith, have received bereavement training, or are supported by their health-care organization (Chan et al., 2007).

Practitioners often watch for specific behaviors in parents to reassure themselves that their interventions were appropriate. For example, they might assess the quality of their interventions based on the parents' level of well-being. This might lead them to discredit themselves. Later in this chapter we present the MIRIS (*Modèle intersubjectif de la rencontre intervenant/soigné*—IPPEM: Intersubjective Practitioner–Patient Encounter Model), an innovative model to support health professionals in their work with bereaved families (Verdon, 2012).

Current Standard of Culturally Accepted Care Toward Bereaved Families

The World Health Organization's Baby-Friendly Hospital Initiative (1991) was closely followed by the recognition and regulation of midwives as primary caregivers in Canada (1994 to the present) and the formation of perinatal bereavement

groups (Perinatal Bereavement Services of Ontario, 1992). Health agencies created policies on the handling of embryonic, fetal, and infant remains and produced a declaration on the rights of babies and mothers at the time of birth and perinatal death (Women's College Hospital, 1984). These Canadian guidelines (Health Canada, 2000) and policies (Ministère de la Santé et des Services sociaux, 2008) describe the in-hospital health services and community services for these parents. These policies are expressed in the Quebec and Canadian health networks as services that are sometimes ritualized, and even prescriptive (de Montigny & Beaudet, 1997; de Montigny, Verdon, Lacharité, & Baker, 2010), organized around a bereavement model that promotes the benefits to parents of having been able to establish a relationship with their child (Williams et al., 2008).

In hospitals, the health services are sometimes reorganized in such a way that the family is paired with a pivot practitioner, in a private room with a marked door. Most often the hospital stay is a maximum of 24 h. The interventions arising out of the policies mentioned above are aimed at creating and preserving parents' relationship with the child, such as recognizing their child's existence (e.g., holding the infant) and creating mementos (e.g., photos) (de Montigny et al., 2010). As noted previously, Victorian-era customs were present in early Canadian culture, including the practice of *memento mori*, or photographs of the dead. For mothers whose babies had died, *memento mori* served as a keepsake and a death notice to family abroad, who might otherwise never have seen the baby. Where once there was a considerable normalcy to this practice, it eventually fell out of fashion. Interestingly, this practice has recently been rekindled, as the taking of digital video or photos has become nearly as commonplace for stillborn babies as for live births. Over the past few years, parents have thus become more open to creating rituals with their child (taking personal photos, gathering items by which the babies are remembered, taking measures for disposition of the body, observing rituals at the funeral parlor). Perinatal death resources and materials such as educational leaflets, blankets, and tags for vital information are some of the supports now available to women and families, as are stillbirth awareness organizations (Layne, 2006; Still Life Canada, 2012).

However, the bereavement model upon which these practices are based does not take into account the experience of couples dealing with early perinatal death, nor cultural influences. It proposes rituals that are often strange to members of different ethnic groups (de Montigny et al., 2010). Likewise, health institutions might be perceived as non-inclusive or discriminatory, for example, if they fail to support the use of traditional herbs for smudging rituals in Aboriginal culture.

The continuum of care between in-hospital services and community-based services is unevenly developed from one region to another and within regions, as there are several different organizations providing care (local community health centers, hospitals, community agencies). This means the range of services available to bereaved parents will be limited or robust depending not only on the region in which they live, but also on the institution in which their infant died. Because of this, for example, nearly one-quarter of Quebec couples who have experienced a perinatal death will not receive any telephone follow-up (de Montigny et al., 2010). When there is such follow-up, or home visits, these are most often carried out by a

nurse, midwife, or sometimes a social worker. In some regions, there are interventions to mobilize social support for parents either through self-help or support groups, or through mentoring arrangements.

Beyond the unevenly distributed service offerings and the diversity of practices, there are also very few resources specifically devoted to fathers or to same-sex partners. Likewise, women living through an early perinatal death are not automatically included in a continuum of care. There is every reason to believe services need to be harmonized in Canada, in accordance with a more systematic intervention model that includes support for children and for couples who have experienced an early perinatal death, and for men, as well as pre-conception counseling or counseling during subsequent pregnancies (de Montigny et al., 2010). This continuum will be described later in this chapter.

Extended Family

Perinatal death affects a variety of members of the extended family, including grandparents, uncles, aunts, cousins, and so forth (Foran, 2010). The experience redefines how family members communicate with each other and their capacity for mutual support. This section describes particularly the experience of grandparents and siblings, both those living at the time of the baby's death and those born afterward.

Perinatal Death: Grandparents' Perspectives

In Canada, grandparents tend to play an active role in the lives of their children and grandchildren, when they live in proximity, whether by providing childcare or emotional support (Bowen, 2013). From the moment of conception, grandchildren come alive in their future grandparents' imaginations. When pregnancy ends in perinatal death, the grandparents are just as affected as the parents, albeit differently. They also experience the loss of their dreams and plans for this child and of the relationship they had expected to enjoy. They are also losing, or postponing, the role of grandparent, and at the very least, grieving the loss of being grandparents to that particular child. Added to this sorrow is the pain of watching their own child and his or her partner suffer and react to the death. This death may also reactivate memories of their own experiences of perinatal death or other major bereavements. In addition to the suffering itself, which may be reawakened for awhile, the grandparents will be revisiting memories related to these events in their own past. It will be a challenge for them to distinguish between their own experience and that of their child and his or her partner, so that they can better understand that couple's needs and respond to them. Another challenge is that their relationship with their son- or daughter-in-law will be redefined. On the one hand, each of them undergoes a process of self-discovery in terms of their capacity to be open, to reveal themselves,

and to support and be supported. On the other hand, the young couple's privacy has been breached, requiring implicit renegotiation of the notions of distance and privacy. Likewise, the grandparents can act as advocates for the bereaved parents' needs and help the extended family to provide the most appropriate support. It is therefore not surprising that grandparents experience bereavement and need to have their own pain acknowledged (Roose & Blanford, 2011). For grandparents who are estranged from their children, perinatal death may also become a time of reconnection. Grandparents have to support each other while being present for their child and his or her partner in their grief over a sustained period of time. Their resources for managing this will include both their own coping strategies and their social network. Participating in bereavement support groups can provide a much-appreciated safety valve, both for grandparents and for the grieving parents (de Montigny & Verdon, 2015).

Nick and Sandy's story

Raphael's grandmother (Sandy's mother)

"I never would have believed that I would welcome the life and death of my grandson. I'm grateful to my son-in-law for allowing me to share that moment with them. In the weeks after that, I didn't know what I could do to be useful to my daughter, to my son-in-law. It was difficult for me to manage my own grief, while watching them suffer; I felt so powerless. I was angry at life. I attended a meeting of a bereavement support group. That helped me to understand that even if my daughter told me on one day that she was doing well, it didn't mean she would still be fine the next day. I had to accept that her emotions came in waves. Also, I understood that I should continue to offer support, prepare meals, and suggest going for walks or to movies, and to not feel rejected if she said no."

Raphael's grandfather (Nick's father)

"My son and I are not much for talking. I offered to help make the coffin, and he accepted. I chose some beautiful wood. We worked many hours together side by side, making the little coffin. We didn't talk. But I think he knows I love him. He understood that this child was important to me, too. Raphael had a beautiful coffin; it was all I could give him to show my love."

Perinatal Death: Siblings' Perspectives

Perinatal bereavement has repercussions on children already in the family at the time of death as well as on those born later (de Montigny & Verdon, 2012). In Quebec studies, these repercussions have been observed in the parent-child relationship, which can be influenced by the flow of communication between them, whether verbal or non-verbal. Thus, whatever the children's ages, reactions emerge and are modulated according to the parents' experience. In fact, children are sensitive to emotional changes in adults and will react in different ways depending on their stage of development (Masson, 2010). Several factors explain their reactions to bereavement, including the age of the deceased infant, the time of the death (during pregnancy or at birth), the degree to which they have been prepared, and previous discussions about the arrival of a baby in the family (Erlandsson, Avelin, Safund, Wredling, & Radestad, 2010). Some children's reactions take the form of

subtle changes in certain behaviors or demands for more of their parents' attention. For others, there may be a regression in psychomotor skills or the emergence of new and unusual behaviors (Masson, 2010).

Explaining death and bereavement to children is not easy, as parents often must talk about things that they themselves find difficult to express. Also, some parents may limit the amount of information given to children in order to protect them. Others hide their own reactions, believing these could be damaging to their children. Yet children need to know the reasons behind the changes they are experiencing in their environments (physical, psychological, emotional, social) (Masson, 2010). There is an observed reduction in children's reactions when parents provide them with simple explanations, talk about what they are feeling, and include them in ritual activities and public memorial events, such as picture-taking and funeral services. Children who know about what is happening and their parents' sadness are more reassured and less anxious; otherwise, they are faced with silence and taboos (Masson, 2010).

On top of this, the birth of other children after a perinatal death elicits reactions in parents. These reactions may be positive, but may also be riddled with challenges and difficulties. Parents may feel relieved and happy to have given birth finally to a living child in good health, while at the same time feeling wistful and aware of the void left by the deceased child. They may fear experiencing another loss and, because of this, be wary of becoming too attached to the new baby. As a consequence, the new child may be at risk of parental over-protection or neglect as well as over- or under-investment on the emotional level. The "replacement" child is a significant reality because often, if the parents had not lost the one child, they probably would not have wanted another one. In such cases, practitioners have noted that the new child may suffer psychological sequelae if the parents' sense of bereavement is pathological or chronic. Pathological bereavement is characterized by a lack of movement in grief responses and by the pursuit of a relationship with the deceased child through rituals that prevent parents from living a healthy family life (de Montigny & Verdon, 2012).

Melanie and Stephane's story

"Erika and Theo are part of our family. There are some photos of them in the house. Even though they're not physically here, we have never wanted to deny their existence. Their little brother has been in our lives for almost two years, and when the time comes, we'll tell him the story of his sister and brother. If it hadn't been for Erika and Theo, I would certainly not be the mother that I am today for our precious little Alek. Life doesn't have the same color or taste. Now I see everything through the colors of Erika and Theo, but I have this deep conviction that I enjoy every little daily pleasure more fully... no matter how small. Our family is very different from others, I'll admit, but it's *our* family, and it's wonderful in spite of everything.

When I was going through my pregnancy for Alex, I kept reminding myself that this child had his own story. Whenever I was seized by the fear that everything would fall apart, I reminded myself that I was pregnant and that everything was going well. Despite our history with Erika and Theo, I needed, and had the right, to believe in him and to offer him all the love in the world." (*Mother's voice*).

Individual and Family Reactions to Loss

Over the past 30 years, a body of knowledge has been building up internationally on the experiences of men, women, and couples in relation to perinatal death. Canadian studies have recognized that the death of a child during pregnancy causes as much sorrow as do other types of bereavement (Malacrida, 1999). Several authors have studied the vulnerability of parents who have experienced a perinatal death (de Montigny & Beaudet, 1997; Verdon, 2004). This vulnerability may be expressed both physically, through a variety of health problems (de Montigny, Beaudet, & Dumas, 1996) and psychologically, through a whole range of emotions—anger, sadness, guilt, a feeling of emptiness—and losses. Waves of sadness alternate with periods of well-being, often short-lived, in keeping with oscillation theory (Stroebe & Schut, 1999). Caught in this spiral, couples may feel they can see no end to their sorrow. This can lead to psychological distress, conjugal dissatisfaction, anxiety in subsequent pregnancies, and even problems of attachment to their other children (de Montigny & Beaudet, 1997). Even though couples are deeply shaken by a perinatal death, most will be able to find a new equilibrium. Often they will feel closer to each other, because through this trial their knowledge of each other will have deepened and they will have learned how to support each other (de Montigny & Verdon, 2015).

Melanie and Stephane's story

“It’s easy to love each other when everything is going well. But when we’re in the middle of a raging storm... we have to love each other even more. Alphonse de Lamartine said, ‘Shared suffering creates bonds a thousand times more than shared joys.’ It was with a great deal of love and respect for each other that we went through these unavoidably painful times. We never tried to measure our sorrows or compare the magnitude of our grief. We were two bereaved parents and we needed each other in order to survive. With my husband, I could be honest and authentic, because I didn’t have to pretend. We didn’t need to talk to understand that the other person was having a more difficult day. Together, even the silence was easier.” (*Mother’s voice*).

“The important thing is to understand and accept that the other person isn’t going to be feeling the same thing you’re feeling at every step of the way. Each person goes through grief at their own rhythm, and you need to respect each other’s rhythm and just be there for them.” (*Father’s voice*).

A Quebec study conducted in 2003 identified the needs of heterosexual parents in bereavement. Emotional needs predominated and referred to parents’ needs to be heard and for their rhythm to be respected. Fathers needed to be recognized as bereaved persons just as much as their spouse. They also needed to be in control of events and involved in decisions. Over time parents’ emotional needs changed, but they continued to need acknowledgement at times of anniversaries. At the cognitive level, parents expressed a variety of needs for information—on bereavement, grief responses, coping strategies, and how to tell their families or their children. Physical needs, such as for food, sleep, and distractions, were less critical, but could be met by family and friends who brought prepared meals and provided respite by looking after older children, for example. Before they could integrate this new reality, parents had spiritual needs that they addressed through certain rituals or by attempting to find meaning in the experience (de Montigny, Beaudet, & Dumas, 2003).

Today, more than 10 years later, it may be that increased social recognition of perinatal bereavement in Canada has modified this needs profile, but recent studies show no evidence of this. We do know, however, that these deaths have different repercussions for men and for women, and that the specific experiences of each warrant illustration.

Mothers' Reactions

From the moment their pregnancy is announced, women see themselves as future mothers. They become anchored in this reality in a variety of ways—for example, through visits with their physicians or midwives, or as they begin to notice changes in their bodies. Their emotional commitment to their child is forged in these moments. It follows, then, that they will experience a whole range of emotions when they learn their child has died. On top of everything else, they will have to make decisions and choose, among other things, how they would like this birth to unfold. Some choose to give birth naturally, without an epidural, to have the experience of labor. Others will ask for an analgesic, or even a cesarean, finding it inhumane that they should suffer for a dead child (McGrath & Burton, 2013). Some mothers might have difficulty expelling their child, which may symbolize a final 'holding on' to their babies, as they realize this is really the end. It is at times necessary to help mothers move on with the birth while symbolically beginning to face the death, by encouraging them to "let go." (McGrath & Burton, 2013).

After childbirth, the mothers must deal with the hormonal and physiological changes of the postnatal period, among them notably postpartum lactation, an important and symbolic occurrence. Even though they have just lost a baby, for some, their milk coming in is accompanied by a certain sense of elation and gratification for this confirmation that the pregnancy has been "real" (McGrath & Burton, 2013). For others, however, this symbolic event is a cruel reminder of the experiences they will not have with their child (de Montigny & Verdon, 2015).

Sandy's story

"When I left the hospital, it was totally unreal, a bad surprise, to leave the hospital without my baby in my arms. For one month, I hid at home with Nick. I didn't want to see anyone who would ask me how the baby was doing. I didn't know how to respond, how to tell them the baby had died. Saying nothing? Friends brought us prepared meals, my mother and mother-in-law did our laundry; otherwise we would have just eaten cereal in our dirty clothes.

Raphael was our first child. Am I a mother or not? I consider myself to be the mother of a deceased child. I have a friend who finds that morbid. She wants me to hide my photos of my son. She doesn't realize that he's always in my thoughts, in my heart.... I don't need photos to remember him. I have good moments and bad moments... in the beginning, my feelings changed from minute to minute... then I came to grips with this sadness.... When I smile, sometimes I feel guilty because I tell myself I shouldn't be happy, since my baby isn't there.

I wonder where he is, if he's alright.... I wonder where we go after we die.... I found it difficult to bury my baby...it's not normal to outlive your child.... I feel that my grief will last for many months, and I think it will be full of waves and that it will be related to events that I was looking forward to experiencing." (*Sandy, Raphael's mother*)

While multiparous mothers might find comfort in looking after their older children, they may also find it difficult to be attentive and available to respond to those children's needs with sensitivity. Primiparous mothers, on the other hand, question the legitimacy of their status. The death of the child who would have confirmed this social status makes them doubt whether they are entitled to identify themselves as mothers. Most will choose to refer to themselves as mothers of deceased children, even if this status is not always revealed to everyone. Sometimes they will avoid mentioning their deceased child, so as to avoid having to explain and justify their experience (de Montigny & Verdon, 2015). Naming the baby, collecting mementos, and incorporating the infant who died into the everyday lives of families are ways of validating the experience as first having had a baby, who then died (Davidson, 2008).

Many mothers must come to terms with their concerns about the possibility of another pregnancy, in terms of both the timing and the chances of carrying a child to full term and a live birth. Some also express worries about potential infertility. One thing is certain—they will not go through a subsequent pregnancy with the carefree and naive attitude that characterized their first one, and some will even have to contend with strong feelings of anxiety (Caelli, Downie, & Letendre, 2002).

Fathers' Reactions

Quebec is a leader in Canada with regard to the scope and variety of studies carried out over the past 20 years on men's mental and physical health (Dubeau et al., 2013). Other Canadian researchers across Canada have also recently begun to investigate men's mental health in the perinatal period (Fame Team-de Montigny et al., 2014). Even though Canadian fathers' experience of perinatal death is considerably less well documented than that of mothers, their experience is consistent with trends observed internationally (de Montigny, Beaudet, & Dumas, 1999, 2003). There is consensus that careful attention should be paid to fathers (Verdon, 2002), as they often feel ignored and not recognized as legitimately grieving parents (de Montigny et al., 1999; Lang et al., 2011). Their grief is expressed differently than that of mothers, often as powerlessness, irritability, anger, and aggressiveness. Families and practitioners find it difficult to connect with men in crisis (Dubeau et al., 2013). Generally speaking, social support is mainly directed toward mothers (de Montigny et al., 1999; Verdon, 2002). Even though mothers could be a source of comfort, fathers often feel isolated, as they might not be very available (de Montigny et al., 1999; de Montigny & Verdon, 2012).

It has been observed that, in the short term, men organize themselves to support their spouse and their children, if any. This gives meaning to their experience. Their attention is taken up with decisions surrounding the birth process and the disposition of their infant's body, as well as with the continuing business of everyday life. Attentive to their spouse's needs, they are often at a loss for ways in which to support her.

They are quick to propose a return to daily activities and to wish for life to return to normal. Studies have shown that, over the long term, fathers who have experienced a perinatal death are twice as likely to have an elevated score for depression 11 months after birth, compared with fathers who have never had that experience. These fathers also display a higher level of parental stress, expressed as problems in interactions with a child born after that perinatal death and a tendency to perceive that child as more difficult (de Montigny et al., 2011).

Stephane's story

"In the beginning, a shell was created, to try to make myself believe that I was doing all right, and that I had to be strong for my wife, who needed me. This period wasn't very pleasant, but it wasn't the worst. The worst is when this shell disappears, and you realize you're in a bad state. You need to give yourself permission to feel your emotions. It hurts, but you have to go through it, give yourself the right, and do whatever it takes to get through it." (*Father's voice*)

Nick's story

"I had never imagined that I could suffer like that. And I saw Sandy suffering, and I was totally powerless, I didn't know what to do, what to say. My son was dead! But Raphael was the baby she had carried for nine months. We expected a life, and we didn't get it. Sandy said she felt empty, and I was afraid for her. I asked myself if we would be able to get through this. How would we do it? When we went to the bereavement support group, I was relieved to hear other men say out loud what I had been thinking to myself. I understood there were many ways to experience bereavement. No recipes. Now it's been four months since Raphael was born and died, and I can honestly say I would not want to turn back the clock and not to have experienced the pregnancy and those long months of happiness, or not to have known my son. I have every hope that one day we'll give him a brother or sister, when Sandy is ready. Meanwhile, we are discovering each other a little more every day. To get through each day, I admit that I need to be active and change my thinking. When Sandy isn't doing well, I wish I could change her thinking, too.... Her moods affect me, I feel responsible for her suffering. So when I'm feeling bad, I try to hide it from her so as not to add to her pain. I often feel alone and isolated. Also, my friends and family keep asking me how she's doing. They almost never ask me how I'm doing.... I suppose it's because she carried our son and gave birth to him." (*Father's voice*)

Factors Influencing Perinatal Bereavement

There are certain factors that influence bereavement in parents, siblings, and family members, and that may intensify or facilitate grief reactions. In Canada, it is difficult to know how this situation is experienced by the persons affected, as there is still not enough accumulated knowledge about the trajectories of complicated bereavement related to perinatal death. Nevertheless, we know bereavement can become complicated in cases where there is a history of mental health disorders, such as depression or anxiety (Rowlands & Lee, 2010) or when the person's relationships with others are generally disorganized (Bonanno & Kaltman, 2001; Weiss, 1993, 2001).

A recent study of francophone bereaved parents (de Montigny & Verdon, 2015) found that certain circumstances appeared to influence the bereavement trajectory, such as whether or not the couple had other children, the length of pregnancy, and the unfolding of events at the time of death. Indeed, parents remembered every

detail associated with their infant's death, and their reactions to these depended on the support—conjugal or social—they had received. The more their perceptions of the events were negative, the more their grief reactions were intense. Already in 2004 Verdon had noted that parents' perceptions of the event played a major role in their expression of grief reactions. Thus, the intensity of grief reactions does not depend on the number of weeks of pregnancy, but rather on the parents' perceptions of the magnitude of their loss. This explains why a mother experiencing a miscarriage in early pregnancy can react just as strongly as the mother of a full-term infant who dies hours after birth (de Montigny & Verdon, 2015).

Studies in Quebec have noted several other factors that influence parents' grief reactions. Among others, the parents' willingness to go through another viable pregnancy (also identified by Brier, 2004), the resilience that comes from their capacity to summon up personal resources to cope with their situation (Lang, 2002), and their ability to give meaning to life after this event (Verdon, 2002, 2004) are factors that facilitate the bereavement process (Brier, 2004; Corbet-Owen, 2003; de Montigny & Verdon, 2015).

These results suggest certain health indicators that can enhance our understanding of families' experience of perinatal death. Personal resources, such as the capacity to make sense of one's life, and contextual factors, such as social support, can help parents to navigate bereavement and cope with the loss of their baby. Rituals can be used to refocus suffering into concrete action. Thus, participating in support groups can facilitate the bereavement process for some parents, whereas it might immobilize others (Di Marco, Menke, & McNamara, 2001). Bereaved parents claim that maintaining bonds with their dead babies "helps them overcome, rather than act on their feelings of anger, resentment, shame, envy, humiliation, and self-doubt" (Klass & Gross, 1999, p. 18).

Ideal Culturally Appropriate Continuum of Care for Canadian Bereaved Families

The ideal continuum of health services for bereaved families is the result of a meta-analysis of more than 15 years of studies in Quebec with parents, practitioners, and health managers affected by perinatal death.² A number of recommendations can be drawn from this analysis that will have an impact on parents' grief reactions in the short, medium, and long terms. These care guidelines are structured around pivotal moments in parents' grief trajectory.

²For the past 15 years, de Montigny and Verdon have carried out, both individually and together, a series of studies on the trajectories of bereavement and of care and services for parents experiencing a perinatal death, as well as being clinically active in providing support to families. More than 2,000 couples have been interviewed or have completed questionnaires. Likewise, more than 1,000 practitioners and 200 managers working in health services that provide care to these parents took part in the DÉPART project and in various workshops led by these authors.

When the Diagnosis and the Inevitability of Death Are Announced

In Canada, the service trajectory sometimes begins with a consultation requested by the mother-to-be for reassurance about symptoms she is experiencing. More often, this trajectory is activated by an event, such as a placental abruption or the determination of a diagnosis implying that the infant's life is in danger, or even that the infant has died. Whether the message involves fetal cardiac arrest, a fatal illness, or imminent labor involving the death of the infant, this is a defining moment in the parents' life. Indeed, this situation is described as creating a momentary shock in which they are transported into a universe where everything subsequently said to them is lost in a haze. During this period in which nothing seems real, the parents feel as if they are living a nightmare. This is very soon followed by denial, anger, and weeping. Faced with all these reactions triggered by the news, the practitioner needs to adopt a particular rhythm. The practitioner knows the parents will repeatedly revisit their images of this event associated with the news after they have left the hospital and in the months following the death. To help the parents absorb this news, the practitioner will take the time to say things slowly, with compassion and respect. Parents may find it difficult to understand and make connections between events. The practitioner will need to verify their perceptions and repeat the information as required.

Melanie and Stephane's story

"When the hospital staff came to see us in the room, I could see their compassion and sympathy in their eyes. Even though there were no words that could comfort us in our tragedy, their respect for our wishes, for our silence and tears, did us a lot of good." (*Mother's voice*)

During the Birth

After receiving the news, parents become caught up in a turmoil of decisions and procedures related to giving birth to the child, or to how they will accompany their child in his or her last moments of life. In Quebec healthcare establishments, most parents who have experienced these situations say these procedures unfold at a very fast pace. In fact, they are presented with a multitude of questions about the next steps, e.g. the care of their child's body, rituals at the time of death, what kind of follow-up they want. It can be difficult for parents to decide on these things before their child has even been born. If time allows between the diagnosis and the birth, parents can be guided in preparing a plan that covers these topics, to minimize repetitive questioning. In an ideal service continuum, practitioners would have a protocol to guide them in the procedures to be followed. This would enable them to offer parents a set of choices and to avoid variations in service from one practitioner to another. Likewise, each practitioner would take the time and give parents all the time they need to make decisions regarding themselves or their child, which would give them a greater sense of control over events. It is essential that health practitioners be aware of Western ideals and practices as they relate to perinatal death.

Rather than pushing these ideals with neocolonialist attitudes, they should ask permission, listen and respect families' wishes for care, in particular when caring for Aboriginal or immigrant families.

During the birth of a child who has died in utero or whose prognosis is poor, the parents' experience takes precedence, and the circumstances of this birth should be as supportive as possible: carefully managed pain, a calm environment, explanations provided in rhythm with the pace set by the parents. It is important to create a good birth experience, even at a time of loss (Hey, Itzin, Saunders, & Speakman, 1996). In addition to negotiating the death of their child, mothers and fathers are also negotiating hospital policies, equipment, medical jargon, and decisions surrounding disposition. Most often it is not words they need (in fact, words, especially clichés, may do more harm than good), so much as someone to listen and to be with them, so they can express emotions and have their experiences validated (Daley & Limbo, 2008).

It may make some parents very sad to receive care in a place where they can hear other families nearby who are experiencing a happy childbirth. Nevertheless, it has been shown that, in the medium term, giving birth in a unit with staff who are skilled at supporting them through this experience helps to reinforce the couple's feelings that they are parents even if their child has died. Providers also able to recognize the couple's need for privacy and support, as well as their worries regarding their infant's appearance, for example. From the moment of birth, the infant will be handled very carefully, and the staff will help prepare the parents for the infant's appearance. By using positive terms and focusing on the normal features of the infant, the health professional can help make this encounter between the parents and their child a precious memory for them. For instance, in cases of infants with severe deformities, such as anencephaly, a knitted cap can facilitate this first contact by diverting attention from the deformity.

The perinatal death environment is a perinatal care specialty, and training in Canadian provinces such as Quebec is aimed at supporting practitioners so they can properly support parents, whether in hospitals or midwives-led birthing centers. Going through the experience of death on another care unit could put parents into a more problematic environment where practitioners are not adequately trained in the specific skills required.

Support After Childbirth, in the Postnatal Period

There is evidence that parents who are able to see their babies and to touch and hold them in their arms are able afterward to retain an image and grieve their child, who is then very real in their memory. Perceptual and sensory confirmation of the loss of their child also appears to play a crucial role in the integration of bereavement. Sometimes, however, it happens that parents do not wish to see their baby for a variety of reasons, some of them cultural. When parents feel they do not have sufficient energy or support, or that the requirements of the situation are beyond their

capacities, they often prefer not to see the infant. If the parents have never had any contact with death before, or if they have had an experience with death that was traumatic for them, they may be afraid that seeing their child will cause even more suffering. The practitioner can facilitate this encounter, at whatever pace suits the parents. She or he might explain that the grieving process often leads people to change their minds and to see the situation differently over time, such that they might wish to see their child later on. Given this, parents are invited to take some time to consider their decision. Logistics must be flexible to allow for changes in decisions. The practitioner can also help parents to confirm the reality of their child's life and death in other ways. Certain symbols—such as a mold of the baby's foot or hand, a lock of hair, a certificate with their child's name and the date, time, and place of birth, photos, the hospital bracelet, the umbilical cord clamp, or even a beautifully crafted box to hold the parents' mementos—can be sources of comfort. Photos can be taken of the infant in the arms of a family member. Photos can also be taken of the infant's profile, hands, feet, or other details that will capture the distinguishing features and the emotions in the moment. In some cases, parents might want to hold their baby, and to wash and dress the baby and present him or her to the extended family, siblings, or friends. The important thing is to offer possible options and to support parents in whatever other ideas they may have.

Melanie and Stephane's story

“Despite the pain of the sorrow permeating my entire body and soul, I very much wanted to meet our children. My heart needed to kiss them, rock them, hold them in our arms, but especially to finally see the beautiful faces of these little beings whom we had cherished for the previous nine months. Unfortunately, we would never have the chance to add to those memories. These hospital bracelets, locks of hair, little pajamas, foot molds, and photos—too few of them—have become our most precious treasures. We held funerals in the week after their deaths. We needed this ritual to let people know that our baby was no longer in this world, that we were grieving, and that our pain was legitimate. There is a monument in the cemetery where our names are engraved above those of our cherished children. Erika and Theo were buried side by side, as if they were holding hands. When we talk about them, we call them by their first names, since for us, even though they were here only for a short time, they existed. Every year we acknowledge their birthdays privately. These days are more for remembering than for celebrating, but it's important to us that we send them a little signal.”
(Mother's voice)

Advice on Discharge

When parents leave to return home, they need guidance from staff. Practitioners are encouraged to provide documentation that is up-to-date and gives parents information to support their physical, psychological, and spiritual needs. This information should include explanations about normal grief reactions that they might expect to experience over the days, weeks, and months following their child's death. It is also important to emphasize that every person experiences bereavement in his or her own way and that reactions can differ from one person to another. Topics that should be covered in the information provided to parents are, for example:

- Parents' bereavement and their potential reactions
- Grandparents' bereavement
- Siblings' bereavement
- Reactions of family and friends
- Physical reactions in the mother following a perinatal death: lactation and physical and psychological changes
- Sexuality and communication after a perinatal death
- Paid parental leave and alternatives for fathers (e.g., sick leave)
- Coping strategies
- Community resources
- Funeral arrangements and other rituals
- The autopsy and anticipated results
- Planning a subsequent pregnancy
- Any other information considered relevant

The Return Home

After the couple has returned home, it is important to provide continuity of care for the bereaved families. In Quebec, most postnatal care includes telephone follow-up, sometimes as soon as the community nurse is informed of the mother's discharge following the death or during the subsequent days or weeks. In fact, practitioners are not entirely sure when is the best time to contact the family, and added to this is the fact that every parent is different. The perinatal bereavement support training offered in Quebec stresses the importance of contacting parents early and then doing regular telephone follow-ups as needed in each case. The nature of bereavement changes over time, and in these follow-ups practitioners listen, reassure, and accompany parents wherever they may be in their process in terms of life experiences and support from family and friends. Home visits are also encouraged, to provide more concrete support in the bereavement process. It is important to explore the parents' satisfaction with the social support they are receiving from family and friends and to assess how they are doing at least 6 months after the event. This is especially important for fathers, who are likely to receive much less support than mothers. Planning these visits to coincide with dates that are meaningful to the parents (e.g., expected date of delivery, baby's birthday, date of death, etc.) can provide a source of comfort that is essential.

Home visits with bereaved parents provide opportunities to talk about their daily lives and to explore with them ways of living with and adjusting to their baby's absence. Health practitioners need to be aware of legislation regarding parental leave in their province, so as to guide both parents. Mothers will often have apprehensions about returning to work and need to be equipped to face reactions from colleagues, employers, and even friends. Gagnon and Beaudry (2013) found that support was uneven, parental leave rights were not always respected, and suffering was unrecognized. They recommended parents be allowed a flexible schedule and psychological support to ease in the transition back to work.

Melanie and Stephane's story

"Some of our friendships got redefined. Our ordeal and our sadness were sometimes frightening, and a few friends preferred to keep their distance or even avoid being around us because it made them much too uncomfortable. But other friendships became more meaningful. I remember one friend who took the time, without any fanfare, to drop off a freshly baked banana-chocolate bread at our door. She sent us a little message to let us know there was a little something waiting for us on our door sill. This thoughtful act meant a lot to us, and I'll always remember it.

We had to distance ourselves for awhile from some friends who were going through the joy of welcoming a new baby into their lives. This situation was too difficult for us to deal with at that time and brought back the sorrow of not having our children. We needed to protect ourselves from this sadness and keep our distance from the happiness of others. I can tell you, our friends showed a great deal of friendship and love in understanding our absence and waiting for our return." (*Mother's voice*)

"One difficult aspect of perinatal bereavement is always there, every day. We have to continue spending time with our friends, co-workers, etc., and for them, life is good. We watch our friends go through their pregnancies and listen to our co-workers talk about their children. Just when you think you're back on an even keel, there's always some event (a friend announcing her pregnancy, an invitation to a child's birthday party, etc.) that hits you like a slap in the face and reminds you that your family life is not 'normal' or 'easy'. It's hard to keep going through events that plunge you back into your emotions and remind you of your story." (*Father's voice*)

Follow-Up During a Subsequent Pregnancy

When considering a future pregnancy, parents experience many doubts and anxieties. In interviews, it has been observed that these concerns can surface at any time after the death. Some think about it from the moment the death is announced (at the hospital or birthing center) and want to make decisions on this very quickly, whereas others refuse to think about it for a long time and even believe they would never want to go through another pregnancy. This situation is specific to each parent, with his or her own personal history, expectations, and perceptions of the event. Indeed, there is no ideal moment at which to embark on another pregnancy after having experienced the death of an infant. Some practitioners focus on the mother's physical condition, suggesting that it is good to let some time pass and allow the body to recover. From interviews with parents, we know that becoming invested in a project or another pregnancy can help some of them cope with grief reactions. Others will find it very difficult to go this route again because of the anxiety generated by another pregnancy. In follow-ups, the practitioner can raise a number of questions that can help parents make the decision that is right for them.

Very often, a new pregnancy also provides a useful and much-needed opportunity to experience the emotions attached to the perinatal death. Practitioners are encouraged to explore with parents how they feel about this new pregnancy in relation to their previous experience. This enables parents to see how the bereavement process is evolving, and to understand that the new pregnancy cannot repair the pain of the emptiness left by their baby's death, such that their emotional reactions are likely to alternate between the joy of another pregnancy and sadness over the loss of their previous child.

The studies done in Quebec highlight the importance of ensuring parents receive significant psychological and emotional support during any subsequent pregnancy. It is strongly suggested that parents receive personalized care to avoid sources of anxiety that could easily be managed by simple interventions (fetal heart monitoring, regular visits with the nurse, emotional support, and reassurance about the baby's health status).

The MIRIS: An Innovative Theoretical Approach

Practitioners have many questions about their relationships with patients, and in cases of perinatal bereavement, they feel a certain urgency to respond. Indeed, the types of relationships that nurses, physicians, and other health professionals develop with parents in this tragic situation are often described as being a heavy emotional strain, as it is never normal to be dealing with life and death at the same time. Given this complexity, and the fact that human beings are sensitive and have life experiences that incline them to feel the suffering of others, it is normal for professionals to ask themselves what form this relationship should take and what boundaries they should set with bereaved parents. In fact, practitioners report that their knowledge is mainly centered around the importance of creating supportive relationships, and of being therapeutic, neutral, and objective, all the while maintaining a certain emotional distance from the parents. Some practitioners even wonder whether it is acceptable to show their emotions. Some do so instinctively, while others avoid contact with families or do not pursue the matter any further when parents decline a home visit, persuading themselves that these parents do not necessarily need or want to talk with them. In short, the interactions and resulting relationships produce a variety of reactions among practitioners.

Along these lines, Verdon explored this matter and confirmed, by analyzing the literature on human relations, that there is considerable ambiguity around the notion of relationship, its boundaries, and the conditions leading to its development (2012). Verdon's analysis showed that the body of knowledge about relationships—among others, as taught to nurses—has not been clearly defined. The specific character of what is called the 'therapeutic' relationship is difficult to determine, and yet that concept is pervasive. Consequently, this ideal relationship appears to suggest to practitioners that there are specific words that should be said to parents to comfort them and to be therapeutic. This may no doubt explain the impact of this type of support on practitioners, who described feelings of powerlessness, suffering, and being caught off-guard by the unexpectedness of the situation (de Montigny & Verdon, 2015).

In an attempt to find another way to describe interactions between practitioners and parents, Verdon (2012) developed a new model, the intersubjective practitioner–patient encounter model (IPPEM/MIRIS—*Modèle intersubjectif de la rencontre intervenant/soigné*). This model describes intersubjectivity in three spheres: connection, passage from self to other, and communion between two persons. These spheres are what enable a relationship to exist. Ultimately, this model orients the relationship

toward another goal than what is usually proposed. Rather than developing a relationship in order to help another person—searching for the right thing to say—this model proposes a totally different goal, which is to acquire self-knowledge through encounters with others.

When practitioners try to help others, it is with the aim of having an effect on them, and hence during that time they are not in relationship with those others because they are more concerned about the effect they are producing. Thus, while thinking of what to say, they are not in relationship. The relationship inspired by MIRIS, on the other hand, requires practitioners to open up to themselves, to develop a shared intensity with the other, and to create a symmetry with that person. As such, there is no specific objective of saying any particular thing or having a specific effect on the other, but rather just of being there, in presence with that person. Conversely, when the ingredients for intersubjectivity are not there, the relationship cannot exist; instead, there is only a functional communication in which the practitioner is essentially focused on the patient and has a need to feel useful, to say the right things, and to comfort with words.

When practitioners stop taking their own selves into account (with the other), the relationship no longer exists. In effect, the relationship requires that practitioners also look after themselves. This model enables practitioners to see that, in situations of perinatal bereavement, there is no need for any specific recipe to comfort grieving parents. If the goal of the relationship is to develop greater self-understanding through interaction with others, practitioners are less likely to feel powerless, uncertain, and overly self-critical. Along the same lines, this approach requires practitioners to work on themselves to discover what it is that affects them particularly in the parents' experience. If emotions arise in contact with bereaved families, the MIRIS model invites practitioners to distance themselves from their own emotions rather than from other people, and in this way actually to get closer to others.

Where We Are Now, and Where We Are Going

The aim of this chapter has been to present how perinatal death and the attendant grief are experienced in Canada. Various challenges have been highlighted. First, and fundamentally, the lack of agreement on the definition of perinatal death among provinces, and among institutions within a province, and even in regard to families' own definitions, affects policies and consequently health services offered and, ultimately, parents' experiences. A second challenge lies in the fact that Aboriginal, immigrant, and refugee populations have historically not had a strong voice in contemporary Canadian culture, and consequently there has been limited research on the topic of perinatal bereavement within those cultures.

Social economics, technology, and globalization—defining features of present-day culture in Canada—have profoundly affected how we view death and grief in a continuously evolving context (Chalmers, 2004, 2013; Holloway, 2007; Malacrida, 1999). While technology has changed the landscape of birth by opening opportunities

for attachment in early pregnancy, for instance, as a result of being able to ‘see’ the baby through ultrasound photography, this attachment may heighten the intensity of grief in the case of perinatal death. The expanding discourse and legislation surrounding the right to die (currently active in Quebec) and the emergence of perinatal hospice open the way for controversial discussions on prenatal testing and its consequences (Layne, 2006). These developments illustrate the ways in which cultural attitudes toward perinatal death are evolving in Canada.

The continuum of care following a perinatal death is also evolving to respond to a diversity of family experiences, and so are health professionals. While health professionals must have cultural competency, there is enormous variation in the rituals and beliefs of bereaved parents, caregivers, communities, and institutions, and this chapter emphasizes the importance of individualized care. Though knowledge of cultural practices is helpful, we must remember that, like other emotions in life, grief reactions vary among individuals and groups even within the same community. Health professionals need to adapt their interventions within a continuum of care that must not become prescriptive, but remain flexible to reflect each individual’s and family’s reality. To respond to these needs, health services must be accessible and appropriate in every region of Canada. To achieve this and to keep up with rapidly evolving cultural conditions, Canadian research must pursue different lines of inquiry, exploring individuals’ and families’ grief trajectories, same-sex partner bereavement, the bereavement experience of vulnerable populations such as Aboriginal and immigrant populations, and developments in mental and physical health services, in order to better understand how supporting bereaved individuals and families today helps to promote the overall well-being of these Canadian individuals and families tomorrow.

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Chapter 12

A Moment of Grace: Child Death in the United States

Sarah Bain, Terry Bain, and Carver Bain

In order to read about grief, the reader will have to read about love. They are, after all, inextricably entwined; you cannot have one without the other; you cannot understand the depth of love for a human being without understanding the depths of despair when that person is gone. When looking at the definitions of love and grief, I am struck by the way in which one definition informs the other.

Love: a profoundly tender, passionate affection for another person; a feeling of warm personal attachment or deep affection, as for a parent, child, or friend.

Grief: keen mental suffering or distress over affliction or loss; sharp sorrow; painful regret.¹

Grief is individual, personal, and different for each person. The same can be said about love. When we go to a wedding, attend a baby shower, go to a graduation, these shared experiences are understood through our own lens of love and our experiences of that love. Grief, on the other hand, for some is rarely experienced in profound ways until we are much, much older. When I conducted a very informal poll among friends of mine in their late 30s and 40s, I was struck by that fact that none of them had experienced the death of a parent; certainly none of them had experienced the death of a child; and most of them had at least one, sometimes two grandparents still living. Among those whose grandparents had died, it was expected or if not expected followed by, “well, she was in her late 80s” or “he’d been suffering from dementia for quite some time.” I’ve even heard, “It was a blessing so that he is no longer in pain.”

All of this to say that the experiences among many of my friends had as much to do with love as with grief. Grief for them was somewhat foreign, almost always uninformed and often unfamiliar. The path through which they experienced their grief may have had more to do with how connected or close they were to the person

¹Dictionary.com. Dictionary.com Unabridged. Random House, Inc.

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who died and how grief in their own family of origin was experienced up to that point. It also had a great deal to do with age and the fact that even if someone had died younger (a grandparent, for example, in his or her 60s), that person had still lived a full life, a life that one could trace through shared experiences and shared memories.

Make a list of every person you have ever known who has died. How long is the list?

Perhaps you remember someone who has died with fondness before pain, with longing, but also with some kind of satisfaction that your relationship with one another was rich and full. Or perhaps, like many of our modern relationships, there was too much left unsaid, too many daggers in the relationship, too many painful, unresolved conflicts. It is in that way that grief like love is complex, difficult, confounding and more often than not, complicated.

What we learn though, most of us, from birth forward, is that there is a path through which love grows and grief happens. Until we reach the age at which we find a partner and get married (if we choose that path), we learn that while death is inevitable, it happens in an orderly manner. First our grandparents die, then our parents die, then we are next in line. But we don't think about these things very often until it happens to us or someone close to us. And in those shared experiences we learn how to act; we learn to say, "I'm so sorry;" "Is there something I can do for you?;" "It must be so hard because I know you were so close to your grandmother." We learn how to act and how to react, how to respond. We find that time in fact does seem to heal all wounds because there are a few weeks or even months when we talk about our grandparent or parent who died, but over time, the party invitations arrive, and we begin to accept them again even with gratefulness and joy.

But when that order in which death happens is upended—when we experience the death of a child, for instance—we find ourselves catapulted into a place of grief so dark and so unknown that we are thrown into the depths of despair and into a place of loneliness and isolation so foreign and unknown that we have no shared memory of this sort of loss, and no response to it that makes any kind of sense. And if we do have a shared experience, if we somehow remember from our own childhood, a child that did in fact die, more than likely the manner in which it was shared with us is insufficient. So we have to create this world from scratch, in the dark, with broken tools and little reference, and find a way to begin the journey through this hell.

Grief for our children is an experience that seems shared by so few that we quickly and often desperately long to find someone, anyone who has this shared experience. It is, I believe, in clinging to these shared experiences that one can crawl back from the depths of despair. Because to do it alone, in isolation, without anyone else around, would be a kind of death over and over again every day—a darkness so bleak that one could not see light in the cracks or shadows. It is only through sharing our grief with one another that we can actually find a way out from underneath its despair, its crushing blow, its relentless beating. And so we share our stories, not because we want to teach something but because we are learning how to survive with and without.

There are three different stories in this chapter conveying and evoking different emotions, yet each story is about the same person. There are three different stories, told more than 10 years after the death of our beloved daughter and sister, Grace Susie Bain. They are memory stories of a life too brief in this world, too short, and yet, Grace continues to live on in our family in ways none of us could have ever imagined.

The catalyst for this chapter came when our oldest son was asked to write an essay about a memory, about something that had happened in his childhood that he now had some perspective on as a 16-year-old high school sophomore. In the past, he'd written essays and showed them to me, his mother, before he turned them in, always asking for gentle suggestions or edits. "Just don't change anything mom. Write your comments in the margin, and I'll decide if I want to incorporate them." This time, I received a text from him late one evening that said, "I turned in an essay for English today that I didn't want you to read ahead of time because I thought it would be too hard for you to edit. But now that it's turned in, if I were you, I think I'd want to read it. Check your email if you do."

Of course, at the time, I had no idea what I was going to read. Carver, after all, is my quiet, introspective son with thoughts often tucked deep inside of him, which is one of the reasons I'm also so eager to read his essays. It's one way I actually get to learn more about him. So I went to check my email right away. And within moments I was sitting at my desk, reading his essay with tears streaming down my face.

Carver was 5 years old when his sister Grace died. He and his two-and-a-half-year-old sister Sophia were in the room when Grace was born. We had just been told a day and a half earlier that Grace had died while still inside of me and that I would need to give birth to her. It was incomprehensible. It still is. The thought of giving birth to death is so terrifying and horrific that I still struggle to find adequate words to describe it. And Carver at the time really had very few words. In fact, though we tried to engage him on many levels to talk about the experience as a young child, he never showed much interest. I would ask him if he wanted to talk about Grace and more than once he'd shrug his shoulders and go off to play.

At the time, his father and I were very conscious about making sure we talked about Grace but conscious too about not pushing our two older children into any direction toward speaking of her. We decided instead to grieve consciously and to not shy away from our own grief. But as days and weeks turned into months and then years, Carver became less and less likely to speak of her. I often wondered what he really thought about her, how he was processing her death. So when he handed me his essay, I was blown away by his insights and wisdom surrounding the experience. While there were tears at the pain of his insight (he did want to hold her!), there was also some relief (it appears we didn't scar him for life after all!).

The stories below give you a glimpse into the grief of one family from the mother, father, and brother's perspective. It is not meant to be a definitive look at grief, but it is meant to demonstrate how one family copes, manages, grieves, and continues on. This grief we carry does not go away. It does not dissipate. But it does change and morph over time. It evolves I suppose, and I think each of us: myself, Terry and Carver would agree that it continues to surprise us in the way that it manifests itself

into our bodies over time. Grace has become part of our family in ways that none of us could have imagined. Carver, I think, says it best at the very end of his essay. And each time I read Terry's and Carver's version of the story, I learn something else about myself. Isn't that what all of us should take away from each other's stories after all?

A Story of Grace from Her Mama's Perspective

Sarah Bain

What I remember clearly about my childhood is wanting to be a mother. I really don't remember much more. There are memories of some things that come at me in dreams occasionally (are they imagined or real?), in flashbacks ever so brief like a series of snapshots. For the most part though what I remember about my childhood is the longing—the longing for something more than what I had. And imagining someday that the longing would go away.

What I don't remember is my father dying. I don't remember the first 5 years of my life when he was sick, much of it in bed, with me nearby. What I don't remember is the way he went from 180 pounds to 120 pounds over a few years of cancer treatments that seemed to succeed for a while and then fail again until finally, a few months short of my sixth birthday, the cancer won the battle and the rest of us—my mother, my three brothers, and I—lost it.

My father's death didn't so much shape my childhood as it unshaped it into a blur of images and forms that bled together like watercolors that run. The memories are blurry, messy, and after a while indistinguishable from one another because of the early childhood lessons learned: Don't bring up my father's name much and don't ask questions because it might upset my mother. And so, over time, as I turned from 6–7 to 8–15, the memories of my father disappeared. All I had left were a few photographs I could see hung on the walls of our home. I have a few of my own pictures now of a man sitting on a rock holding me, a man with his arms around me in bed, and he might as well be a stranger because as much as I stare and stare at those images and will myself to have some kind of memory of him, I just don't, and all I feel is empty.

It is likely that this emptiness fed into my desire to have my own children, thinking somehow I could fill that void with children of my own.

And for a while I did just that. I had my first and then second child, a son, Carver, and then a daughter, Sophia, and with each birth, the longing for my father came back at me in waves, often unexpected, unannounced. At every significant juncture of my life—my high school graduation, my 21st birthday, my college graduation, my wedding day, the birth of my son, the birth of my daughter—I found myself wondering about the man who was my father. But holding my own child in my arms somehow made everything seem okay. Staring into the eyes of my firstborn son was an incredible moment. It was the answer to a prayer; it fulfilled every cliché in the

books that I'd read—the best day of my life; instant, unconditional love; pure bliss; true happiness; winning the lottery, and on and on. I couldn't believe my fortune. I felt so lucky.

And then, in 2003, I turned 36, and I realized that I was the same age that my mother was when my father died. Furthermore Carver, my son, was 5 years old—the same age I was when my father died. Suddenly that was all I could think about, and I projected my fear of death onto the reality of what I'd experienced in my childhood. It started quietly at first: I'd fall asleep at night and pray to a God that I'd had a complicated relationship with my whole life. I prayed to him to keep my husband alive that year. I was terrified of Carver experiencing at age five what I'd experienced at age five, and I couldn't let him lose his father. So I prayed. And I worried, and I watched. And during those months, amazing things started to happen:

My husband sold his first book.

I was pregnant with our third child.

Some major projects around our house were getting done.

This seemed to be our year.

Things were moving along in so many great directions, and my prayers were working. Each day, I woke up beside my husband.

In hindsight, there were signs that not everything was as perfect as I thought: the dream of something going wrong; my inability to nest in the seventh month when I had nested in both of my previous pregnancies; the inexplicable crying for days on end when I hadn't experienced that depth of tears in my other two pregnancies at all.

I see now what I never could have seen then. Because then, I was simply keeping the vision of our growing family intact, and I was keeping my husband alive simply by willing him to stay alive.

And everything was going along just fine until it wasn't.

I was eight months pregnant and not really focused on this pregnancy because who has time, with two other kids and play dates and cobbling together a living and keeping a marriage vibrant until one night in the eighth month, I woke up and wondered when was the last time I felt the baby move that day because I couldn't remember.

But I have a tendency to overreact; I worry too much. I fret. Did I really want to be that client to call my midwife at 3 o'clock in the morning? No, I didn't. At first I didn't even want to wake up my husband. I walked around the house and drank juice and ate a cookie because *move baby move* but nothing was working, and when my heart fell deeper into myself, I woke Terry up.

After more phone calls and fretting, I drove to the midwife's office alone because I didn't want to call someone in the middle of the night to watch our kids. Besides, I told myself, if I went alone, it was all going to be okay. Right?

Except it wasn't.

Later in the morning, when the technician in the hospital confirmed our worst fears that this baby, a girl, was dead, that's when the world as we knew it started collapsing. Because no childhood dream of being a mom had ever prepared me for something like this. Not even my father's death had prepared me. I had taken multi-vitamins; I swam a few days a week, and here I was with my dead daughter inside of me. Now what?

The now what involved 24 h of labor from noon one day until noon the next. The now what involved phone calls and plastic flowers hung on the hospital door to remind the staff to go gently into this room. The now what involved pushing all alone because this baby was no help whatsoever and an unbelievable silence afterwards and an unmoving child on my chest, eyes closed, still heart, floppy body. This was not the story of my childhood. This was one fucked up, confusing, painful reality that could not fix itself with a pat on the back or a diaper change. This was and continues to be a journey 11 years in the making.

When I came home from the hospital, I was numb, confused by feeling like I'd been praying the wrong prayers; I'd been trying to keep the wrong person alive. And what to do with these two living children in front of me? The 5-year-old and 2-year-old who needed a mother who had nothing to give?

I'd just spent most of a year trying to protect my 5-year-old son from experiencing the death of his father, and instead I'd handed him the death of a sister, and left him nearly motherless because I didn't even feel capable of being anyone's mother.

I was numb.

I was cold.

I was absent.

Most days.

For a really long time.

To have my baby die inside of me, to give birth to that child, to hold her lifeless, limp self and feel all of that responsibility and failure was a death of my own self that I will not ever forget. There is no recovery, there is no 12-step program; just the vastness of life in front of me without a roadmap. And yet through all of it, each morning, there have always been two (now three) other children waking me up, asking me what's for breakfast, saying yes to the world, saying yes to my motherhood even on days where I did not much feel like it.

And the thread from my own childhood that kept tugging at me was understanding on a visceral level that I had to return to my other children, I had to speak of my grief, of their grief, of our collective grief so that the memory of their sister did not become like the memory of my father, mostly absent and forgotten.

I have not done it perfectly. I have failed on many days to be the sort of mother to all of my children that I hoped that I'd become, but I have been honest and open, and I carry my grief like I carry my love—on some days one feels heavier than the other, but on all days they are both present, side by side on this journey that we walk together, the six of us—Terry and I, Carver, Sophia, Grace, and Sawyer.

A Story of Grace from Her Papa's Perspective

Terry Bain

Sarah woke me from a sleep so sound I likely wasn't fully awake when she told me she hadn't felt the baby move in a long time. I wasn't fully aware of the impact of these words. I tried to rouse myself because the concern in her voice was palpable.

I touched her belly, put my ear there, and waited for a kick, a rollover, a swim. I felt nothing, but I was certain this was only because the baby must be as groggy as me. I tried talking to her belly, telling the baby to move, please move, so we can all get some rest, some much needed sleep. But nothing happened. Eventually Sarah said she was calling the midwife.

This, I assumed, was good news. The midwife—Tamy—would know what to do. She would make this baby show itself. She'd rouse it. There'd be an herb or a word or a dance or an oil I could rub on Sarah's belly and the baby would move.

Instead, Sarah ended up getting dressed and telling me she was going in, and they were going to listen for the baby together. I'd stay home with the kids—Carver and Sophia—and she'd call me once they knew anything more. It was still the middle of the night... I have no idea what time it actually was, but I was so thankful for Tamy, because this was part of her job, and she was willing to do it, no matter the time or circumstance, and I was still of the opinion that Tamy would make everything okay, that she would be able to hear the child snoring inside Sarah's belly, and this would be over by daybreak.

I wish now that I could say "I stayed awake then, completely undone by worry and unable to fall back asleep," but honestly I don't remember. I may have fallen back asleep. I don't think I was particularly worried. I still assumed that everything would be okay.

This reaction is partly just my personality. I assume the best outcome in situations until mounting evidence completely overwhelms me with details. And frankly we'd had a similar scare before, during Sarah's pregnancy with Sophia, when Sarah had started bleeding. At the hospital one medical professional (I don't remember whether a doctor or nurse) told us the baby likely wouldn't survive. But that baby's name is Sophia. And she did survive. And during that time of worry I had always remained positive. I had no question that this would be the outcome.

And now, three-plus years later, I kept this attitude even when Sarah called and told me that she and Tamy were on their way to that very same hospital for an ultrasound, that somebody was on their way over to the house to be with our kids, that I should meet them at the hospital as soon as possible.

Everything was going to be okay. They were going to use a medical device to listen to the inner workings of my baby now. They were going to find out that I'd been right all along. They were going to see a baby's little heart beating and find out that she'd just been snoozing, that we could all rest easy again.

I suppose my confidence was flagging a bit. After all, more hours had passed since Sarah had first woken me, and by the time I got myself dressed and met the friend who'd come to stay with the children and put myself into a car and driven back to that hospital, the baby still hadn't moved. This didn't seem like terrific news, but I still pushed forward my confidence, hoping it would bluster out my worry. I was awake now, but dazed, a little confused about how that baby could sleep so long, how it could hide inside there in such a way that Sarah wouldn't know for certain that everything was fine.

I have no idea how I managed to find my way back to that hospital and into the room with Sarah and Tamy. I honestly remember very little about most of what happened between putting myself into the car and seeing Sarah and watching the

ultrasound tech do what an ultrasound tech does. I don't remember much in what must have been that last hour or so before hearing the words "there's no heartbeat," as if those words were somehow able to flush the contents of my recent experience. This was unreal. This couldn't be happening. This was the opposite of what we were here for. Was there nothing they could do?

For a while, I guess I still believed that they were wrong. The ultrasound must be wrong. The ultrasound tech must have forgotten to plug something in. There must be a heartbeat because if there wasn't a heartbeat, that meant our baby was dead. Isn't that what that meant? I wasn't confident that I even knew if that's what that meant. It didn't make any sense. Our baby wasn't born yet. How could she be dead?

I don't remember anything over the next several days in its proper order. I can piece things together with the help of signposts or assistance from others, but my real actual memory of it is like a junk drawer of "things that happened." I know that people arrived to be with us. I know that friends took our children and kept them occupied. I know that I spent a good deal of time talking to our pastor, being light-hearted despite the circumstance. I know that there was a time when we heard all our options regarding our baby. I know that Tamy was there the entire time, and she helped sort out some of these options. I know that at one point someone asked if we had a name for our baby, and though we hadn't really settled on something, it took only a moment to tell them that we were thinking of naming her Grace Susie Bain, and then that was her name. I know that she was born. I remember her being born. I know for certain that she died before she was born, so is it any wonder that I question the order in which things occurred?

I remember not wanting to hold Grace at first, and people asking me again and again if I was sure I didn't want to hold her. And I remember finally letting myself hold her, and being glad I did so. Her little body seemed so still, more so than it should. And I remember looking at her and even then, willing her body to move. Maybe there is some mistake. Maybe all I need to do is love her with every bit of me and maybe she will move. But she didn't move. I remember that she didn't move.

I remember Sarah holding Grace and sleeping; watching them sleep; taking pictures of them while they slept. I remember her waking. I remember holy water and oil. I remember feeling cold.

It would be a long time after Grace's birthday before memories started feeling like they happened in sequence again. I can write about my recollections both before and after Grace died and was born, but I don't always trust them. My grief seems to have rewritten some of the "facts" of what happened.

But my memory does not exist in a vacuum, so I don't believe it has to exist exactly as it happened. During a time of great sorrow we were lifted up by the people who shared that sorrow, who took care of our children and let us mourn. My memory is made up of those people who surrounded us—who continue to surround us, who can tell that story with us. The only way I seem to be able to remember my story straight is to hear my story told crooked. I trust my memory only so far as I can throw it, see it land in the still pond, then watch the waves ripple back in my direction. The ripples are not the stone, but the stone is gone, and they are all I have left, and they will have to be enough.

A Story of Grace from Her Brother's Perspective

Carver Bain

I think I knew that something was wrong when I woke up to familiar but unexpected faces. Doubtless I was glad that my best friend Will had shown up unexpectedly with his mom, yet it was the tone of his mother's voice and the absence of my parents that clued me in that something was going on.

At the age of five, I had a 2-year-old sister and another sibling on the way; as I recall, I was not pleased when I discovered that the incoming child was to be another girl. Everything was normal and good. I was as content with my life as any 5-year-old could claim to be content with anything. I cannot speak for my parents, for adults tend to put on masks in front of children, but it can't be too much of a stretch to say they were happy, preparing for the arrival of their new daughter.

Why is that always when things go terribly awry?

It started the day I awoke to my best friend and his mother. I asked Angie, Will's mother, where my parents were. I cannot remember how blunt she was about the malign shroud that had enveloped our house the previous night, but I at least gleaned from her that my mother was in the hospital, and my father had gone with her; I don't know whether I knew it was because of the baby.

Whether this news was particularly jarring to my 5-year-old ears or not, I do not remember. Regardless of how I felt, it wasn't long before I went to visit my parents in the hospital.

My mother lay in her bed, draped in hospital sheets; my father sat beside her, eyes weighed down by exhaustion, worry, and desperation. As with all hospitals, there was a thick film that permeated the room, dampening the fluorescent lights and wilting the plastic flowers outside the door, and everything was gray.

I won't ennoble death by giving it any sort of magnificent description or detail.

She died on May 29th. She was born on June 1st.

People seem to cluster death and black together, but I think gray is a far more fitting candidate.

They gathered like flies to a light, the family and friends, with their "I'm sorrys," and, "I understands." These empty comforts slammed into my parents like a waterfall, and dripped off them like tar.

I did little to support my parents through the stillbirth, as I don't think I fully understood what had happened. I waited in rooms with televisions. I visited my mother. The adults adorned their masks and reassured me everything was fine. Someone gave me a Batmobile. That was exciting. I'm pretty sure I knew what was going on in a very basic way, but the implications and the impact of the event fell on deaf ears. Deaf 5-year-old ears.

I remember being there when she was born, the sister I would never learn to begrudgingly love, or inspire with my older-sibling-perfection, or see with flush, and rosy, life-filled cheeks. I just wanted to see her. They asked if I wanted to hold her. I did.

I said no.

“We named her Grace,” my dad told me outside the hospital while we waited for my mother to come out. Grace Susie Bain, he said. As we sat there, freezing in June, I imagine you could see the ripples of cold steam rising off of us, under the hot sun. My dad hugged me closer, warming me, or perhaps I was warming him.

The toll this event took on my parents is at a level I hope I won’t ever fully understand. When they didn’t think I could hear them, they would take off their masks and be sad and cry and even yell. I could sense a heavy sheet, stitched with iron that had drifted down to enfold our household, and the walls slowly beginning to crack.

It went like this for some time. But as time tends to want to do, it kept on, rolling through days, then weeks, then months, then years. But despite the dullness that time brings with it, 10 years later Grace never left. Though strange it might seem, being that she never arrived, she is still here.

My mother would tell me that it was a gift. That God works in strange ways. (This God I keep hearing about does seem to work in the most eccentric ways.) She would say that if it had not been for Grace’s preemptive tip of the hat and slam of the door, our lives would be very different. My now 7-year-old brother probably would never have been born, maybe we wouldn’t have been able to feed another mouth at that time, and maybe if she hadn’t died my mother would have. Maybe, maybe, maybe.

Maybe.

All this can be boiled down to, we just don’t know and there’s nothing we can do about it anyway, so quit your blubbering and move on. But humanity demands a little blubbering, which is just fine.

I will never know Grace. Of course this still saddens me, even more so than it did 10 years ago, but if I were to walk around my house right now and talk with my parents and my sister, I wouldn’t see any negative consequences. What I would see is my little brother, and my dad cracking a joke, and my mom rolling her eyes, and all because—and in spite of—Grace’s death. Good and bad are far too black and white for something like this, and Grace found life in that gray area.

Closing Thoughts

Whenever I read each of these three stories again, I am struck that while I felt completely alone with my grief most of the time, in fact so alone that I rarely paused to think about the experience on others, the ripple effect is huge. We tried in those early years to engage Carver in some kind of exploration of his grief—whether through therapy, in conversations with us, in the way we posed our questions—but it appeared to us that he just had nothing really to process. He didn’t display unusual anger or regression or even confusion. He was just interested in being a boy that could play. And my early assumptions then were that in his own time, he would bring it up.

I just didn't imagine that it would be 10 years later, in an essay for school. There are pieces of it, as his mother, that catch me off guard.

"I just wanted to see her. They asked if I wanted to hold her. I did.

I said no."

We asked again and again if he wanted to hold her, and he continued to decline. We honored that.

There was one incident about a year after Grace died when Carver was in his room crying, and I asked him what was wrong. He said, "I just wanted to hold her, but you never let me." This was how at six years old, he understood his grief. His parents didn't let him hold his sister.

I remember sobbing then, forgetting that we did offer, and blaming myself harshly, but when I mentioned it to our pastor who was with us for Grace's entire birth, she gently reminded me that we did offer. Several times.

Memory is indeed a funny thing. As Terry wisely writes, "But my memory does not exist in a vacuum, so I don't believe it has to exist exactly as it happened."

Memory is less about the actual unfolding of events as it is about the emotional memory, the emotional impact, the emotional response to that which you experience. And that emotional response changes, over time, as it has for each of us.

I think that Carver sums it up best in his own version of what his experience of his sister's death has been like.

"Good and bad are far too black and white for something like this, and Grace found life in that gray area."

Indeed. For all of us, we continue to learn how to live in that gray area. With Grace. And without. Each of us grappling still with how best to honor her, remember her and grieve for her.

The biggest surprise for me has been the way in which the grief evolves and changes over time. My experience with grief has taught me that love continues to grow, grief continues to shape us over time, and we continue to evolve because of our experiences with the grief.

Death is never the end of the relationship. And sometimes, death is simply the beginning of the journey. And for us, Grace is the answer.

Chapter 13

Completing the Circle of Life: Death and Grief Among Native Americans

Chris Sharp, Amoneeta Beckstein, Gordon Limb, and Zachary Bullock

Introduction

This chapter will discuss cultural approaches and views of death, dying, and bereavement among Native Americans. We begin by focusing in the Macro section on culture, general demographics, examples of loss and trauma, and the natural order of things. In the Mezzo section, we examine differences among tribes in dealing with death and dying, traditional ways of care for and disposal of the dead, and understanding the importance and role of family members in dealing with death. In the Mezzo section, we also discuss the importance placed on culture, common cultural practices, and provide a tribal-specific example of mourning practices. This is followed by a section on the current research and lack of evidence-based practices (EBP). Finally, in the Micro section, common standards of care are discussed and a case example is provided.

Macro

Introduction to the Culture

Native Americans¹ include a small but important racial/ethnic group within the United States. According to United States Census data, there are currently 5.2 million people, living in all 50 states, who report their race as American Indian or Alaska Native. This number includes 49 % who report only American Indian or

¹We recognize that different terms are used by different groups to refer to this population. While American Indian is the federal government term used in treaties and official dealings with Native peoples or First Nations in the United States, we have chosen to use the more general Native American term throughout this chapter to represent this population.

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Alaska Native as their race. Native Americans make up roughly 2 % of the total U.S. population. The five states with the most Native Americans include: California, Oklahoma, Arizona, Texas, and New Mexico (U.S. Census, 2013). Each Native American tribe has its own distinctive culture and history.

Regarding health and mental health factors, Gone and Trimble (2012) note that data on Native Americans routinely show them to be poorer, less educated, less employed, and less healthy than nearly any other racial/ethnic group in the United States. Similarly, suicide rates among Native American populations continue to be among the highest of all groups (Herne, Bartholomew, & Weahkee, 2014). As a result, the United States government, with its various and complicated policies toward Native Americans, has had a strong influence on the lives of all Native Americans. This relationship embedded in policies, laws, and treaties has included war, conquest, removal to reservations, boarding schools, assimilation, and historical trauma. So, depending on the source, you can hear very different versions of the same story or event.

The history of this population did not begin in 1492 with the “discovery” of the American continent. Native Americans, with their 566 distinct federally recognized tribal nations (Bureau of Indian Affairs, 2014) and other unrecognized tribal nations, had long histories prior to European exploration and conquest. Their accomplishments in agriculture, medicine, physics, engineering, and the arts were revolutionary. Around the time Columbus landed in the Americas, estimates indicate that inhabitants numbered between 53 million (Denevan, 1992) and 100 million (Dobyns, 1966). Thornton (1998) has argued that 75 million is a reasonable estimate, and that North of the Rio Grande (what is now the United States), inhabitants probably numbered around 5 million.

Unlike immigrants to the United States, Native Americans are the original inhabitants and owners of this land. Native American tribes were still sovereign, independent nations when the United States started to become colonized (Deloria, 1974). The new United States entered its first treaty with Native Americans in 1778; throughout the next century, over 600 treaties and agreements were made between Native Americans and the U.S. Government (Deloria & Lytle, 1983). These treaties, policies, and laws continue to impact all Native American families and children. Therefore, prior to a discussion on death and dying views among this population, it is important to understand three additional influences on Native American culture from a macro perspective: historical trauma, collectivistic family culture, and the natural order of things.

Historical Trauma

Many individuals have experienced historical trauma within their culture. This trauma is a “psychological wounding experienced across generations and over the life span” (Brave Heart, Chase, Elkins, & Altschul, 2011, p. 283). Despite the richness and strengths of the Native American culture, the Native family unit (with its beliefs and traditions) has been drastically affected by historical trauma

(Brave Heart, 2003). The ethnic genocide and forced assimilation that was inflicted on Native Americans can be dated back to the early settlers and their belief in “manifest destiny” (Brave Heart & DeBruyn, 1998).

In the 1800s, the government implemented boarding schools to assimilate Native American children by taking them away from their families and forcing them to turn away from their traditions and culture (Adams, 1995). Boarding schools were intended to teach Native American children dominant cultural values, language, and style of dress. Children were not allowed to speak their native languages or worship their traditional religion (Brave Heart & DeBruyn, 1998). Spiritually and emotionally (sometimes even physically) abusive, boarding schools left many children bereft of culturally integrated behaviors that led to positive self-esteem, a sense of belonging to family and community, and a solid Native American identity (Brave Heart & DeBruyn, 1998). The boarding school era continued into 1980s and many Native American children still attend boarding schools today.

Native Americans have experienced extensive, intergenerational massive group trauma, consisting of oppression, discrimination, and racism (Brave Heart et al., 2011; Weaver 1999a, 1999b). Due to the effects of historical trauma, cultural transmission patterns produced cultural loss for many generations. Cultural loss has created a sense of vulnerability in many Native American families and communities (Weaver 1999a, 1999b). To this day historical trauma continues to affect the lives of Native Americans (Weaver, 2010).

Evans-Campbell (2008) described three distinguishing characteristics of the events that have led historical trauma: (1) They are generally widespread and affect many people within the affected communities, (2) They have generated high levels of collective distress and mourning in contemporary communities, and (3) The events have been perpetrated by outsiders with intentional and destructive to the affected communities. The full impact of historical trauma is not fully understood and the development of a research-base to design appropriate and effective evidence-based treatments has been limited by conceptual and empirical limitations within current models of trauma and traumatic response.

Collectivist Family Culture

While historical trauma has had a considerable impact on Native Americans, one important factor of resiliency in many Native American families and communities is the collectivist family culture. Unlike Western culture that focuses on the nuclear family, Native American families are not limited to mother, father, and children. Native families and communities consist of extended kin systems and networks. Those who make up the family are related by blood, marriage, and even adoption. These extended kin systems consist of both vertical and horizontal dimensions (Red Horse, 1997). All of these family members play important roles and the collectivist culture serves as a “repository for value orientations that guide human behavior, as a transactional milieu for life span socialization, and as a basic catalyst for cultural revitalization” (Red Horse, 1980, p. 462; see also Limb, Hodge, & Panos, 2008).

It is within this broad family definition that Native people learn from various spiritual and cultural teachers. Here, views on death and dying and other ceremonies and traditions are orally passed from generation to generation. In many tribal communities the strength of women (or a matrilineal culture) is an important asset in the family and transmission of these cultures and values (Red Horse et al., 2001).

Natural Order of Things and the Relational Worldview

The relational worldview, sometimes called the cyclical or circular worldview, is an important part of understanding death and dying for many Native Americans (see Cross, 1997, 1998). Unlike the linear model espoused by many in Western society, the relational worldview is intuitive, non-time-oriented, and sees life as harmonious where health and wellness are achieved by maintaining balance between the spiritual, mental, and physical aspects in one's circle of life (Cross, 1998). The relational worldview is often illustrated with a four-quadrant circle representing each of these areas as well as the cyclical nature of life and its different seasons (Frame, 2003; Locust, 1988), including symbolizing community and a life path that does not begin and end with mortality (Limb et al., 2008).

Therefore, while tribal communities may have differing views on death and dying, most see death as sacred and as part of the natural order of things in the life cycle. Speaking of the interconnectedness of the differing elements of the circle, Cross (2001) notes that "whether we practice that spirituality in a formal religious framework or in the form of traditional beliefs systems is irrelevant. When we recognize the human being as a spiritual being, we can begin to respect and value the spiritual nature of human existence and spirituality's role in the achievement and maintenance of mental health" (p. 11). Practitioners working with Native American people need to understand the relational worldview of those they serve.

Mezzo

Differences Among Native Americans in Dealing with Death and Dying

Dealing with Death

The concept of death is socialized at a young age for many Native Americans. Although there are differences among tribes in how they deal with death, the attitudes, behaviors and perceptions surrounding death are quite similar (Brokenleg & Middleton, 1993). Elders of the tribe typically teach the youth about the sacred nature of death from a very young age. Additionally, attending rituals, ceremonies, wakes, and funerals are also other ways that youth learn about cultural norms and

how to deal with death. Therefore, cultural expectations regarding how one should act during a ceremony are formed from a very young age (Coffin, 1976).

Depending on the tribe, grieving and mourning can vary. For many Native Americans, grieving and mourning are seen as necessary in order to create strength in times of suffering or loss. Grieving and mourning are often expressed openly. However, Brokenleg and Middleton (1993) note that there can be gender differences influenced by communal expectations that shape the way males mourn compared to females. In some Native tribal communities, men try to express minimal emotion, but if they do it is through songs or chants, while women typically express their emotions unrestrained (including wailing).

There are also commonalities and differences among Native Americans in how they dispose of the dead. One commonality is the emphasis on helping the deceased transition comfortably into the next life. A spiritual leader, shaman, or medicine man is typically the person to help facilitate this transition. Another commonality is the fear associated by the tribe toward the deceased. Cautious efforts are made to ensure that the dead do not come back to disturb the living and often can differ according to tribe (Theobald, n.d.). For practitioners, it is important to understand this concept and how it should be handled with the Native individual or family with whom they are working.

Traditional to More Modern Ways of Disposing of the Dead

Superstitions are held strongly by many Native Americans. In some oral traditions, owls and snakes have been known to signify that death is near for someone in the clan (Craven, 1980). Visions, dreams, and ghost sighting can also foreshadow the occurrence and/or aftermath of death (Powers, 1982). Native Americans are mindful of these superstitions and traditions as they dispose of their dead. For example, cremation, destroying the corpse, mummification, tree burial, mound building, stone covering, and pulling down or burning a home dwelling upon the deceased are but a few methods used in some Native cultures to dispose of the dead (Cox, 2011). The different traditional rituals that prevent the dead from coming back also serve a greater purpose in guiding the spirit of the deceased into the afterlife.

In some Native traditions, cremation was used as a method of sending the spirit upward to assist in the journey to the afterlife. Destroying the corpse was used as a means to ensure the deceased couldn't come back to inflict harm or influence on the living. Mummification was used for preservation and to "secure personal survival" in the afterlife (Malinowski, 2004). Tree burial was speculative in its use. Some felt that it was a natural way to decompose the body through animals and insects. Other theories suggest tree burial was used because the ground was too hard to dig in specific geological regions, thus a more logical method was to carve out a tree for the deceased to dwell in (Cox, 2003). Mound building was used to equip the deceased with the necessary provisions needed in the next life; however, it is believed that mound building and stone covering were similar in design to ensure the dead didn't come back to haunt the living (Shetrone & Lepper, 2004).

Pulling down, burning or burying a home dwelling was used for similar purposes and possessions of the deceased were not to be tampered with.

Traditional methods of disposing of the dead have shifted to more modern practices influenced by Western culture. Today, Native Americans often utilize funerals more frequently than other methods of disposing of the deceased. For many Native American tribes, this includes three processes: the ceremony, burial, and give-away (Cox, 2011). Again, the expression of intense emotion is expected and welcome throughout the three ceremonies. Depending on the familial clan, the three ceremonies will differ slightly, but the social support remains constant throughout the grieving period. Additionally, autopsies are not allowed in many Native cultural traditions unless the families of the deceased or tribal leaders condone it. Ideally, autopsies are to be avoided irrespective of external influences due to tribal-specific internal beliefs (Cacciatore, 2009). These beliefs and practices are critical for practitioners to understand when assisting Native Americans in this process.

Tribal Responses to Death

For Native Americans there are similar practices of bereavement in cultures that are geographically remote and distinct from one another and, on the other hand, remarkable differences in cultures that are geographically close to each other (Krupp & Kligfeld, 1962). According to Krupp and Kligfeld (1962), Hopi funeral rites are the simplest and least dramatic of all their rituals. The funeral ceremony is a small, private affair in which weeping is discouraged and memories repressed. The deceased is released into the afterlife and life continues as usual.

Pueblo tribes typically have short bereavement periods, while other tribes may have extended periods where ceremonies are conducted years after the death of a community member (Krupp & Kligfeld, 1962). The Tewa people believe that for 4 days after death the soul wanders its village and seeks forgiveness of those whom the person may have wronged in life. These souls may appear in many forms including the wind, a voice, or in one's dreams. People may prevent this visitation through a prayer of forgiveness. On the fourth day after death, a ceremony is performed at sundown to release the soul into the spirit world. For the Tewa, the story of Deer Hunter and White Corn Maiden reinforce the tradition of releasing the spirit in a timely manner.

The Cocopah and other Yuman tribes have memorial ceremonies often years after the death of community members which involve ritual cremation. Brave Heart and DeBruyn (1998) briefly describe the Lakota traditional ceremonial practice of keeping the spirit after the death in order for the family to have time to accept the loss and allow time for the mourning process. After a period of time, the spirit is released and the mourners' tears are wiped, which facilitates grief resolution.

The Akimel O'odham and the related Tohono O'odham symbolize the journey of life through the cultural symbol of the Man in the Maze. According to their traditions, Elder Brother lived in the maze which symbolizes their contemporary lives where good things happen or when a sad event happens such as the death of a loved one.

When one encounters a dead end (a symbol of death of a family member or misfortune) one must stop and turn around to find another path. Eventually, an individual reaches the middle and sees the Sun God and is blessed, at which point they die, the people perform a mourning ceremony, and the spirit moves on to the afterlife (Myers & Gryder, 1988). Traditional beliefs held that the afterlife consists of a beautiful land where there is plenty of food, singing, and dancing, where the people will always be happy (Bahr, Smith, Allison, & Hayden, 1994).

Next, is an example of the traditional practices of the Mohave tribe, whose ceremonial practice of mourning is a central and defining moment in their belief about their origins.

Tribal Example: Mourning and Funerary Practices of the Mohave Tribe

In what is today known as southern California, western Arizona, and areas of northern Baja California in Mexico, lay the traditional homelands of a group of linguistically and culturally similar tribes called the Yuman tribes. The River Yuman is one subgroup of these tribes and includes the Mohave, Quechan, and Maricopa tribes. The Pai subgroup includes Hualapai, Yavapai, Paipai, and Havasupai tribes. Other related tribes that are known as Delta-California Yuman include Diegueno, Cocopah, and Kiliwa (Hinton & Watohomigie, 1984). The focus of this section will be on the practices of the Mohave people. The Mohave live on two separate reservations which are located in their traditional homelands in western Arizona, the southern tip of Nevada, and southern California along the lower Colorado River.

The Mohave oral traditions identify their place of origin in Nevada, known as Spirit Mountain, *Avi Kwame* in the Mohave language, where it is believed that humans first emerged in the world. The oral traditions consisting of stories and songs are the means by which the cultural norms and practices have been passed from one generation to the next. "Through these songs and tales, everything in their daily lives would be imbued with powerful significance. Every plant, every hill, every spring was the actual site of some historic or spiritual event in a tale, and the harvesting of a plant or arrival at some location would recall the rich set of events depicted in the tales" (Hinton & Watohomigie, 1984, p. 6).

Included in the oral traditions are the beginning times, which included the first death and set the way in which all subsequent deaths and funerals would be performed. It is believed that the first death was that of Matavilya, the creator of the Mohave, who took on human form. On his death bed Matavilya instructed his son Mustamo on how his body should be cremated once he died. Mustamo followed the father's words and instructed the people on how to cremate the dead, including all belongings and his house. Matavilya instituted death as a way of reaffirming the importance of life to the Mohave.

The following is a translation of this event as told through Mohave creation songs:

Heaven. God. Sky. God. Land. House of Night. He finished his house before he died. He is a doctor, a medicine man. Learn to sing. Learn to hear the different songs

God gave to them. God calls it the House of Night. Creation songs... He gave them a good dream. He gave them an aching heart. Don't forget what he gives to you. He completes it, completes the land. The sky and all over the world. He gave them language. God said, cremate me when I die . . . Him himself sings the Cremation Songs. The sun. Look at the sun and it will tell you. He's talking about the sun. Going down. And the glow when it sets, like when a fire goes out. Go inside the house. You will hear this, you will see this. (Klasky, 1999)

The Mohave funeral ceremony is called a cry, or "nyimich." It is customary for family members and friends of the deceased to wail and cry for the departed during the funeral ceremony. It is important for loved ones, both male and female, to cry during this time and express their emotions of sorrow. Tears and crying for the deceased afterward might cause the spirit of the person to return to the world of the living. Other traditional mourning practices include the cutting of one's hair and fasting, especially from salt. In addition, it is taboo to speak the name of the departed loved one after the ceremony. Gender roles are important to follow, as the ritual practices, songs, and carrying out of specific ritualistic tasks are responsibilities of the men; although women carry out much of the basic underlying structure (Key, 1970).

Kroeber (1902) provides a description of the ceremonial practices: "The dead are burned. Mourning for the dead takes a ceremonial form. Besides weeping and speaking, there are singing and a form of dancing. Ceremonial speeches are also made by certain men who have received the requisite knowledge in dreams. This ceremony resembles the mourning ceremonies found throughout California, but is remarkable for being performed in greater part immediately before the death of the dying person. Very soon after death the body is burned. In the case of the death of a chief, a more elaborate and spectacular ceremony is held about a year after his death, and is attended by neighboring tribes. This rite seems to be a form of the ceremony, occurring annually or at periods of several years, which is found through a large part of California, and is known as the 'dance of the dead' or 'cry'" (pp. 280–281).

The ceremony occurs at a place called the "big house" or "cry house" over the course of a night and sometimes may occur over several nights. Traditional beliefs recognize the period of observance to be over the course of four nights and that the spirit of the person will visit loved ones in their dreams and familiar places where they once dwelled. In modern times, the ceremony typically consists of one night. During the ceremony, speeches are often given by people that choose to offer their words of sorrow and also share happy memories. Friends and family provide gifts to the deceased and the family including blankets and flowers. Traditional songs are sung and participants dance throughout the night until just before dawn. The body is then taken out to a funeral pyre lined with mesquite logs and placed face down with the head pointing to the south. The body is then covered with additional logs, clothing and other belongings, and blankets that were brought as gifts. The pyre is then lit and

the singing and dancing continues around the pyre as the dawn appears. It is believed that the spirit will be released to another realm, a heaven where they will be greeted by relatives and a pleasant new life.

Modernity and Traditional Practice

The times have changed how the Mohave funeral is practiced. In the modern times, houses of the deceased are not burned as they once were. It can be difficult to make all of the arrangements and preparations within the four nights, in accordance with Mohave traditional beliefs. With the advent, and acceptance by many, of Christianity there are often Christian services at a different location prior to moving the funeral to the more traditional setting. The circumstances vary depending on the situation and family traditions as well.

There are many responsibilities that must be assumed by the family, and often a specific person is designated being responsible for overseeing arrangements. Key (1970) provided a description of the process of planning and identified the person responsible as the “chief mourner.” Family members and friends often come from other nearby tribal communities, nearby cities and towns, and even from hundreds of miles away to assist with the planning and show their respect for the surviving family and see the departed loved ones on to their next journey.

Of the many responsibilities, the family must coordinate with the tribal authority as they manage the ceremonial house, grounds, wood supply, and cemetery. If needed, tribal assistance in the form of burial assistance funding is available to eligible families. The family is responsible for providing food to guests, procuring the services of singers, providing cloth and other materials, and providing any other material items for the cremation. This is in addition to the costs typically associated with modern mortuary practices. Thus modernity has changed the “*nyimich*” ceremony over the years.

Despite the changes in practice, the Mohave people still practice these important rituals that recognize the importance of life and connect the people with the beginning times, their ancestors, and their creator; thus completing the circle of life. For the Mohave and other tribes and people that continue to practice this ritual, it reaffirms their way of life, and the recognition and acceptance of mortality seems lost in contemporary life (Hammerschlag, 1988).

Current Research and Evidence-Based Practice

Evidence-based practices have not been adequately researched to determine whether they meet the needs of Native American individuals and families, often due to ethnocentrism and a focus on the nuclear family (Red Horse, 2000). The focus of mainstream research on the micro aspects of interventions may have unintentionally discounted the strength and resilience factors of Native American cultures and

people, in which individuals have strong social and extended family affiliations beyond the nuclear family (Evans-Campbell, 2008). This is one factor that has led to the movement toward culturally adapting EBP, adopting promising practices, or shifting the focus to Practice-Based Evidence (National Indian Health Board, 2009).

There is a recognized need to develop individual and family interventions specific to Native Americans through the incorporation of traditional healing approaches. The incorporation of specialized content, including cultural enhancements and adaptations to existing practices, in the treatment of Native Americans is needed to ensure cultural relevance. “Steps to doing this would involve gathering more exploratory data, designing interventions in partnership with Indigenous community members as consultants and advisors, testing these interventions, refining them, and then researching these interventions” (Brave Heart et al., 2011, p. 287).

In working with Native American clients, practitioners can be responsive to common traits present in many tribal worldviews; the interconnectedness of people and the environment and a relational sense of belonging. Factors that impact these include: socioeconomic status, acculturation, traditional practices, spirituality, self-concept, culture, community, and family values and beliefs (Hill, 2006). For Native Americans, the quality and intensity of interpersonal attachment is of great importance for conceptualizing bereavement and providing effective strategies for coping with loss (Brave Heart et al., 2011). Individuals may not simply experience individual and family level responses but may also live within the context of the community (Evans-Campbell, 2008).

While it cannot be assumed that just because a client is Native American that she or he holds strongly to those values, the key factors can be assessed in order to determine an appropriate approach. Often the best approach is simply to ask about their cultural views of death and the client’s previous experiences.

For many tribes, the occurrence of death is often viewed as a part of the circle of life, and a part of the interconnectedness of all things. Native American clients can reaffirm their sense of belonging and interconnectedness through their interpersonal support networks for spiritual, emotional, social, and financial support (Cacciatore, 2009). The rituals and funeral rites have the potential to bring together relatives and family members to reaffirm social support, social values, and identities through traditional funerary practices (Brave Heart & DeBruyn, 1998).

Mourning rituals can facilitate the mourning process and absence of these can severely limit the resolution of the grief (Brave Heart & DeBruyn, 1998). There are many specific ritual behaviors that might be required by tradition including: ritual cleansing or bathing, fasting or restricted diet, and the cutting of hair. If a practitioner is aware of these behaviors, then they can be recognized for their significance rather than saying, “Nice haircut” or considering the behavior as maladaptive. As demonstrated previously, the tribal rituals and beliefs about dying are varied from one tribe to the next and therefore specific beliefs cannot be simply assumed.

Utilizing the Importance and Role of Family Members with Death

As noted above, Native Americans value family and relationships within their communal system, or clan. The Native American family system is integrative in that everyone is involved during times of death and dying, and extended family will travel great distances to provide social support. It is important to understand that extended family members are often involved in all the decision-making surrounding the deceased. Practitioners need to understand the importance and role of the family and extended family in dealing with death, and utilize these strengths within many Native American meso-systems, particularly involving elders throughout this process.

For some Native Americans, receiving external assistance from outsiders in the death and dying process has traditionally been taboo. However, this is becoming more commonly accepted when dealing with the death of a loved one. It is important for practitioners to understand that it is best to work with Native Americans on their terms, and that personal matters are typically handled best with the clan or communal system elder (Sue & Sue, 2003). Therefore, it is safe to assume, when dealing with Native Americans, that the practitioner becomes more of a mediator between the family and external services as opposed to a facilitator of the death and grieving process (Cacciatore, 2009).

Micro

Integrating Traditional with Mainstream: Therapeutically Collaborating with Native Americans

Incorporating Native American ways of life into the treatment planning can be beneficial for the bereaved. Treatment can be effective if they can incorporate tribal-specific cultural practices relevant to the individual and family healing processes and if the practitioner recognizes their value and application of the cultural practices (Bigfoot & Schmidt, 2010). Interventions that address grief and loss must incorporate an understanding of traditional normative grief resolution along with modern practices within each tribal community (Brave Heart et al., 2011).

The multicultural literature in general and the literature on treating Native Americans in specific superficially encourages culturally sensitive mental health treatment, but it is limited “in depth and scope” (Trimble, 2010) with a general lack of knowledge about what is culturally appropriate practice with Native Americans. A 2008 literature review (using the key words psychotherapy and traditional healing) found only five peer-reviewed articles of substance with only one giving a detailed description of traditional healing (Gone, 2010). This lack of knowledge and

sensitivity is highlighted by the disparity between the percentage of Native American clients who do not return after the first conventional counseling session (55 %) as compared to Whites (30 %) (LaFromboise, 1988).

A literature review on Native American counseling revealed that many authors recommend and value combining traditional and conventional practice (Trimble, 2010). According to Cohen (2003), there is no conflict between being a conventional practitioner and a traditional healer; practitioners can pray with and for their clients. While the two models may seem divergent, some scholars see integration as currently the only viable option (LaFromboise, 2001). LaFromboise's book, based on her professional experiences with spiritual leaders and community advocates, concludes that practitioners working with Native American peoples will be most effective if they incorporate traditional healing practices.

Another question is posed as to whether conventional counseling can be compared to traditional practices (Gone, 2010). Conventional psychology theory has long separated physical health from psychological health and only until recently have researchers such as Seligman (2002) proposed more holistic models of well-being. Native peoples, on the other hand, for ages have looked at mental and physical health as interwoven and mutually influencing each other. In fact, among Native Americans, somatic and physical health symptoms are often manifestations of psychological problems and vice versa (Gone, 2003). It is fairly clear that conventional therapy may not be sufficient for a bereaving Native American.

Calabrese (2008) challenges the appropriateness of pure conventional, Euro-American psychotherapy theories, frameworks, and practice for Native Americans by calling it too "individualistic and rationalistic" instead of more communal and spiritual. Calabrese uses the term "psychotherapeutic intervention" instead of the narrower term "psychotherapy" and claims that it is a more accurate description of what traditional healers have been doing for years through "psychological and relational (as opposed to purely biomedical) methods of healing the mind or soul" (p. 335). Calabrese argues that many Euro-American practitioners dismiss therapeutic interventions conducted by Native peoples as unscientific, superstitious, and even as excuses to use drugs. What might be considered "drugs" by some are used quite regularly as medicine by some Native Americans. When it comes to the ceremonial use of what in mainstream society may be "drugs or controlled substances," Halpern, Sherwood, Hudson, Yurgelun-Todd, and Pope (2005) in their study of *Diné* (Navajo) found that people who used Peyote ceremoniously and regularly had no psychological or cognitive deficits in comparison with the group who used alcohol which did have deficits. Calabrese (2008) also found the following differences between the *Diné* people's therapeutic interventions and Euro-American frameworks: Individualist Dyad versus Communal Group Process; The Role of the Healer (less authoritative for Natives); The Expectation of Calm Self-Disclosure to a Professional Stranger (Natives tend to prefer those they know); The Time Factor (Natives are not as stringent with time); Secular versus Spiritual Intervention; Change as Rational Decision versus Ecstatic Experience or Hypnotic Suggestion; Individualized Narratives versus Preformed Narratives; Psychotherapeutic

Intervention as Remedial–Stigmatized versus Preventative–Valorized, and Dualist Separation of Meaning-Centered and Pharmacological Interventions versus Integration; and Clashing Psychopharmacologies: Synthetic–Processed versus Natural Plant Forms.

While it has been recommended that traditional healers become recognized and their services made reimbursable, this is often not the case (Goodkind et al., 2010). This might provide validation, from a Western perspective, of the traditional practices, give clients easier access to relevant treatments, and allow the practitioners to continue to conduct their practices through the generation of income. The added benefit might be the continuation of traditions and Indigenous knowledge. The next recommendation is to integrate behavioral health with physical health because of the holistic way that Native Americans look at well-being and because some Native Americans might be more likely to see a physician rather than a mental health professional.

Effective Practices

According to Trimble (2010), one of the themes that arise in the Native American literature is that the need for practitioners to be sensitive to cultural differences and flexible in terms of the use of techniques, therapy and time orientations, and an understanding of the sociocultural milieu that the client comes from. There are three levels of integration that can be used: show openness and accord validity to the traditional ways, refer to a traditional healer, or collaborate with such a healer (Trimble, 2010). Cohen (2003) suggests utilizing the naturally occurring oral traditions of Native Americans as a therapeutic technique; in this way, a practitioner can encourage each client to tell their unique story which can be therapeutic in and of itself as long as there is space for them to be heard without judgment.

This giving of space and undivided attention to tell one's story is both a conventional therapy technique (and becoming more recognized) (Krippner, Bova, & Gray, 2007) and a traditional practice. In fact, Native Americans often use talking circles whereby they allow each person to say anything that they have on their minds or even to just sit in silence. A feather, stick, or similar object might be used to pass around, and while the speaker has that object they are not to be interrupted (Cohen, 2003). Confession seems to be universal to almost all tribes, appearing to be a traditional form of therapy (La Barre, 1947).

An additional effective practice is the incorporation of humor into the grieving/healing process. Cohen (2003) suggests the power of "mirthful medicine," the ability to make light of one's situation and laugh about it. Cohen mentions the strong cultural value Native Americans place on laughter, telling jokes, and how laughter and humor is often an integral part of "serious" events such as healing ceremonies, funerals, and counseling. Mohatt (2010) corroborates this by also stressing the importance of humor when developing and conducting Indigenous therapy.

Spirituality

The importance of spirituality for Native Americans was mentioned earlier in the chapter and is of paramount importance when discussing coping with the death of a loved one. In order to be effective with Native Americans, it is necessary to understand the power and importance of spirituality to a large number of this population. Trimble (2010) cited instances where incorporating spirituality into counseling was successful. Some of the literature shows support for using traditional talking circles and sweet sweat lodges which could increase buy-in and retention among Natives; however, non-Native practitioners were warned to be careful not to exploit and disrespect these sacred ceremonies.

For a lot of Native Americans, sharing spiritual traditions “with outsiders would not be acceptable and would be met with fierce resistance” (Trimble, 2010, p. 253). When Inupiat Eskimos were asked what some of the characteristics of an effective counselor are, one of the things they said was someone who believes in and has a relationship with the Creator (Reimer, 1999). Trimble (2010) suggests lending credibility to spiritual beliefs and traditional medicines and ceremonies rather than judging them.

Mohatt (2010) agrees that methods that are effective in Native American treatment are not the prescribed interventions that seem to be coming out of a manual. Rather, it is the human, interpersonal, spiritual aspects of the practitioner that is most helpful. The practitioner can help the client “connect” to other beings and other realities in order to better understand themselves and find more meaning in their lives (Cohen, 2003).

Specifics for a Grieving Client

First, it is important to recognize that some symptoms may be culturally appropriate for a particular tribal member and yet be perceived as pathological by a mainstream practitioner (Hanson, 1978). The *Diagnostic and Statistical Manual of Mental Disorders: DSM-5* recognizes that there are “culturally-bound syndromes” that may seem pathological in the dominant American culture, but are in fact appropriate given particular cultural contexts (American Psychiatric Association, 2013). Some tribes have mourning periods whereby they should not work or study so grievers would require time off to mourn effectively and participate in ceremonies and rituals which validate the death and if these processes are interrupted, it could have negative consequences to the griever (Hanson, 1978). Hanson (1978) recommends explaining to the Native American griever the grieving process, validating and normalizing feelings (including anger), and confrontation of the death. A helping professional may also need to take an active role in helping the client navigate the complex societal institutions involved in the death.

In conclusion, integration might be able to soothe the bereaving process of Native Americans who have lost a loved one and seems to be the only realistic solution at this time. The case example below is an overly simplified example of a helping

professional collaborating with a Native American client coping with loss of a loved one in a way that integrates both traditional healing practices and beliefs and more modern, conventional psychotherapy. Given the constraints and reality of our current helping systems, it is difficult to conduct healing in a truly traditional sense and therefore integration is the only multiculturally sensitive and feasible option for helping Native American clients (LaFromboise, 2001).

Case Example

Bhanu Potter, an *Aniyunwiya* (Cherokee) young man of 20 from the Cherokee Qualla Boundary (similar to other tribes' reservations), is currently attending the University of North Carolina, Charlotte. He was referred to the university psychologist for underage drinking in the residential hall, destruction of property, fighting, and defiance. The intake psychologist did a thorough assessment and discovered that Bhanu's grandfather had recently passed away. The focus of the treatment immediately shifted away from the behaviors to focus on thoughts, feelings, and a deeper understanding of how the death was affecting Bhanu. Together Bhanu and the psychologist developed a plan involving time off to go home to be with family and begin healing. Recognizing the cyclical and circular nature of Native American culture, the psychologist did not assign specific start nor end times to the treatment nor to the amount of time Bhanu was allowed to leave the university. It was purposely left open-ended to allow natural healing to take place. Part of the treatment plan process included connecting Bhanu to a traditional medicine man who could collaborate with the psychologist in order to improve Bhanu's well-being. The treatment plan included sweet sweat lodge ceremonies, attending community talking circles, speaking with community elders, seeking and providing support to/from Bhanu's extended family, and individual talk therapy with the university psychologist. The psychologist's individual therapy work with Bhanu was client-centered and focused on relevant life domains such as Bhanu's acculturation and spirituality levels, his self-concept, and what his personal values were. When Bhanu refused to say his grandfather's name during treatment, the psychologist at first did not recognize that this was culturally appropriate until after the psychologist consulted with a colleague who was more familiar with Native American culture. Bhanu's cultural views and experiences of death were explored in depth. The psychologist encouraged Bhanu to involve as much of his extended family in the treatment as sources of collectivist mutually beneficial support.

Conclusion

Tribal cultural beliefs about death and dying are as diverse as the tribes themselves. There are, however, commonalities that differentiate Native American practices from mainstream culture in the United States. Mainstream American culture has

sought to remove feelings of bereavement, mourning, and death itself through media and an emphasis on preservation of youth. Death has been “made remote,” and the elderly and terminally ill are often removed from the family circle and placed in care institutions. De-ritualization tends to place the burden of resources on the mourners of the immediate family and there is less emphasis on finding comfortable social status (Krupp & Kligfeld, 1962). For Native Americans, ceremonial and ritual responses to death and dying seek to reintegrate people back into tribal society and serve to reaffirm tribal beliefs about death and the afterlife. Extended families reunite, individuals participate in cleansing and renewal, and practices include the exchange of gift and food.

Krupp and Kligfeld (1962) stated it well, that, “At the moment of greatest sorrow, the mortuary ritual forces those most concerned to participate in community activity and to adjust to the reality of the death. Community reintegration occurs. Much of the time may be occupied with feasting, exchange of goods, and prescribed forms of conduct for the bereaved. In addition, these rites often insure the soul’s safe passage and preservation in the hereafter” (p. 241).

Native Americans have dealt with the issues of death and dying as a result of the conflict colonizing forces and their societies and issues continue to surface due to the presence of historical trauma. Interventions should be developed to include the strengths of the meso system, such the emphasis placed on the extended family within Native American communities. Culture and spirituality also are integral to the individual’s reintegration into the community and healing from the grieving process.

Native American responses to death and dying are rooted in the oral traditions, which guide the traditional ceremonial practices. This is not to say that modernization has not changed the way that Native Americans mourn, but that the link to the oral tradition and continuance of ceremonial practices is a strength and resilience factor. Traditional practices continue with the purpose reintegration of bereaved individuals and families and reaffirmation of traditional beliefs. The belief in the circle of life, and view of death and dying within the circle, continues to this day.

Everything the Power of the World does is done in a circle... The life of a man is a circle from childhood to childhood, and so it is in everything where power moves. Black Elk, Oglala Lakota

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Part VII
Oceania

Chapter 14

It Is Normal to Remember: Death and Grief in Australia

Kate Jones

The Macro Perspective: An Introduction to the Country, the Culture and the Group

This chapter describes and discusses contemporary approaches to death, dying, and bereavement in Australia, and focuses, in micro perspective, on the experience of one widow with the recent death of her spouse. Since Australia has an aging population, and the most common causes of death in the later years are cancer and heart disease, often preceded or accompanied by dementia, this Australian case example reflects a frequent, common experience.

However, the greatest single cause of death in Australia is motor vehicle accidents. Etiologically, young males are over-represented in this category of death. We also have a high rate of suicide, particularly amongst youth (19 per 100,000 in the under 24s age bracket) (Australian Bureau of Statistics, 2010).

At the other end of life, Australia's increasingly aged population means that the majority of us will live to about 80, spend our last 6 years in a nursing home, not with our families, and probably not in even daily contact with them. This is because family members often live a long way apart from each other. Most of us will die in a nursing home, or in a hospital. Mostly we will die from cancer, dementia or stroke, and probably by then not be very aware of our surroundings, nor able to recognise our loved ones as the cumulative years, illnesses and drug regimens used to manage our pain have taken their toll. In 2012, 280,000 Australians had a diagnosis of dementia (Alzheimer's Australia, 2012).

Australia is a very large island. As noted in its national anthem, Advance Australia Fair, written about 1878, the country is "girt by sea": On the east lies the expansive Pacific Ocean; on the west the Indian Ocean; to the south there is only the

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Southern Ocean, stretching to Antarctica, an expanse of rock and ice extending to the South Pole; and to our north lie many islands which constitute several nations, many of which were, as was Australia, colonised by British, Scottish and Irish immigrants or convicts “expunged” by these countries in the eighteenth and nineteenth centuries. Unlike in Australia, however, the indigenes to our north were not subsequently outnumbered by incoming groups who brought diseases with them, diseases to which the existing inhabitants had no immunity and which therefore decimated their population (please clarify: were indigenous populaces to the north in fact decimated by disease? I think not but it’s not entirely clear to me from the text...). Nor did they have to deal with the attitudes of superiority, racism and disdain, nor the theft of their lands which our indigenous peoples did.

Since then, however, Australia has developed into a multi-cultural nation with a population of more than 22 million, the majority of whom are still of Anglo-Celtic backgrounds, i.e., they “look white”.

However, numerous other cultural/ethnic groups now live here as well, formed by the waves of migration encouraged by governments since the late 1940s. The “White-Australia” policies of Australian governments in the 40s, 50s and 60s were very biased towards encouraging migrants of Caucasian ethnicity. These nationalities were primarily English, Dutch, Greek, and Italian. However, since the 70s, peoples from Lebanon, Vietnam, China, Cambodia and parts of Africa have arrived in thousands. They generally settle successfully despite having come from war-ravaged countries, many experiencing torture and trauma and carrying all the losses and bereavement associated with those experiences, and with migration. Most, however, bring with them their strong family ties and a willingness to make a new life through hard work. Some, initially indentured for 2 years, worked in unskilled and semi-skilled occupations but within a few years have become “successful”: wealthy, achieving tertiary educations, and assuming positions of leadership in business and government. Most retain their strong family ties and loyalties and these appear to support them through the good and the hard times in their lives.

All of these ethnic groups have brought with them their own rituals and customs, which inevitably have become less practised and less familiar to subsequent generations as they lose sight of their parents’ and grandparents’ language and customs. Our most recent ethnic arrivals have been refugees from Somalia, Sri Lanka, and Afghanistan. The majority have come by plane, i.e., legally, and some, illegally, across the water. Illegal immigrants are described in the popular media as “boat people”, having risked their lives on dangerous seas in unseaworthy vessels, chartered by “people smugglers” to whom these refugees have paid prohibitive sums for the precarious journey.

Practices surrounding care of the dying and the dead have also become a much less familiar experience for many Australians. Most Australians die in a hospital, rather than at home. Families are encouraged to be present at the time of death, and are provided the opportunity to remain with their loved one for a period after the death. Usually after a few hours the body is removed to the hospital mortuary, then to a funeral home, and much of the ritual is managed by the funeral industry. The practice of relatives washing and preparing the body for burial or cremation is most

commonly left to the funeral companies. Families no longer spend time with their loved one on view in an open coffin in their home. As these customs decline, so the reality of death is further removed and may make accommodating the reality of death, and the grieving, harder.

Sudden, Unexpected Death and the Stage Theory of Grief

Shock... Anger... Disbelief... Denial... Acceptance. Most people have heard of these *stages*, and helpful though it may be to consider grief in this model, we do now appreciate that grief is not sequential as this model could imply, nor is it predictable in time, nor time-limited. A sudden, unexpected death can leave the bereaved traumatised indeterminably. An anticipated death can be planned for, and *unfinished business* mostly finished, if time, health, strength and participants allow (National Association for Loss and Grief, 2014).

In most cultures there is support for people bereaved by an unexpected death. Most religions teach that humans survive death in some form. It is not known how many Australians believe in a life after death. The majority of Australians are nominally Christian and that faith teaches the existence of life after this earthly one. It teaches that the body is God-created and God-given, and that in life and in death, the body must be respected. The liturgy in the Catholic *Mass for the Dead* emphasises “life is changed, not taken away”.

When death occurs in hospitals in Australia, social workers and other hospital staff may support relatives, especially if the death is unexpected and traumatic. However, this contact is usually in the form of short-term crisis intervention, and follow-up and referral to any of the numerous sources for post-trauma grief-counselling—which may well become indicated after some time—happen only for the few.

Funerals, where bereaved and their well-wishers gather to witness and participate in rituals, are the most common, hopefully therapeutic, interventions for Australians. Funerals are a rite of passage, symbolising the transition from one life to another. They serve to honour the dead, permit a public expression of sorrow and hopefully comfort the living. Funeral rituals usually include a notice of the death in newspapers and, still in Australian country towns, an announcement of the death on local radio and timings of the funeral service. Usually, within a few days of the death, the bereaved attend a service in a place of worship (a church, temple, synagogue or chapel attached to a crematorium) which is open to anyone who wishes to attend. Depending on the customs of the particular community, the venue may be decorated with flowers and cards sent by well-wishers. In the past, black or sombre-coloured clothing was usually worn, but this custom is followed less often now. If the deceased has been known for their love of colour, mourners may be requested to wear brightly coloured clothing, and the coffin may well be painted brightly, in the favourite colour of the deceased! Many cultures still in fact have white as their colour of mourning.

Funeral services can include songs, prayers, hymns, storytelling by family and friends and a slide-show of photos taken throughout the deceased's lifetime. Bodies are then buried in cemeteries, some still marked out according to religious sects and denominations, or they are cremated. More commonly today families choose cremation, especially when they live in cities. It certainly is the less expensive option. Either way, funeral directors usually oversee this stage of the process. Cremation occurs by electronic means, in commercially run crematoria, often located within the grounds of larger, old cemeteries.

After the service, mourners gather in a purpose-built facility at the cemetery, at the church hall next to the church, or return to a relative's home where eating, drinking and storytelling continue. If and when, later on, the ashes are collected, close relatives may hold a more intimate ceremony and spread them in a place associated with or once enjoyed by the deceased, or place them in a niche next to the place where the person once worshiped.

The Function of the Coroner

In Australia, when someone dies violently, unnaturally, or suddenly without a known cause, the law requires the death be reported to the coroner and an autopsy may be ordered to determine the (official) cause of death. During an autopsy, overseen by a pathologist whom the coroner has deputized, the body is examined externally and internally, and tissue removed for closer examination. The findings may lead to an inquest or coronial hearing: a special court which will report on the findings and hopefully determine if there was malpractice, foul play or negligence associated with the death. If cause of death can be established, the coroner may make recommendations for changes aiming at preventing further deaths or injury in similar settings, including workplaces. These legal processes, which of course take time, may complicate grief for the bereaved but do not usually delay funerals or any preparatory arrangements relatives need to make.

When multiple deaths occur in one incident, teams of police and social workers employed by government health and welfare agencies are called in to approach affected families, to inform and support them in the distressing process of identification of bodies. These welfare agents will follow up with the bereaved for some time in the aftermath of their loss.

Organ Donation

Organ donation is always linked to sudden death.

When an otherwise healthy person dies in hospital (that is, when brain death has been established), a patient's relatives may think that he or she is still alive, as the heart continues to function through artificial means and so the body's vital functions continue on. The body remains warm and the colour life-like. The concept of death in these circumstances is often very difficult to explain. However, it is at

this time that families, usually in a state of high emotion, may be approached by medical teams to ask if they would be willing to donate organs. In Australia, with a population over 22 million, 76,000 die in hospital each year, but only 1 % of these deaths occur in the circumstances of being in an ICU and on a ventilator where organ donation may become an option. There are more than 1,500,000 on wait lists for some kind of tissue transplant. More than 1,000 of these are for kidneys (Australian Government, 2014).

When relatives are approached with the request for organ donation, 50 % refuse. Clearly there are many reasons for declining the request, but a major concern amongst health professionals is that families have never seriously discussed and informed other loved ones of their thoughts or wishes if they were to be injured and to be in such circumstances, dying in a hospital. Because of this lack of discussion, the next of kin are unprepared to decide when the request is put to them. This is a greater contributory factor than that removal of organs goes against cultural mores. Never having considered the possibility, and now, finding themselves in these distressing circumstances, many cannot contemplate what may appear to be a gruesome process.

Fear and denial of death are still very prevalent in this country. The distancing of peoples' personal experience of death, and the fact that few of us any longer care for the bodies of our deceased contribute to these feelings. Even when next of kin do consent, very few organs end up being suitable for donation or being successfully matched to a recipient in need. As a result, many Australians die whilst awaiting a transplant that could eliminate their need for dialysis, or restore to them a functioning liver. While they wait, they continue living with deteriorating health and constant reminders of their mortality (Australian Government National Health and Medical Research Council, 2008).

There is a clear need to improve general knowledge about transplantation and to publicise the need for donors. Increased awareness that funerals need not be delayed and that the deceased's body will be virtually intact after the surgery to remove organs would likely improve donation rates. As the spokesperson for the Muslim faith at the *Donate Life* seminar I attended said, "Everyone likes to receive" (Sukkarieh, 2013). The national organisation *Donor Families Australia* (2014) exists to provide immediate and long-term information and support, including exchange of information anonymously between the parties and referral to grief counsellors if required, and to facilitate the review of medical records for donor families. The complex emotional journeys of all the parties involved in the process of organ donation can compound the difficulties in mourning. For some, the knowledge that some good may come from a traumatic and unexpected death can bring long-term comfort.

Public Signs of Mourning and Community Grief

Until the 1920s it was customary for Australian men to wear a black arm band on their sleeve to indicate bereavement. Widows, particularly in the Italian and Greeks populations, would wear black for at least the first year after their husband's death. Some continue wearing black for the remainder of their lives. However, nowadays there are very few material displays that someone is in mourning.

Historical Implications of Loss and Trauma in the Culture

World War 1 was the first war in which Australians fought with a national identity. In that conflict, 60,000 men were killed, the highest percentage killed of any of the nations who participated. After that war, and again after the Second, monuments listing the names of servicemen and women who came from the area were erected in suburbs and towns across the country. These edifices, some large and some small, are now the physical anchor and centrepiece of Australia's nation-wide commemoration ceremonies. An annual march along major thoroughfares in towns and suburbs throughout the country includes participants in all the wars in which Australians have served. This commemoration occurs on the 25th of April, the anniversary of the infamous "landing at Gallipoli", where in 1915 thousands of Australian and New Zealand soldiers died. The majority of them were volunteers, and most aged in their late teens and early 20s. Under British Army command they went to their deaths whilst attempting to land and attack Turks on Turkish territory. Turkish troops were waiting for the invasion at the top of steep cliffs as the soldiers came ashore. The mass slaughter of so many men in just a few days had a massive impact on the psyche of this fledgling country, which had only become one nation through federation of its states just 14 years before. In 1916 the anniversary of this military onslaught was declared a national holiday. Commemorative ceremonies to contemplate the meaning of all wars and provide an occasion for the nation to thank its service men and women, past and present, have been held in Australia and New Zealand on that date ever since. Interestingly, as the numbers of personnel who actually served in the World Wars now dwindles to just thousands, the numbers of citizens attending these gatherings continue to increase, including, noticeably, young people. Many Australians now journey to Gallipoli to visit the site of those battles and the cemeteries where thousands of Turks and Australians now lie buried. Thousands attend the annual commemorative ceremonies held there. The major landing site has been renamed Australian and New Zealand Army Corps (ANZAC) Cove, and in 1935 Mustafa Kemal Atatürk endeared himself to Australians with his words concerning the ANZACs buried there. "Atatürk", meaning, "Father of the Turks", was the first president of Turkey. His words: "...You are now lying in the soil of a friendly country ... Mothers ... your sons ... have become our sons as well".

Aboriginal Culture and Grief

The indigenous populations of this land were a dark-skinned, non-agrarian people. These aboriginal people were hunter-gathers, organised in tribes and "nations" who spoke and still speak many different languages. They had complex social structures, clan rules and mores, distinct traditions of art and dance, and customs in relation to intermarriage, payback (revenge/retribution), and mourning. These original Australians whose numbers and traditions have been decimated by the invasion of

Europeans are now, still, a very socially and economically disadvantaged minority in their own land.

The majority live in rural or suburban areas. Few any longer live their traditional lifestyle. Most live in conditions that are quite impoverished, many dependent on welfare and having to deal with entrenched health problems and drug and alcohol dependence. Their rate of infant mortality, suicide and incarceration are disproportionately high compared to the rest of the population. Their life expectancy is disproportionately short.

Aboriginal beliefs and customs concerning death, dying, grief and the afterlife vary from place to place and from nation to nation. However, an essential part of aboriginal belief is that everything—birth, death, the land, and elements in nature—is connected. Understanding of the wisdom and culture of this population is handed down by the elders, usually orally. Elders are “like the voice of God. They represent God because they have been given the law”, representing the wisdom and knowledge of 50,000 years of culture (Minniecon, 2001). Throughout a person’s lifetime, they must pass through rituals and initiations up until they die.

At the time of death there will be a communal response. Women will cut themselves to express their sorrow and anguish at the loss of someone who is important to the community. The shedding of blood is an expression not only of the depth of personal sorrow, but also gives a sign to the deceased’s family that they are in mourning with them. If the deceased person is held in high esteem, there is a greater community response. Aborigines believe that the deceased return to the spirit world and become joined with the ancestors who are always then with their people. This notion is not “ancestor worship” but rather, “ancestor listening”: the dead, the ancestor being regarded more as a source of spiritual guidance than as godly (Minniecon, 2001).

If aborigines have a theological point of view, it is that God does not live “hidden behind the blue skies and the stars. Our understanding is that God is here. He has metamorphosed in those places that the Creation heroes created, such as Uluru, or in a waterfall, trees, a river, or elsewhere in nature. This is where God lives ... where he has, within himself, all the Spirit Children, from creation time forward” (Minniecon, 2001).

Aborigines’ mourning processes vary across the country. In some instances, depending on the stature of the person, mourning can last up to 6 months. It is more intense earlier in the bereavement. How people mourn also depends on the type of death (natural causes versus, for example, a murder). In the instance of a murder, peoples’ memories may be held longer and more intensely because of the notion of payback (getting revenge) that some in that community may hold.

“Sorry business”, mourning the loss of a family member, even if not a close relative, becomes a community response. Those affected gather together to cry, eat and talk. Sorry business also applies to other losses, for example, imprisonment.

Aborigines who have died can continue to be spoken to as if they were still alive, as if they were present but without their bodily form. Once a person has died, and while mourning continues, that person’s name is not spoken. If someone else has that same name, they would change it as a sign of respect for the bereaved. This practice is not an attempt to try to forget the deceased, but rather to avoid

reawakening the memory and so the pain and suffering. Using the deceased person's name could recall and disturb their spirit. After the European invasion, this custom came to include images of the deceased as well. The practice of non-use of name or image is not held so strictly now. However, it is still reflected, especially on the east coast, where, for example, media outlets give a warning if the names and/or images of deceased persons are to be used in the broadcast or film to follow.

In the past there were several methods of disposing of Aboriginal bodies. Cremation was not usual, but burial was, and sometimes in designated burial areas. Bodies could be also be placed in trees, in sympathy with the idea that the body is still part of the natural environment and so can be returned to the elements in this way.

In traditional tribal customs, bodies were not necessarily returned to the place of birth if the person had died within their area of birth or "Mother Country". However, if they have died out of their country, they would have had to be brought back "to country" for burial. Current custom is that bodies are returned to the place of the person's birth.

Practices of today also include that all the "knowledge" (all the personal belongings, the physical things associated with the deceased) are destroyed. If someone dies inside a house, all the other residents vacate that house. People won't stay where someone has died, but instead move to another part of the country or to their homeland. Aboriginal people are very spiritual and believe that the deceased, the Spirit Beings, are always present. They are internal, a part of understanding oneself and the universe.

Torres Strait Islander people, who are often subsumed under the title of "aboriginal" in the discussion of Australia's indigenous peoples, have some different customs. They also mourn, destroy clothes, and make deceased persons' names disappear. They can hold memorial services or wakes somewhere in country where the person lived, and may erect a stone with that person's name on it so as to remember him or her. Again, specific communities and nation groups differ in their customs and practices.

The Meso (Organisational Level)

Fortunately, most of us have not been affected by disasters on a grand scale, such as war, or incidents like the train crash in Sydney in 1977, which killed 83 people, injured 210 and affected 1,300 others. Or the decimation of a whole city, like Darwin, which in 1975 was destroyed by a cyclone. Or the bush fires (wild fires) that rage through our wooded areas each summer, destroying homes, animals, and sometimes the lives of those humans in their path. Or the droughts that destroy livestock, pastures and crops, and financially and emotionally cripple so many of our primary producers. Or the floods that periodically overwhelm our river systems causing loss of life and immense damage to property. These community disasters cause grief for whole communities, sometimes prompting residents to re-locate and so weakening communities. The same disasters may provoke widespread assistance

programs, some governmental but many voluntary, who organise work parties to clean up debris, rebuild houses and fencing, and publicise the fundraising efforts conducted by the country at large (Clarke, Wahl, & Ryan, 2010; Richardson, 2010).

Australia's indigenous population has been decimated and their culture compromised in so many ways by past governments' policies and practices aimed at assimilation. Over decades, governments of all persuasions attempted to "breed out" or "dilute" this race through intermarriage with the majority white population, or by forcibly removing native aboriginal children from their parents, to be raised in white families, as "whites", or placed in church and government-run institutions until they reach school-leaving age. Though this policy is no longer in place, a powerful movement still exists, voicing the harm done to those we now know as the "stolen generations". Because the systems and structures do not exist to help this population grieve or give them any hope of restoration of what has been lost (their land, languages and culture), aboriginal spokespeople maintain that their grief remains unresolved and continues to be expressed in the abuse of alcohol and other self-inflicted harmful behaviours (Allan & Harms, 2010).

The Grief of Infertility

Infertility is often a silent, hidden loss. It involves mourning a life un-lived. We cannot know how many Australians are impacted in this way, but it surely is many. Infertility is the loss of fulfilment of a dream to become a family in the accepted, biological sense. Today, in vitro fertilisation (IVF) and other medical interventions are available, many of which are subsidized through taxes or private and/or our universal health insurance coverage.

Success rates in IVF are still relatively low. Many couples in Australia postpone trying to start a family till they are in their late 30s and beyond. Adoption (becoming parents by caring for someone else's biological child) is less and less an option for infertile couples now. This has happened for three reasons: abortion is readily available to women; unmarried motherhood has lost virtually all the stigma attached to it up until the 1970s, and adoption of children from other countries is an expensive and protracted process which is often the least favoured choice for would-be adoptive parents (Adoptions Australia, 2014).

Loss and Grief in Adoption

Throughout recorded history, the need for and the practice of permanent care arrangements for some children outside of their family of birth—either with a member of their extended family or with an unrelated person—has been recognised. Until 100 or so years ago such arrangements had been informal, and related to cultural and social demands and expectations. Formalised adoption was first

introduced into Australia with the passing of an Act of Parliament in Western Australia in 1896. Other adoption laws enacted around that time made no provision for confidentiality of adoption details. The need to keep adoption records private (“secret”) was not considered until 30 years later. From that time on, the various laws in the six states of Australia changed many times, but always enshrined the identity of adopted infants in secrecy. Adoptees were issued with a second birth certificate, and it was not until the 70s and 80s that changes in legislation allowed parties to adoption to indicate their willingness or otherwise for contact, and not until the 1990s that original birth certificates became available to all adult adoptees on request. Over this period, the intent and motivation for adoption was shifting from the provision of homes for homeless children to finding children for childless couples. Then in the 70s and 80s, with the number of infants available for adoption dwindling markedly, adoption practice was emphasised as a service to children, not a substitute for infertility or a mechanism for becoming a family. Legislation now requires adoptive parents to inform the children of their status, ideally from an early age, and to share with them, in an age-appropriate manner, the background information provided by the surrendering parents to the adoption agency. That information included a physical description of the relinquishing parent(s), some medical history, and the “story” of their relationship and their reasons for the surrender of their child (Adoptions in Australia, 2011–12).

Grief and Loss for Relinquishing Parents

There were, and perhaps still are, many misconceptions about parents who “give up” their children for adoption. Some in our society hold the notion that birth parents did not want or love their baby. In all my years in taking consents for adoption from mothers, I never once met a woman who was not grief stricken at what she viewed as the most difficult and painful decision she would ever make in her life.

It used to be argued that birth mothers could and would forget that they had had a child they then gave away. Some in our community held the attitude that such women should get on with their lives, forget the child and not look back. In a society where unwed motherhood was greatly frowned upon, attitudes pervaded that, apart from doing a good thing for the child by handing over their care to a “respectable couple”, any pain associated with the relinquishment was fit punishment for their “sin” in being sexually active.

We now know that birth parents cannot forget their pregnancy and the relinquishment. In fact, research supports the view that adoption as it has been practised in the recent past is more difficult for the mother than if the child had died. Because her relinquishment was done in secrecy and she is not given the right to her grief, the loss very often remained unresolved, with the strong possibility of long-term physical and psychological damage. Many birth parents would have kept their babies if the social climate and their financial situations had made it at all possible.

However, the stigma of unmarried motherhood in Australia is now almost gone, except in some ethnic and religious groups where intercourse prior to marriage is still greatly frowned upon. But, for the majority of Australians the expectation is almost the opposite—that most dating couples will be sexually active and that couples contemplating marriage may live together for some time, sometimes years, before they marry.

Some couples never marry, and our marriage laws now enshrine the rights of such de facto couples as to make them comparable to those who do.

Loss for Adoptive Parents

Perhaps the greatest fear of adoptive parents is the perceived threat of losing their child or children should they be given information about their biological parents, or if birth parents were to find out the adoptive identity of their children. To guard against the possibility of this happening, adoption since the 1920s had been shrouded in a veil of secrecy, both by legislation and in practice. Yet, studies of adoptee/adoptive-parent relationships have shown that parents who acknowledge and accept the adoptive status of their child are far more likely to have a healthy and happy relationship with them than those who deny the reality. Also, recent research clearly indicates that adoptee/adoptive-parent relationships are likely to improve as a result of information about or contact with a birth parent. In addition it has been demonstrated that birth parents love their children dearly and have a great deal of respect for the adoptive parents. They would not knowingly do anything to harm the relationship between their child—the child they relinquished at birth with such pain and for the child's good—and the couple who have become the social and psychological parents of that child (Australian Institute of Health and Welfare, 2014).

Loss for People Who Have Been Adopted

Many adoptees search for their family of origin, most commonly because they simply want to know who they look like, know about their own personal history, and through that knowledge establish an identity that they feel to be truly their own. The quality of the relationship with the adoptive parents, both positive and negative, can have a bearing, too, on whether adoptees search. If good, if the adoptive parent is supportive and encourages the search, it most often results in a better parent/child understanding and increased closeness. Where there are problems within the relationship, the search can lead to a better concept of self for the adoptee and can result at least in part in resolution of their difficulties. Life events such as marriage, the birth of their own child, or the death of an adoptive parent often trigger a search.

This brings me to a discussion of loss and grief in children who cannot live with their families of origin. In Australia, thousands of children grow up away from their biological parents. The reasons are many and varied, but most commonly because child protection authorities have deemed that parental care is not adequate, and/or that children are not safe in their care. This results often in grandparents taking on parenting roles, and there is grief and guilt for all parties. For grandparents it may be grief and guilt concerning their son or daughter's incapacity. They feel responsible for their children's problems and the difficulties these have caused the grandchildren. 40,000 children in Australia live in *out-of-home* care, either with grandparents or in foster families, or group homes. 22,000 grandparents are permanent guardians for their grandchildren (Australian Institute of Family Studies, 2013; Jenkins, 2013).

The Micro Perspective: Individual and Familial Reactions to Loss

As a social worker I am familiar with families' reactions to bereavement and with many of the other losses experienced in life: infertility, separation due to adoption, the birth of a child with disabilities, the acquisition of brain injury, the course of living with chronic illness, loss of limb or limbs, impairment and loss of senses.

I will outline common attitudes toward reactions and effects of some of these experiences while emphasising the ways Australians endure, cope with and manage such losses and bereavements.

Grieving Disability and Chronic Illness

When it is a child who is disabled, the disability represents loss of the wished-for, normal child; and if the child is not an infant, then it represents the loss of the *already known*, previously non-disabled person. Also in the mix is the *loss of the relationship* (especially in the case of brain injury, degenerative diseases, and severe developmental delay) as well as the loss of health, energy, sleep, self-esteem, control, earning capacity and income. Family members become full-time carers, and if the loved, disabled member cannot be cared for at home, placing him or her in institutional care is one of the most distressing actions a caring parent or spouse might ever make.

Living with chronic illness may be seen as living with death, one that is still a long way off, but always in sight.

For those who have, or live with disabilities or a chronic illness, theories about grieving as happening in stages, being time limited, and ending in resolution or reconciliation do not fit. To understand the nature of grief for people affected this

way, there needs to be much careful listening to what they tell us life is like. Living with permanent disabilities, chronic illness, mental illness, degenerative conditions, and developmental delay result in a different kind of mourning. Here, grief is cyclic or recurrent, and requires *coming to terms with, not acceptance or resolution*. That process is life-changing because the sorrow becomes an underlying pattern in the individual's and/ or the family's life and they have to deal with cultural pressures to deny the presence of a disability, or to minimise its impact and to show they are coping and being *strong* (Bradey, 1995).

In families where these conditions are present, its members will likely react in different ways, and each from her own position in the family and her own perspective. Some members may hold a fear of contamination: that the condition is "catching". Individuals are at risk of being isolated because others don't know what to say to them. There may be painful empathy: "... only someone who has been through the same experience can really understand how I feel".

Because so much information and support of all kinds can come from *fellow sufferers*, many self-help movements and organisations have become established over the years, which aim to help people grieving from the same source of pain, e.g., Still-born and Neonatal Deaths (SANDS); Compassionate Friends; Cerebral Palsy Alliance; Down's Syndrome Association; National Association for Loss and Grief (Australia); Diabetes Australia; Alzheimer's Association. All these organisations play a vital role in supporting and educating the community about specific disabilities and their impacts.

The Micro Perspective: A Case Example

Since living with a chronic illness, anticipating, then experiencing the death of a spouse is the most common loss Australians will experience, I shall present the case study of myself: a woman who at age 60, after 27 years of fulfilling marriage, faced the rapid deterioration in health and inevitable death of my then 81-year-old spouse. We had known of the diagnosis of prostate cancer since the year after we married.

My working life in acute-care hospitals' emergency and long-stay wards, and as a coordinator of community care (in-home) services supporting the elderly to remain at home, had made me all too familiar with the issues and processes of aging and death. In addition, I had had experience within my family of origin. In my 20s, alongside my mother, I cared for my father while the effects of 40+ years of heavy smoking took their toll on his body: three amputations, the first below the knee on his right leg, the second, above the knee on his left; a third amputation, again to his right leg, where again gangrene and infection were without any alternative treatment. This was the early 1960s. Prolonged rehabilitation followed each surgery, involving fitting of prostheses and learning to walk again. Ongoing, all the while, the pain of the atherosclerosis or hardening and narrowing of the arteries continued to torture him. That pain was not very well controlled with prescribed medications. His alcohol-fuelled attempts to dampen the pain only caused more emotional pain for the three of us.

These events all took place over 6 years. My father had been raised as a Catholic, and maintained a firm belief and regular practices all his life. These included reciting prayers daily and weekly attendance at Mass and Confession. On the evening he died, he was already at home, in bed, with only my mother at home with him. They had been happily married for 29 years. When she rang me to tell me of the death, she related his final words: "Cynth, I haven't said my prayers yet".

My "second degree" in caring came when I was in my mid-40s. My mother was then in her 80s and though living alone and independently since my father's death, was then frailer. A blood disorder and advancing years steadfastly took their toll, and her falls, a fractured limb, insidious pneumonia, and cerebral dementia eventually forced me to seek a level of care for her that only a nursing home could provide. The loss of vitality, her physical independence, and the ability to remain living in their home were devastating to her, and to me. Placing my mother in the nursing home was the most painful decision I have yet made. The memory of it still, years later, provokes a *knife-stabbing* pain. Within a few weeks, she had again fallen, this time fracturing a hip, an injury that remained undetected by nursing home staff for more than a week. She survived a hip replacement at age 88, but died of her other illnesses within weeks of the surgery.

This whole experience made me more determined that my husband would not go into care at the end of his life. Now, all too familiar with the theories of grief, and with a rich appreciation of the inevitability of death, I, in my late 50s took to the roles of carer, case manager, nurse, advocate, and protector of my sick husband with relish!

My husband did eventually die of prostate cancer, the most common cause of death among Australian men. For many, when diagnosed, prognosis is uncertain. For some, progression of the disease is rapid. For many, it is not. Many men live with this form of cancer and die decades later from something else. But which course the disease will take can remain uncertain for some years. So, the treatments which patients and their doctors choose may be a mighty gamble: whether to go with chemo and radiotherapy (treat the cancer aggressively) or adopt a *wait-and-see* approach. The wait-and-see option might well allow a lengthy period of relatively good health and function. The more aggressive interventions can result in a marked reduction in sexual and urinary function as the side effects of treatment (chemotherapy, radiotherapy, and implants) buy time but at the cost of rectal inflammation, incontinence, and sexual impotence.

For us, in the mid-1980s, intensive radiotherapy seemed the best option. Over the next 25 years, the unwanted effects of the treatment included radiation proctitis, impotence, rectal incontinence, and the need for a colostomy. During those years my husband also developed severe cardiac disease and underwent stenting (an option that, if available to my father in the 60s, might well have preserved for him his legs), insertion of a pacemaker, ablation for cardiac arrhythmia, and a triple arterial bypass. Always an active sportsman, his hips now deteriorated to the extent that within 18 months he had had both replaced, thankfully successfully.

A year before he died, he suffered a stroke which impaired his balance and accelerated the deterioration in his intellectual functioning. No longer could he process

what he was attempting to read. Nor could he turn on the computer, initiate use of the phone, or perform mathematical calculations. He could no longer plan, organise himself, sort his clothes, find misplaced items, and choose from a menu. This I watched happen to a physician who was eminent in his field and so well regarded as to have been chosen by his colleagues 10 years previously to serve as national president of their professional association. He was also put forward by his peers and received a national award (Member of the Order of Australia) for his service to Australia within the medical profession. Now, he was vulnerable and becoming increasingly dependent. A number of falls resulted in hospitalisations, sometimes lengthy ones. During one stay he fell again, fracturing a femur. He survived its surgical repair but was never again able to bear his own weight or keep his balance, and so he never walked again.

Throughout these hospital admissions I was with my husband for many hours each day, helping to feed and toilet him, and encouraging him to do the exercises prescribed. Knowing these were his wishes, I had it documented in his medical file that in the event of a life-threatening episode he was not to be resuscitated. When his medical team reached the conclusion that no more could be done for him in that acute hospital setting, and that nursing home placement was indicated, I vigorously advocated for his discharge to home.

This I did achieve, and he came home to live with me his last 7 months.

He came with the support of a government funded package of care, a subsidised program, the very type that I had coordinated in one of my former employment settings. This service, designed to provide the level of support akin to what one would receive in a nursing home, included the long-term loan of a ripple mattress, and an electrically operated, hospital-style bed, a hoist for transfers, nappies (diapers) for incontinence, services of physical and speech therapists if/as needed, and two helpers for 2 h each day to bathe, attend to, and if needed, to feed the sick patient and so free the carer's time by performing some minor household tasks.

What I survived on during this very painful time was the love and support of many friends and my relatives, especially one brother who would come at night in response to a text from me to attend to my husband through those hours when I needed a night of unbroken sleep. Many of these visitors brought prepared food with them and would sit with my husband so I could move away from him and attend to other tasks. His local doctor came to our home as needed. As his pain and anxiety levels increased, a palliative care nurse attended, and near the end, set up a syringe driver to administer prescribed morphine.

Throughout this period, criticism from some of my husband's relatives both of my choice, our choice, for him to live and die at home, and criticism in fact of how I was caring for him, greatly compounded and I believe, has prolonged my grief. The absence of offers of support from them, and their rare visits to us, was noticed by many, and surprised and distressed both of us. Despite protestations of love for him, no offers of help ever came from most of his relatives. Neither have those same relatives kept in touch with me since his death. Their responses to his protracted illness over 12 months, including his marked physical and mental decline, lie in stark contrast to those of the friends and colleagues who came to us with care, food,

and time when it was so needed. I can only theorise that sorrow and fear produced this withdrawal of support by his relatives. Since that time many friends and some professional colleagues have related to me similar responses and dynamics they have observed in families experiencing bereavement.

So, What Is Grief? And How Do We Deal With It Effectively?

Grief is the emotional experience of loss. Grieving is a normal process of adjustment to a significant loss. It feels like intense sadness or sorrow (Swan, 2001).

The most common form of grief is a reaction to an expected or unexpected death.

When we know someone is going to die, we feel *preparatory or anticipatory grief*. The person is still alive but we begin to miss the person and get emotionally ready for being without our loved one.

When the death is unexpected, we feel *reactive grief*. We tend not to believe the death really happened. We feel out of control, frightened and disoriented.

Bereavement is the condition of loss of a relationship, usually from death. To understand any bereavement, we need to consider the relationship which is lost, and the type of death that ends it.

Every day, around the world, there are more than 150,000 deaths (Central Intelligence Agency, 2014). Death is a constant, it is close by us, but is not always familiar.

Determinants of Grief

When we think about the many variables that shape any one person's grief, we can easily understand that no one's experience can be the same as another's.

Some of the factors that affect the grief experience include:

- The kind of loss. In addition to loss through death there may be loss of employment, of a home, a country, a limb, a dream, one's mobility, loss of childhood (thorough sexual assault), loss of a marriage, loss of connection to a particular community or social group.
- The way the loss occurred. If, for instance, it was a loss through death, was it following a long illness, or was the death sudden and traumatic, a murder or suicide?
- The nature and significance of the attachment: its length, depth and quality. A person's grieving will, for example, be influenced by a relationship that was characterised by ambivalence or by guilt. A concert pianist and a butcher may well grieve differently the loss of severed fingers.
- The grieving person's personality. A very dependent person (although this perception is sometimes proved wrong following the event) may experience a significant loss differently than a more resourceful personality.

- Life experiences. For example, the modelling and inspiration of a physically active grandfather who had a wooden leg enabled his grandson, when he lost his, to progress through rehabilitation, including adapting to use of prosthesis, with determination and hope.
- Unfinished business. Unresolved loss has a way of getting mixed up in a current experience of grief.
- Support or lack of it. I recall the words from Christ's Sermon on the Mount: "Blessed are those who mourn for they shall be comforted". At my husband's funeral, many people stood in line after the service to give me a hug, and say comforting words. Now when I feel low, I can remind myself of those hugs, and again I feel comforted. Open and clear expressions of grief will likely bring a comforting response from caring people. Private and suppressed grief, on the other hand, is frequently left alone, for then others find it more difficult to respond, and fear that in doing so, they may be intruding or provoke further distress. In this context, I think it is interesting to think on the concept of *disenfranchised grief*: that grief that must remain hidden because of social mores, e.g., for the partner in an illicit affair, the unacknowledged same-sex partner where this relationship has not been recognised by others, or the victims of incest and sexual assault who remain silent about their ordeals because of stigma and shame associated with their experience. So, depending on the circumstances, some grieving people may be well supported while others experience grief almost alone.
- Religion, faith and spirituality. For people whose belief is that "life is not ended, but taken away" (that is to say, that there is a life after death, and the possibility of reunion with loved ones after their own demise) there can be great comfort. If belief brings with it the ability to appeal to a higher being for solace, strength and hope, the pain of loss may well be lessened.
- Gender. Culture and conditioning may well lead men and women to experience and to express their grief differently, not more or less, necessarily, although it might easily be perceived as such, but just differently. Australian males are notoriously portrayed in literature and film and many may want to see themselves as tough individuals. Many grow up unaccustomed to expressing the tender side of their emotions. Shedding tears may be perceived as displaying weakness, unmanliness, and many Australian, especially Anglo, men are uncomfortable with such expression. So, in any culture and in any family, treating professionals need to guard against preconceptions regarding the expression of emotions.
- Unavoidable responsibilities. When expressing grief and beginning the journey of trying to make sense of the loss is deferred because of the demands of other roles, the response to the loss may be *put on hold*, postponed. But can it be cancelled? If cancelled, rather than worked through at a later time, what complications might ensue, and with what effects? (Hill, 1996).

So, when we think about the many factors that can affect when and how people grieve, how can we expect the process to ever be other than individual? Grief is such a mixture of what has happened to us, what we have done, and what we have done with what has happened to us... All in all, everyone's grieving can only ever be his or her own.

Anticipatory Grief

This occurs when you know someone is not going to recover from his or her injuries or disease. In such circumstances, the same principles of support apply, for the dying person and his family, including the impacted children.

How to Use the Time?

- Deal with unfinished business. Unresolved conflicts, misunderstandings that can be clarified, emotional, social, spiritual, practical and legal matters need to be sorted.
- Attend to emotional tasks. Forgive folk, hopefully be forgiven, and say good-bye.
- Spiritual and philosophical work. There may be a need to talk about the meaning of life.
- The practical side. Affairs may need to be arranged. For example, financial matters, plans for the care and education of children, funeral wishes and details will need to be discussed.
- Legal affairs. Ensure financial security for children, appoint guardians, make a will, appoint a Power of Attorney and Enduring Guardianship, make end-of-life wishes and attitude toward organ donation known.

Family Strengths, Personal Strengths, and Family Survival

Families are collections of individuals. Each member has many roles—daughter, wife, mother, father, sibling, grandmother, aunt, babysitter, and parent substitute to younger children, income earner. Each has skills and talents, and time and energy that they can contribute. There may be need for education on parenting, child development, and clarification of everyone's expectations of each other. There always needs to be recognition that each person needs their own time, and attention to be paid to them.

A family that is functioning well is much more likely to cope with losses. A well-functioning family will enjoy being together, respect each other's feelings, listen to each other, and show affection toward each other. Each person in the family will know that the parents are safely in charge. Parents will have rules set up that suit their children's ages. The consequences of behaviour are known. Expectations of all are clear. Discipline is consistent. Punishment is appropriate. Parents model positive behaviours. Respect is shown to and by all members. Conflicts are resolved with discussion and compromise. Praise is given when children do something well. Achievements by members are celebrated. Family occasions are celebrated. When things go wrong, members can talk about it.

How to Help a Person Who Is Grieving

The first “rule” is to listen and hear what a griever is expressing (Neimeyer & Currier, 2008).

Acknowledge that each person’s way of grieving will be unique (Swan, 2001). People with visible disabilities and those who care for them are expected to mourn because the disability is viewed by the rest of society as a tragedy that is similar in some ways to a death.

Remember that people do not have to justify their feelings. Allow those who are grieving to express their guilt or anger. Our society prefers that all public displays of grief be controlled, especially when grief is the result of loss other than death. If a child’s disability becomes apparent early on in life, *good mothers* are expected to love their children no matter what. Ongoing displays of grief can be seen as unacceptable. So, allow everyone who needs to, the time to grieve. There is no prescription, no right way, no prescribed way and no unacceptable duration. Let the grieving individual talk about the source of their grief: their loved one who has died, the child they should have borne, or were never able to conceive, or the infant they gave away or had removed from their care. If the loss is ongoing, grief will be chronic or cyclic, triggered by many reminders or stressful events (Swan, 2001).

If mourning is treated as weakness or self-indulgence, few or no cultural supports for grief will be evident. In Australia, in most work place agreements, leave of absence for employees following a death is generally only for 2 days, and only granted in the instance for death of an immediate relative. Only recently has family leave (time off to attend medical and therapy appointments with relatives) been incorporated into work place contracts, and even then such leave that is taken may be subtracted from annual sick leave entitlements. Now, in Australia, it is no longer customary for people in mourning to display outward signs of this fact in clothing or jewellery. Overt and prolonged displays of distress and grief due to death or the impact of disability can be perceived as self-indulgence and self-pity, and may not be responded to with sympathy, acceptance or understanding.

To help grieving individuals adjusting to loss, Australians need to permit ourselves to express our emotions more openly. We need to recognise that the intensity of an individual’s grief is not necessarily in proportion to the closeness of the relationship, as many other factors affect the response to loss, and therefore no judgment needs be passed as to the manner and the duration of any individuals’ grief reactions.

We could better allow children to share their grief with adults. Talking around the subject of death, pain and separation is more important than positing answers. Adults, particularly parents being able to share their feelings with their children, would help all parties.

Each of us needs to be mindful that there can be a rush of support immediately after a death or crisis, but that the support is not always ongoing. Pressure may be subtle or not so subtle to stop mourning after some time and to “buck up”.

Recognise that the intensity of grief can be experienced at certain significant times, such as holidays, special dates and anniversaries.

Coping with Grief

How can we tell when people are coping with grief well? Some people cry less often. They can remember their loved one with less pain and more joy. They feel normal again, or more like they used to, for many days at a time. People are able to put their lives back together, re-invest in the world, show interest in others and get on with the business of living.

It is normal to have some pain forever, and it is normal to always remember.

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Chapter 15

Ahakoā he iti, he pounamu: Although Small, It Is Precious: Death and Grief After Perinatal Death in Aotearoa/New Zealand

Vicki Culling and Pania Mitchell

In this chapter we discuss contemporary approaches to death and grief in New Zealand, especially highlighting the mixing of cultural traditions and the impact this has had on our mainstream population. We focus on baby and infant loss because that is our area of expertise, however many of the practices we present are applicable to the loss at all ages. In the section entitled ‘The Macro’ we outline some history and religious affiliations as a basis of New Zealand contemporary society, and present the rich and engaging beliefs of our indigenous population that we believe inform death rituals and funerary practices of all of our population.

In the Meso section, we provide a description of the *tangihanga*, the unique and enduring funerary ritual of the Māori people. This discussion leads into a description of non-Māori approaches to funeral rituals and the increasing development of personalised ceremonies and practices. We provide examples of the practices we believe have come from our non-Māori population’s exposure to, and experience of, *tangihanga* over the last 50 years.

We talk more specifically about baby and infant loss in the Micro section of this chapter. Two case studies help illustrate all three sections of the chapter and help paint a picture of death, grief and culture in relation to baby and infant loss in New Zealand.

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The Macro

Aotearoa/New Zealand¹ is a small country located in the South Pacific. While culturally diverse, the population is predominantly Pākehā² with the indigenous population of Māori making up the largest minority, followed by Pacific³ and Asian⁴ populations.

It is understood that Māori arrived in New Zealand from eastern Polynesia in the late thirteenth century. Due to centuries of isolation, Māori developed a distinct society with a unique language, art and worldview (Irwin, 2012). The British colonised New Zealand in the nineteenth century, bringing with them their cultural mores, rituals and traditions. As a result, New Zealand remains part of the Commonwealth and has been influenced by British customs. In the late nineteenth and early twentieth centuries, introduced diseases dramatically reduced the Maori population. A policy of assimilation was introduced in the early twentieth century in our education and social systems, with the expectation that the Māori race would eventually die out completely (Stafford & Williams, 2006, pp. 110–113).

Of course, the Māori population was not a “dying race” as predicted and the population began to grow “as a result of inter-marriage with Europeans and... acquiring immunity from the diseases that had taken such a terrible toll” (King, 2003, p. 325). A renaissance in Māori language and culture took place in the early- to mid-twentieth century, with charismatic Māori leaders becoming politically active and working to reinvigorate the culture (Derby, 2012). Throughout the decline and revival of Māori culture in New Zealand, the one tradition that remained unchanged was the tangihanga or death ritual/funeral (Barlow, 1991; Higgins & Moorfield, 2004; King, 2003; Salmond, 1975).

New Zealand has a population of almost 4.5 million people (Statistics NZ, 2013) with a stable annual death rate of around 29,000 (Raudon, 2010, p. 134). Settlement by the British saw New Zealand’s religious affiliations dominated by the Anglican Church. King (2003, pp. 385–387) notes that in the first half of the twentieth century almost 40 % of the total population of 1.5 million were Anglican, followed by Catholics, Methodists and Baptists. These early religious associations influenced the ways that New Zealanders approached death and funeral rituals. This was the case for both Pākehā and Māori, as over 30 % of Māori religious affiliation at that time was with the Anglican Church (King, 2003). For the rest of the Māori population, a fifth were associated with the Ratana Church, which began following the 1918 influenza epidemic when a young Māori man from the Taranaki region, Tahupotiki Wirema Ratana, heard the voice of God telling him

¹ Aotearoa is the Māori word for New Zealand (NZ). It translates as ‘Land of the Long White Cloud’.

² ‘Pākehā’ is the Māori word for non-Māori or white European people in NZ.

³ Pacific populations in NZ are predominantly made up of Samoan, Tongan, Cook Island Māori, Fijian, Tokelauan, and Niuean peoples.

⁴ Asian populations in NZ are predominantly made up of Chinese and Indian peoples, with smaller numbers of Indonesian, Japanese, Thai and Korean peoples.

“to unite Māori and turn them towards God” (King, 2003, p. 335). The rest of the Māori population were Methodist, Latter-Day Saints and Ringatu (a Māori religious movement based on Christianity established by the prophet Te Kooti Arikirangi Te Turuki, (King, 2003).

In the twenty-first century New Zealand is identified as a predominantly secular society (Stenhouse, 2012). From the mid-1960s to early in the twenty-first century, adherence and attendance in the main religions (Anglican, Presbyterian and Methodist) fell by over half. Adherence to Catholicism also dropped and so the trend toward a more secular society is clear (Stenhouse, 2012).

The proportion professing no religion or some form of secular worldview rose fast—from just 1.2 % in the 1966 census to over a third of the population (34.7 % in 2006 (Stenhouse, 2012).

Despite the movement away from the churches and formal religion, many New Zealanders identify as *spiritual* rather than *religious* and “some observers have suggested that Māori spirituality, widely adopted on public ceremonial occasions, became modern New Zealand’s unofficial religion” (Stenhouse, 2012).

According to Ka’ai and Higgins (2004, p. 12) “Māori customary concepts are interconnected through a whakapapa (genealogical structure) that links te taha wairua (spiritual aspects) and te taha kikokiko (physical aspects)”. Indeed, spirituality plays a central part in Māori culture and underpins tikanga Māori (Māori cultural practices). It is also very important to note that while we refer to Māori people and Māori culture in this chapter as if they were a unitary and single entity, Māori are not homogenous but a tribal culture, “celebrating their tribal identity in the first instance and then their collective identity as Māori thereafter” (Ka’ai & Higgins, 2004, p. 23).

Indeed, John Rangihau (Ka’ai & Higgins, 2004, p. 23) talks of his identity first and foremost being about his tribe, Tuhoe, he states...

My being Māori is absolutely dependent on my history as a Tuhoe person as against being a Māori person. It seems to me there is no such thing as Māoritanga because Māoritanga is an all-inclusive term which embraces all Māori. And there are so many different aspects about every tribal person. Each tribe has its own history. And it’s not a history that can be shared among others.

Therefore, whilst we continue to talk about Māori in a universal sense in this chapter, we recognise the ambiguity that this necessarily encompasses. The scope of this piece confines us to talking commonly and generally.

Māori society is structured as whānau (family), hapu (sub-tribe) and iwi (tribe), from which specific cultural practices are learned and maintained—practices that link the past with the present and future (Ka’ai & Higgins, 2004). Key indicators to understanding a Māori world-view are tribal identity, land and landscape, spirituality, the importance of elders, language, culture, diversity, kinship structure, self-determination, the concept of time, cultural knowledge and reciprocity (Ka’ai & Higgins, 2004, pp. 23–24). These key concepts remain evident in the way Māori understand and make their way in the world, and influence understanding and approaches to death.

Ngata (2005) offers a way of understanding a Māori approach to death through some knowledge of te ao Māori (the Māori world). He states...

In Māori culture, health, healing, illness, death and grieving all centre on notions of unity and balance, whereby a person lives in harmony with the natural, physical and spiritual world. This delicate balance is maintained through laws of tapu (sanctity), and systems of customary practice and ritual (Ngata, 2005, p. 29).

Approaches to death, and the rituals associated with death and mourning, have their foundations in the mythological beginnings of the atua⁵ (Higgins & Moorfield, 2004).

A goddess, Hine-nui-te-Pō, Great Maid of the Night, guards the underworld, according to Māori. She was originally Hine-tītama, the Dawn Maiden, who “bound earthly night to earthly day” (Kahukiwa & Grace, 1991, p. 34). Hine-tītama was the daughter of Hine-ahu-one, the first human being, and the God Tāne.

Hine-tītama later became the wife of Tāne without knowing she was also his daughter. When she discovered this, she was angry and shamed and fled to Rarohenga, the place where the spirits of the dead reside. She “left the world of light to go to the dark world” (Hera, 1995, p. 121). Hine-tītama told Tāne not to follow her but to remain with their children and when the time came she would draw them to her. She said...

Hei kona, e Tāne, hei kukume ake i ā tāua hua ki te ao; kia haere au ki raro hei kukume iho i ā tāua hua ki te Pō.

Remain, O Tāne, to bring forth progeny to the world of life; I go below to draw them down to the world of darkness. (Mead & Groves, 2001, p. 74)

Although Tāne pleaded with Hine-tītama to return, she refused and from then on she was referred to as Hine-nui-te-Pō. In the dark underworld Hine-nui-te-Pō was once again a loving mother to her children after their death (Kahukiwa & Grace, 1991, p. 34).

Rerekura (2008) notes that prior to the arrival of missionaries in New Zealand, Hine-nui-te-Pō was revered. She was described as “a supernatural being radiant in appearance” and “the most spectacular image of mankind unmatched in beauty” (Rerekura, 2008, p. 10). The concept of the “underworld” sits in opposition to Christian and ancient beliefs about post-life existence located beneath or below the earth. Whilst stories of Hades, Abaddon, Hell and Gehenna contained images of damnation, fire, anguish and misery, Rarohenga is more akin to heaven to Māori.

It is a beautiful place where there is no evil, no violence and no abuse. It is a world of light and peace. Hine-nui-te-Pō is the protecting mother of the souls that took that journey (Mead, 2003, p. 147).

The reverence towards Hine-nui-te-Pō was undermined with the arrival of Christianity and the introduction of new beliefs from the west (Rerekura, 2008).

Māori beliefs around death also describe the physical place from which the wairua (spirit) leaps to the underworld. While there are a number of iwi beliefs about the journey of the wairua, the common belief is that the spirit leaves the place where the body is buried and flies to the northernmost point of the North Island,

⁵ Atua (deities) are ancestors of ongoing influence with power over particular domains (Reilly, 2004).

Cape Reinga, where it dives into the ocean and follows the pathway to the underworld, also known as Hawaiki (Barlow, 1991; Mead, 2003).

Another myth explains the first death of a human being and introduction of mortality to humankind, as well as referring to stillbirth. Taranga, an inhabitant of both the underworld and the earthly world, gave birth to her fifth son prematurely and was saddened that he was stillborn. She named him Māui-potiki (Māui the last born). She cut off her topknot of hair (being a tapu part of the body and holding magical powers), wrapped her baby in it to protect him and sent him out to sea to be cared for by the gulls and the fishes (Kahukiwa & Grace, 1991, p. 40). She believed he would return to her and he did. When he returned, Taranga named him Māui-tikitiki-a Taranga (Maui the topknot of Taranga). It is said that Māui provided Māori with the model of death (Mead, 1997).

Māui wanted to bring eternal life to all humankind and theorised that because death is the opposite of birth, the spark of life lies in the womb of woman and that in order to secure immortality he had to reverse the process of birth, grasp the spark of life and remove it from the goddess, Hine-nui-te-Pō (Mead, 1997). Māui attempted this by changing his form into a lizard and entering Hine-nui-te-Pō through her vagina to get to her womb. However, Māui took along some friends in the form of birds and one bird, the piwakawaka (fantail), found the sight so humorous that it laughed and thereby woke Hine-nui-te-Pō. Upon awakening, Hine-nui-te-Pō crushed Māui between her legs, killing him and bringing mortality to humankind (Hera, 1995; Higgins & Moorfield, 2004; Mead, 1997).

Before his quest to conquer her, Māui discussed the issue of immortality with Hine-nui-te-Pō, telling her, 'Let man die as the moon dies', meaning that human beings would wane or die like the moon and then rise again, hence attaining a form of immortality. Her response was, 'Let him die forever and be buried in the earth, and so be greeted and mourned'. (Best 1995 in Higgins & Moorfield, 2004, p. 86).

These myths contribute to the basis of Māori beliefs and approaches to death rituals and ceremonies. The founding story of Hine-nui-te-Pō is maintained in the Māori rituals of encounter during which the dead are often the first mentioned and are greeted, then referred to again at the end of a *whaikōrero* (speech).

The dead are always acknowledged in *karanga* [the call] and *whaikōrero* regardless of the purpose for the gathering. The recollection of the dead reminds us all of our past. (Higgins & Moorfield, 2004, p. 90).

One of the rituals of encounter that has changed little over time is the *tangihanga*. This is the ceremony during which the dead are farewelled. There is no equivalent word in English to describe the *tangi* or *tangihanga*, as the ceremony encapsulates much more than a funeral service.

The *tangihanga* is the major Māori ceremonial occasion. Within its orbit is drawn virtually every phase of Māori custom and belief that exists today. Its strength is such that in spite of Pakeha opposition, criticism and derision for more than a century, it has survived and continues, with many adaptations and changes in form, but with the same purpose and spirit as in the past (Dansey: 1975 in Hera, 1995, p. 123).

The Meso

As noted above, tangihanga (the weeping) has remained an enduring Māori ritual, despite the impact of colonisation in New Zealand. Traditional practices have changed little over the years of contact with different populations and cultures. Interestingly, that constancy of tradition has had an impact on Pākehā death rituals and practices. Since the Māori renaissance of the 1970s, Pākehā have adopted many Māori death practices, talking to and about the deceased in the service/ceremony, including children in the service/ceremony, and especially the practice of taking a deceased loved one or tūpāpaku, home and having someone with them at all times until the farewell service/ceremony.

In this section we explain the complexities of the tangihanga and the effect we believe it has had on death rituals in New Zealand.

The tangihanga involves many customs and traditions that encapsulate important Māori concepts concerning both the physical and metaphysical worlds (Barlow, 1991). When a person dies, the marae⁶ is immediately prepared for the arrival of both the deceased and those coming to mourn them. There are two important aspects of preparation—food for the mourners and the arrangement of the whareniui or meeting-house (Barlow, 1991).

When a person dies, Māori consider everything around them to be tapu (sacred) and the kawa (practice) of the tangihanga takes precedence, which defines the roles of various participants in the rituals that follow (Ngata, 2005). The body of the tūpāpaku/deceased immediately becomes the most sacred taonga (treasured gift), and the family of the deceased is shrouded in tapu and grief (Ngata, 2005).

No matter where a person has died, or how many legal and medical requirements involved in the death, the expectation is that the tūpāpaku/deceased will be transported to the marae for a ceremonial farewell. Ideally, the legal and medical requirements will not impede the need to mourn a loved one but this cannot always be avoided. Indeed...

[t]he physical coldness and isolation of the hospital mortuary is contrary to Māori views that the deceased must be kept constantly warm and comfortable by the presence of kinfolk, in order to calm the soul and assist it on its journey to the spirit world (Ngata, 2005, p. 33).

The tūpāpaku/deceased is transported to the gate of the marae with accompanying ope (family) and is received onto the marae by way of karanga or calling by the women of the marae. The karanga or call welcomes the body and spirit of the deceased and their family, acknowledging that the deceased has gone to join their ancestors and also farewelling those ancestors and others who have passed on (Ngata, 2005). Rerekura (2008) notes that the sacred call of the kaikaranga (caller) is compared to Hine-nui-te-Pō as she welcomes her descendants into the spirit realm.

⁶A marae is a Māori communal facility, a complex of buildings surrounding a courtyard and the courtyard itself, used as a social or ceremonial forum. It is a focal point of Māori communities and a space at which rituals of encounter take place.

The coffin containing the deceased is taken into the whareniui, or meeting house, and placed in the centre of the floor at the back wall with the foot of the coffin pointing toward the door (Barlow, 1991). The coffin is placed on a special mattress or mat and is opened. Photographs of recent and past deceased relatives are placed around the coffin (*Understanding Tangihanga*, 1990).

The role of the immediate family of the deceased is purely to mourn and remain beside the tūpāpaku/deceased, while other family take care of organising the marae and preparing the food (Higgins & Moorfield, 2004). The family also remain tapu until the tūpāpaku/deceased has been buried so they do not speak or reply to speeches throughout the ceremony. They leave “all responsibility for organising and conducting the tangihanga to the wider community” (Ngata, 2005, p. 35).

Formal speeches take place when the tūpāpaku/deceased is first brought onto the marae. The tangata whenua, or host community, begin and speeches are made that address the deceased and encourage the spirit on its journey to the spirit world, acknowledge those who have recently died, greets and thanks those who have gathered and concludes with a waiata or song (*Understanding Tangihanga*, 1990).

The visitors respond in a similar way and produce a koha, or monetary gift, to assist the host community with catering and funeral costs (Ngata, 2005). The visitors’ speeches and koha are an example of reciprocity, a concept identified as paramount,

Such occasions are an opportunity for others to repay the bereaved family for their support in the past, and to assist the family at a time of emotional and spiritual pain, and financial cost (Ngata, 2005, p. 34).

The tūpāpaku/deceased is never left alone. Female family members sit beside the tūpāpaku/deceased throughout the entire time spent on the marae. On most occasions the body lies in state for 3 days and nights and is buried on the following day (Barlow, 1991). During the 3 days, manuhiri, or visitors, come to pay their respects and further speeches and waiata take place. The burial completes the life cycle by returning the deceased person to Papatūānuku, the ancestral mother earth who sustains all life (Ngata, 2005, p. 36). After the burial service, everyone returns to the marae for a hākari or feast. Higgins and Moorfield (2004) note that this is an important part of the tangihanga process as it brings everyone, especially the family of the deceased, back into the world of the living. They have been in the world of mourning for 3 days and the hākari serves to lift the tapu from them.

The tangihanga has provided a framework for understanding death and mourning loved ones, and has remained a constant funerary ritual for Māori...

Māori are quite comfortable with death, I think. Perhaps it’s because of our experience of tangi... The tangi gives you an opportunity to cry, to laugh, to celebrate, to connect and reconnect, and to feel part of something. All that happens in a matter of 3 or 4 days. First there’s this grief and sadness, and you vent it all. In the evening there’s this deep, deep sense of prayer and healing that just envelops the whole whare with a calm. There’s the beautiful singing, which just sounds so good and *feels* good. And then everybody who’s staying goes and has a cup of tea, and the locals start saying their goodbyes, and it’s a time for talking and sharing and laughing (Clair, 2005, p. 42).

A further ceremony often takes place around 1 year after the tangihanga. The hura kōhatu, or unveiling of the headstone at a cemetery or urupā (burial ground on or near

the marae), is another special occasion for remembering the dead (Barlow, 1991). Once again the family of the deceased gather on the marae, this time with photographs of their loved one and other photos of deceased relatives. Visitors are welcomed onto the marae and the mourning process once again takes place (Higgins & Moorfield, 2004). The unveiling ceremony can take months of planning and is seen as the final event in the grieving process (Barlow, 1991; Higgins & Moorfield, 2004; Ngata, 2005). Although as Ngata (2005, p. 37) notes “[t]hose who have passed away are recalled in speeches and remembered in the heart of every tangihanga and family hui (gathering)” and therefore “the loss of a loved one never ends”.

Another ceremony that is part of the Māori approach to, and culture of, death is that of *te kawē mate* (memorial service). Barlow (1991, p. 47) says that “the practice of *kawē mate* is a gesture of love and respect by a family for a relative who has died”. A person who has died and been buried in another region or area is remembered at marae to which they are connected by *whakapapa*. Their family takes with them “the memory” of their deceased relative to the marae (Barlow, 1991). Ngata (2005) notes that *te kawē mate* may take place many months or even a year after the death and the *kawē* (practice) is much the same as for the tangihanga ceremony. This is a practice that sees the continued link with deceased loved ones...

Now it is the custom for many families involved in these services to take a photograph of their deceased relative and present it as a gift to their home marae. When the members of their family network gather at future funerals or unveilings, the photographs of the deceased relatives are hung in the meeting house as a memorial to those who have gone before (Barlow, 1991, p. 47).

These practices illustrate an approach to death that is followed by most Māori but of course these rituals and approaches are neither static nor changeless. As a culture Māoritanga is dynamic and evolving. Dr Pāpaarangi Reid echoes this:

The Māori approach to death and dying is fluid, by necessity. It continues to evolve and understanding that gives us permission to change what needs to be changed... [p]eople ask what's the Māori way, or the Māori perspective or whatever. It's plural, it's diverse, it's multiple, it's flexible, and it's changeable. We must resist people trying to make us into museum exhibits of past behaviours. We are complex, changing, challenging and developing – as is our right (Reid in Schwass, 2005, pp. 46–47).

We acknowledge the fluidity and dynamism of the culture despite discussing it here as though it were unitary and solid. Whilst the tangihanga has remained constant there have been adaptations within it to suit the people who are living it. The practice of embalming is offered as an example. Māori have welcomed the practice as it provides the possibility of spending more time with the *tūpāpaku*/deceased.

We believe that the tangihanga has had an effect on the ways that non-Māori in New Zealand farewell their deceased loved ones; however, this is not a well-documented or accepted belief. Raudon (2010, p. 7) suggests that it would be misleading to attribute New Zealand's trend towards a more personalised, secular and informal funeral, with greater family involvement, to Pākehā's proximity to Māori tangi because the trend is an international one.

Certainly, as Raudon (2010) points out, New Zealand's regulatory environment concerning death and funerary practices are light. In fact...

...in New Zealand anyone can organise the disposal of a body by burial or cremation, and... embalming is rarely required...coffins, like funeral directors, are optional...any person can conduct a funeral, and there is no legal requirement for any particular form of ceremony (Raudon, 2010, pp. 6–7).

Many New Zealanders are not aware of these facts and tend to make choices under the guidance of a funeral director and make decisions based on what they have experienced in relation to death and funerals (Raudon, 2010).

As mentioned earlier, one practice that has become common over the last decade, and for which there is very little literature or research, is the practice of taking deceased loved ones home prior to a service or funeral. We believe this is a result of Pākehā New Zealanders' interactions with, and presence at, tangihanga. Anecdotal evidence suggests that the experience of tangihanga often impresses upon Pākehā New Zealanders the open and relaxed approach to death by Māori that feels refreshing and honest.

The exposure to tangihanga and recognition of death rituals that “feel good” has seen funerals and approaches to death by non-Māori New Zealanders taking on distinctive components. Whilst they are certainly not unique, they have become part of the way our dead are farewelled and remembered.

The first practice that contributes to a distinct approach to death is the choice of location for a funeral. “According to estimates by the New Zealand Funeral Directors' Association, about 60 % of funerals take place in a non-church venue” (Raudon, 2010, p. 96). Choices of location include chapels at a funeral director's premises, community and school halls, sports clubs, outdoors and in the homes of families and/or friends of the deceased.

...some of the most memorable funerals I attended have been in beautiful outdoor locations. Funerals in native bush beside a flowing stream, on a pier overlooking the water at a boat club, under large overhanging trees, or in private gardens at the rear of someone's property are examples. (Mann, 2011, p. 4).

The increased international interest in “home funerals” can sometimes be confusing for New Zealanders as there is no recognised concept of any particular “type” of funeral (apart from tangihanga), it is simply referred to as a funeral and the location is noted. Whether the location is in a church, at a private home or at a beach—it is still simply a funeral.

Another aspect of New Zealand's funerary practices that has contributed to the distinctive ways we farewell our loved ones is the emergence of secular celebrants which “has marked a significant shift in the provision of funeral services in New Zealand” (Schafer, 2007, p. 108). Whilst religion is present in nominal ways—we swear on the Bible in court, we recognise Christian based holidays, prayers are offered before a meeting or class especially within a Māori environment—New Zealand is a predominantly secular nation (Raudon, 2010).

The development of celebrants took place in the late 1970s when Marian Barnes challenged the religious “formula” funeral service, believing that “funerals focused exclusively on religious interpretations of death and that these interpretations were often incongruous with the life and personality of the deceased” (Schafer, 2007, p. 109).

Celebrants provide an option for those looking for a less formal and less religious ceremony. They are usually lay people with no religious affiliation and “many promote themselves as ritual specialists, fulfilling the sociological and psychological needs of an increasing secular society” (Schafer 1998 in Schafer, 2007, p. 109). It is estimated that over 60 % of funerals in New Zealand are now conducted by funeral celebrants (Schwass, 2005).

This move away from a religious focus and the presence of celebrants as an alternative to clergy has also contributed to another distinctive aspect of New Zealand funerary rituals—the increased personalisation of funerals. Raudon (2010, p. 144) notes that independent funeral celebrants “have become an uncontroversial default choice in many parts of New Zealand”. Celebrants often provide “a life-centred ceremony... in an attempt to provide meaning at the death of a particular individual as well as legitimisation for this life in terms of secular values” (Schafer, 2007, p. 109). As a result, families of the deceased play a central role in organising the funeral and in the funeral itself.

Raudon (2010) notes a “typical New Zealand funeral” would involve the family decorating the coffin and placing drawings, photos and mementoes in the coffin with the deceased; the coffin being carried into the venue by family and friends, men and women; a slideshow of photographs being played with music that was significant to the deceased; several people giving eulogies, including children, an average number of 3 but as many as 10; the celebrant “opening up the floor” for anyone who would like to speak; children being given an activity to perform at the end of the ceremony such as releasing balloons; refreshments being served at the funeral venue and close mourners returning to the family’s home for further food and often alcohol.

Interestingly, New Zealand funerals take place relatively promptly compared to other countries. An interval of 3 days between the death and the funeral is the average amount of time, as compared to a week to 10 days in the United Kingdom, and several days in Scandinavian countries (Raudon, 2010).

Other interesting aspects of New Zealand death practices include our high rates of embalming and cremation. Schafer (2007) notes that embalming was promoted as early as the 1940s in New Zealand as a public health measure. It wasn’t until the 1970s that embalming became widespread, “promoted by funeral directors as a practice with psychological benefits that would aid the grieving process” (Schafer, 2007, p. 107). Figures for embalming in New Zealand are estimated as being very high, some estimating around 90 % (Raudon, 2010; State of Grace).

Cremation is also very common in New Zealand, with approximately 70 % of deceased being cremated in preference to being buried (Raudon, 2010). Schafer (2007, p. 109) states that cremation is now a central component of the New Zealand funeral and “is closely correlated with the contemporary focus on personalised post-mortem practices”. This may be related to the fact that a cremation costs less than a

burial but it also may be linked to the increased personalisation of funeral and mourning practices as Schafer notes above.

There are few restrictions on how cremated ashes can be disposed of and while historically the scattering of ashes may have been left to the funeral director, increasingly families look to undertake the role themselves...

Burial and personal placement of ashes have superseded institutional scattering in the last two decades and some funeral directors and celebrants provide ceremonies for this final treatment (Schafer, 2007, p. 110).

Following worldwide trends in environmental awareness, New Zealand funeral companies also offer increased eco-focused services. Families are increasingly looking to a more “natural” approach to burials and cemeteries are being developed in response to that need. The natural burial method includes no embalming, a plot dug to a depth of 1 m, rapid biodegradable non-pollutant caskets, compost soil and over-planting with native trees (Manning, 2012).

The burial is effectively an environmental donation – both in a physical and monetary sense. By being buried, the person provides resources to start and sustain the natural restoration of land, for the regeneration of native flora and fauna (Manning, 2012, p. 8).

Finally, technology is also playing an increased role in the ways that New Zealanders are farewelling their deceased loved ones. The development and increase in funeral webcasting “enables people who are geographically dispersed, and perhaps unable to attend [a funeral] due to illness or other commitments, to be a part of a funeral” (Kohsa, 2013, p. 3). The webcasting of a funeral allows mourners to feel “present” while the funeral service/ceremony takes place or view the funeral at a later date.

The increasing personalisation of funerals and death practices in New Zealand sits well within a regulatory environment that is not overly restrictive. This environment also encompasses the ways we mourn and farewell our babies and children.

The Micro

The latest statistics for perinatal loss in New Zealand indicate that in 2011 the number of babies who died between 20 weeks gestation and 28 days after birth numbered 665, a perinatal-related mortality rate of 10.6 per 1,000 live births⁷ (PMMRC, 2013, p. 33). Half of the perinatal deaths were stillbirths, accounting for 330 of the 665 deaths or 49.6 %. Of those stillbirths, 29 % were “unexplained” (PMMRC, 2013, p. 39).

Infant mortality for the year ended December 2011 totalled 290, a rate of 4.7 deaths per 1,000 live births (Statistics NZ, 2012b).⁸ New Zealand figures for SUDI

⁷Perinatal-related mortality include foetal deaths and early and late neonatal deaths.

⁸Infant mortality includes all babies in their first year of life therefore there is some doubling up of figures here; early and late neonatal deaths for 2011 totalled 164 resulting in a true infant mortality figure of 126.

(Sudden Unexpected Death of an Infant) have fallen dramatically over the last 20 years from 200 to 60 deaths per annum (Baker, 2011). While our figures may have fallen, New Zealand has the highest rate of death from SUDI amongst industrialised nations and a disproportionate number of those deaths occur in the Māori community (Baker, 2011, p. 9). During the period 2003–2007, a total of 328 infants aged 4–52 weeks died as a result of SUDI in New Zealand—61.6 % of those infants were Māori (Child & Youth Mortality Review Committee, 2009).

Sadly, our rates of baby and infant loss are comparable to other Western countries while our death and funerary practices for them are both comparable and distinct in a small number of ways.

When the death of a baby occurs in a hospital, there are generally processes in place to support parents to create memories and organise a way of farewelling their child. This may vary, however, depending on the gestation of the baby—in New Zealand the death of a baby less than 20 weeks gestation may see the mother being cared for in a general or gynaecological hospital ward by nurses. Experiences are varied throughout the country with some mothers receiving exemplary care from gynaecology nurses; whilst some mothers feel they were treated poorly with their baby hardly being acknowledged and no memory making offered (Culling, 2012; Douché, 2011).

If the baby is more than 20 weeks gestation, the mother will generally be cared for on a maternity ward by midwives. Like many other Western countries, the way that baby loss is approached in New Zealand hospitals has changed considerably over the last 20–30 years. Historically midwives or obstetricians may have made decisions about the treatment of the deceased baby, effectively parenting the baby, but a change in attitude has also seen a change in practice, and staff now routinely encourage bereaved parents to make decisions and choices about their baby and assist them in making memories (Culling, 2012; Douché, 2011; Stanbridge & Woolley, 1993).

Interestingly, Māori do not use gestational age as a distinguishing category for babies (Jutel, 2006). The pre-born baby is called “pēpi”, the same name used for a child after its birth, regardless of the developmental stage (Jutel, 2006).

Aspects of our funerary practices that are distinctive to New Zealand also apply to the ways we mourn and say farewell to our babies and children. As with adult funerals or services, many babies’ and children’s funerals also take place within 3–4 days (Daly, 2005). Whilst our embalming rates are very high for adults, this is not always the case for babies. Children are generally embalmed but babies, especially those who die at less than full term, are not embalmed (L. Mansfield, funeral director, personal communication, 26 November 2013).

While many New Zealanders choose cremation as the final disposal choice, there are no figures available for burial and cremation of babies and children. It is generally accepted that Māori choose to bury rather than cremate their deceased loved ones and this applies to babies and children as well (Higgins & Moorfield, 2004). Many Māori have urupā, or burial grounds, on or close by their marae and the burial of the deceased is part of the tangihanga process (Higgins & Moorfield, 2004; Mead, 2003).

One of the practices that is routinely undertaken by bereaved parents of babies and children, and is noted above, is the bringing home of the body for a period of time prior to the funeral service. Anecdotal evidence suggests that around 50 % of families take their babies and infants home in New Zealand (Culling, 2013a). Again, this is not a documented practice, nor is it well researched. In narratives of baby loss, parents talk openly about taking their babies home for a period of time:

A good friend of mine had a stillborn baby eight years earlier and so I knew I could bring my baby home with me. We decided to have Sasha embalmed so we could have him at home for an extended period...[he] spent the next five days at home with us, tucked up in his drawer, surrounded by soft toys and special blankets and many colourful bunches of flowers. He was read to, sung to, held by all his close family (Daly, 2005, p. 38).

Our first priority was to take her home. She lay in her Moses basket between us and spent a night on our bed (Taia, C. in Culling, 2012, p. 19).

The following day we drove the four-hour trip home. Our beautiful little girl was tucked into a Moses basket, provided by Sands, which was secured in the back seat of the car. We pointed out special landmarks on the way home, told her stories, showed her the mountain (Mt Taranaki), and made memories that will be forever imprinted on our minds and hearts... Georgia stayed at home with us for three days. We cuddled her, talked to her, wrote letters to her and just treasured her. Our family held a beautiful service for her in a private park area beside a river. Everyone read special messages and poems to her, told stories about their dreams for her, and how much they loved her and would always miss and remember her (Moorhead, J. in Culling, 2013b, p. 41).

There are a small number of support organisations in New Zealand for bereaved parents and families following the loss of a baby or infant. Sands New Zealand is the largest, with regional groups throughout the country. Sands is a network of parent-run, non-profit groups supporting families who have experienced the death of a baby (Sands New Zealand, 2013).

Sands New Zealand provides core information that is provided to bereaved parents in most hospitals throughout the country and through various community organisations. The Sands Support Pack consists of six pamphlets providing a range of information about different aspects of baby loss, namely *The Next Few Days*, *Your Baby's Funeral*, *Fathers Grieve Too*, *When a Baby Brother or Sister Dies*, *The Loss of a Grandchild*, and *Transporting Your Baby* (Sands New Zealand, 2013). The Sands Support Pack is the only Sands resource that is funded by the government.

Sands groups run support meetings in the community, provide Moses baskets, clothing and memory making materials to local hospitals, run awareness raising events and provide support to parents and families via telephone, email, face-to-face or social media. Occasionally, a Sands volunteer may be asked to visit bereaved parents in hospital to discuss funeral options but this does not happen as a matter of course. This depends on the regional groups and their relationships with their local hospitals.

Other groups that provide information and support include Miscarriage Support, Twin Loss NZ and SIDS New Zealand. New Zealand does not have any government funded support agencies for baby and infant loss, apart from our national health service which can provide social work support in some areas.

Awareness around baby and infant loss in New Zealand has increased over the last 7 or 8 years as Sands New Zealand and other groups have become more active. Sadly, we have both experienced the disbelief of bereaved parents in support meetings that so many babies still die despite the progress of medical technology and the fact we live in a first world country in the twenty-first century.

We offer two case studies to illustrate New Zealand experiences of baby and infant loss. Pania, one of the authors, shares the story of her son Manaia who died at 2 days of age, and “Kelly” shares the story of the death of her baby “Sophie” at full term.

Case Study 1: Pania and Manaia

Ko Taranaki te maunga,
 Ko Ngāruhineraangi te iwi,
 Ko Waingongoro te awa,
 Ko Kānihi te marae,
 Ko Aotea te waka,
 Ko Pania Mitchell ahau.

Translation:

Taranaki is my mountain
 Ngāruhineraangi is my tribe
 Waingongoro is my river
 Kanihi is my marae
 Aotea is my canoe
 I am Pania Mitchell.

This is my bereavement story about my son Manaia.

My name is Pania Mitchell and I live in Porirua, near Wellington, which is the capital of New Zealand. I identify myself as Māori, part of the indigenous population of Aotearoa, New Zealand. I am the mother of four children Erika, Manaia, Araroa and Manu and wife to Grant. My mother comes from provincial Taranaki, and is part of the tribe of Ngāruahinerangi which is located on the west coast of the North Island of New Zealand. My father hails from the Hawkes Bay on the other side of the North Island, from the small East Coast settlement of Nuhaka and is part of the tribe of Ngāti Kahungunu.

I was born in the city of Wellington on the 4th of August 1976 and after a year we moved to Taranaki where my mother’s family is from. We lived there for 13 years before my parents returned back to Wellington for better employment opportunities. I like to explain this to people because I was brought up in a rural part of the country and as an indigenous person, that is, a person of Māori descent who lived within our tribal homeland. This meant that we were regularly at the marae, made up of a meeting house, dining room, kitchen and bathroom facilities, and

which is usually acknowledged as the central gathering place for the tribe. The marae was always a hive of activity, and what I mostly remember as a child growing up on the marae, was attending many funerals or tangi.

Being a Māori child living in the boundaries of my tribe and regularly attending tangi, I noticed how comfortable people were with death and attributed this with the process of tangi or tangihanga. Through this process, people gathered together and grieved over the open casket of their loved one, and this could go on for between 2 and 7 days. The marae would shelter and look after these people during this grieving process, which involved much sharing of genealogy, memories, songs and stories of connection with the deceased.

I attribute my familiarity with death to my experiences on the marae, and this became quite a normalised process for me as a child. At the age of 19 I gave birth to my first born, Erika on August 15, 1995. On the 30th of December 2007 both Grant and I welcomed my second and Grant's first child, Manaia Fatatoa Cameron Mitchell into the world. Two days later our baby Manaia passed away, and the experience of this and my awareness of the tangihanga process changed forever.

I considered my pregnancy to be very normal and I was 10 days over my due date when my midwives decided to induce me. When Manaia was born, it seemed like the first time I had given birth, he took his first breaths, cried and looked as I thought he should, absolutely perfect. We were then taken to a recovery room and then up to the ward and it was at that time that a nurse noticed something was wrong with how Manaia was breathing. They then moved him into the neonatal ward, and not long after that I followed him and was told something was really wrong with my son's heart and that he could die. A paediatrician from Starship Hospital in Auckland flew down to Wellington to operate on Manaia to see if he could fix his heart. We then took Manaia up to Starship Hospital to help with his recovery from the operation. Sadly, the damage had been done and he died from hypoxemia, resulting from a transposition of great arteries, on the 1st of January 2008.

At the time that Manaia passed away, I guess you could say that I was a bit out of it and not really understanding what was happening. I was numb and everything seemed like a bit of a blur. There were many family members at the hospital and everyone got the opportunity to hold Manaia. We also got to wash and dress Manaia in the clothes that we had brought for him. From Starship we took him to a funeral home in Panmure where we discussed what was going to happen. My sister helped me through all these decisions. Grant, who was my boyfriend at that stage and is now my husband, had many of his Niuean family living in Auckland, so we were able to take our son to one of their houses to lie in state for a couple of hours.

We then started our trip to Wellington, which was about an eight-hour drive away. We travelled in a convoy of four cars with Grant holding Manaia in his arms for the duration of the trip south. I cried and cried and tried to work out what to do. I knew that we would have a tangihanga for Manaia and on arrival back to Wellington; we took my son back to my parents for the night and then onto a marae in Porirua, called Takapūwahia Marae. We stayed there for two nights and then buried Manaia at the local cemetery of Whenua Tapu.

Te hokinga ki te kainga (the return home) was the philosophy behind the tangihanga process for my son and taking him home. This included taking Manaia to my parents' house where we were welcomed in with a karanga/chant and where the beds had been setup in the lounge area. Manaia and his coffin were placed on a mattress and everyone got to meet him and hang out with him. My mum sang to him and our closest family and friends were able to spend some time with him.

The next day we took him to Takapūwahia Marae where we were called on through a pōwhiri, a welcoming process that begins with a karanga/call and includes whaikorero/speeches and karakia/prayers. With the tangihanga process, there is the whānau pani, usually immediate family members who sit with the tūpāpaku/body and are supported by extended whānau/family and friends. During this harrowing time, as part of the whānau pani, I was comforted by the tangihanga process and the fact that Manaia would always be part of my whakapapa, the genealogy that connects us all.

I would go on many other journeys within this grief process. I connected Manaia to his whakapapa/genealogy through the process of hura kohatu, the unveiling of the headstone. I did this 1 year after his death. I have also taken part in kawē mate, a ceremony that involves placing his photo onto the walls of the meeting houses that he affiliates with, onto space designated for the tribes' deceased. I have been able to do this at three marae so far, and each time is an opportunity to remember and honour my son.

There are still many more stories and experiences to have, in regard to my son Manaia and in relation to being Māori and having the ability to use cultural processes to help celebrate his life. At his tangihanga, three virtues were chosen for Manaia by my family—love, unity and hope. These are the principles which guide me to continue to explore the relationship I maintain with my son.

Mauri ora.

Case Study 2: Kelly and Sophie

Kelly is a Pākehā New Zealander, in her late twenties, living in one of New Zealand's large cities. Three years ago she experienced the intra-partum (during labour) death of her firstborn baby, a little girl she named Sophie. Kelly is married to Mark and they have two living daughters aged 6 months and 2 years. Kelly's twin sister, Michelle, was stillborn.

Kelly's pregnancy with Sophie was normal, except for the fact that Sophie had a two-vessel cord, which meant she had two vessels joining her to the placenta instead of three. Kelly was told this could lead to restricted growth in the baby or stillbirth. So the decision was made to induce her to avoid either of these things happening. It was decided that Kelly would be induced at 39 weeks and everything started off fine.

I was getting monitored throughout the whole day, then they broke my waters and put me on a drip and things were still going fine...they gave me an epidural at around 1:00am...I was still only four to five centimetres [dilated] so I decided to lay down and have a sleep, the midwife that was monitoring me checked everything at 4:00am and everything was still

fine, they still had a heartbeat and things were progressing nicely...we thought we'd have a baby in the next couple of hours

Sometime between 4:00 am and 6:15 am when Sophie was born, doctors believe her cord got stuck between her body and Kelly's pelvis resulting in deprivation of oxygen. The midwife started to experience trouble locating a heartbeat, but reassured Kelly that it was normal for this to happen in the late stage of labour. Kelly was not worried at all until the obstetrician came in and realised something was not right and Kelly had an emergency forceps delivery at 6:15 am. They had problems finding Sophie's heartbeat and tried to resuscitate her for around 30 min.

So she was technically stillborn but I don't think of her as stillborn, I think of her as being [born] alive but she never was.

Kelly remembers talking to Sophie and telling her to "*just wake up*" because she looked like she was simply asleep. Kelly's mother and father, Mark's mother and father and their brothers and sisters arrived on the morning of Sophie's birth and they were all able to meet her, hold her and have photos taken with her whilst they were still in the delivery room. Kelly can't remember much of that morning as she was experiencing some serious bladder problems and had to be attended to. The midwives offered to make some memories for her. It was suggested that they cut a lock of Sophie's hair but Kelly said she did not want them to do that. It was suggested that it might be a good thing to do and put the lock of hair in Kelly's hospital notes.

I don't mind but I didn't want it, I don't have it, I still don't really want it because she had lots of hair.

A basket with clothing, blankets, teddies and memory making materials provided by Sands was offered to Kelly and Mark. They were told they could have anything they wanted from the basket, or nothing, it was up to them. The midwives also took Sophie's hand and footprints.

Kelly and Mark were asked if they wanted a post-mortem performed on Sophie which they chose to do. A midwife took Sophie downstairs to the mortuary and stayed with her throughout the process and brought her back a few hours later. The mortuary staff had dressed Sophie in the clothing that Kelly and Mark had sent down with her.

Whilst Sophie was in the mortuary, Kelly and Mark were transferred to the dedicated room for baby loss. Mark was able to stay with Kelly in the room. Kelly's father decided it would be helpful to talk to someone who knew what to do in this situation and called the local Sands group. A Sands parent visited Kelly and Mark and provided information about funerals, grief and what to expect over the next few days. She provided them with books and talked about the importance of memories such as photographs. Kelly and Mark had been told that a hospital photographer was available but they chose to contact the local photographer from "Now I Lay Me Down To Sleep" (an organisation in which professional photographers take heirloom photos of stillborn and deceased babies at no charge).

Kelly, Mark and Sophie stayed one night in the hospital before going home. Kelly's father drove them home with Sophie tucked up in a Moses basket.

It didn't even enter my brain that she was going anywhere else, she was always going to go home with me and that's what was going to happen... I never got told I should take her to a funeral home and no one really questioned me about why I wanted to or if it was a good idea, it was just what I was going to do...

Kelly and Mark were visited at home by a funeral director to start planning the funeral. Kelly recalls ringing the Sands parent who had visited them in hospital to clarify whether they had to have Sophie embalmed. Kelly disagreed with the funeral director that Sophie should be embalmed and insisted she wasn't, based on the information provided to her by Sands. The funeral director returned to his funeral home to discuss the embalming question with his colleagues and let them know it wasn't necessary.

It was because I really didn't want her to leave me, I wasn't that against embalming, I just didn't want her to leave, I didn't want to have to take her anywhere...

Kelly and Mark arrived home with Sophie on a Saturday morning and her funeral was held on the following Tuesday. Both of Kelly and Mark's extended families visited Sophie at home. Kelly's best friend travelled from another city to meet Sophie and spend time with Kelly.

Kelly recalls wanting people to stay at the house and not leave. The earliest she went to bed during those few days was at midnight.

I didn't want them to leave because I knew I'd have to go to sleep and I'd have to wake up, and I didn't want to wake up again because I didn't have Sophie [alive] and I didn't want to wake up and remember that, that all this had happened...

Kelly and Mark chose to have Sophie's funeral in a church despite not being churchgoers at the time. Kelly came from an Anglican upbringing and Mark was brought up Roman Catholic and they decided to hold the funeral in the local Anglican Church. Kelly was provided with a list of celebrants who could perform the service but she asked the local Anglican priest if he would officiate.

The priest visited them at home and Kelly asked if he would baptise Sophie. He said he couldn't but could do a naming blessing. They decided to just have music played rather than singing songs as the priest felt that people would be too upset to sing. Kelly thought this was probably a reaction to how distraught she was during the meetings held to organise the funeral.

The funeral director asked if they wanted to bury or cremate Sophie and they chose to cremate her. Kelly recalls being told they had to choose a casket for Sophie to be cremated in as they couldn't cremate her in the Moses basket as they had hoped. Mark and Kelly's father went to the funeral home to choose the casket because Kelly felt she couldn't do it. Kelly remembers thinking...

I didn't want to organise [the funeral], I shouldn't have to organise it, why should I be picking out all these things?

The priest asked Kelly how many people they were expecting as the church held 80–100 people. Kelly estimated that 40 people would attend. On the day of the funeral the church was full and people had to stand at the back of the church as well as outside.

They decided to have Sophie in the Moses basket at the funeral, and placed her on a little table at the front that had been surrounded with flowers by Kelly's father and stepmother. Kelly had decided she wanted everyone to see Sophie because she looked just like a normal little girl. Once everyone had gathered in the church and sat down, Kelly and Mark carried Sophie up and placed her on the small table. The priest had told them they could do whatever they wanted to during the service, if they wanted to sit beside her, they could—that there was no right or wrong thing to do. Kelly now wishes she had recorded the service so she could listen again to what the priest said about Sophie as she recalls thinking at the time that it was amazing but cannot remember it now.

After the service, refreshments were served in an adjoining hall. The funeral director sat in the church with Sophie during that time as Kelly and Mark did not want her to be by herself. At the conclusion of the funeral and tea service, Kelly and Mark and their close family members went to the crematorium.

Kelly told everyone that she wanted to be the one to lift Sophie out of the Moses basket and into the casket. Her father told her to let the funeral director do it as he felt it would be too much for her.

I knew that any of them [family] would have done it for me but it was really important that I got to do it so I put her into the coffin and I'd written her a letter that was thanking her for allowing me to be a mum...so I read her this letter and I talked to her for about 20 minutes and everyone was standing around...

Kelly thought the cremation process would take a few minutes and she would leave with Sophie's ashes. She didn't expect that it would be an overnight process and did not want to leave the crematorium...

I didn't want to leave because I didn't have her and I had to have her because she was my little girl.

Kelly and Mark asked to receive Sophie's ashes in two containers—they chose to sprinkle some of her ashes on Michelle's garden and keep some with them.

Kelly reflected on her experience and what she had learned from Sophie's death and funeral ceremony. She felt that within New Zealand [Pākehā or non-Māori] culture people might not realise that they have the ability to deal with a death the way they want to...

Now I know that there are processes all written down but you don't necessarily have to do them, you can do what you want to do and I hope that in New Zealand people know that they can do whatever they want to do...

Conclusion

Death, grief, and culture in New Zealand intertwine to offer some unique rituals and funerary practices. Despite, or perhaps as a result of, being a small isolated country sitting at the far reaches of the Pacific, we have developed some approaches to death

and the farewelling of our deceased loved ones that are a little different from other first world countries.

Our indigenous population with an enduring death ceremony, the tangihanga, has affected how we now farewell our dead in our country. Colonisation in the nineteenth century, alongside the dominance of Christian religions, saw our rituals initially duplicating those of the “Mother Country” but over time we have developed our own approach to the ceremonies and rituals of death. The intersection and relationship between Pākehā and Māoritanga has resulted in an adoption of aspects of tangihanga and a “normalisation” of practices that may have previously been deemed “unnatural”. The most common example of this development is the bringing home of our tūpāpaku/deceased loved ones to be in our presence, in our homes, and to be accompanied and transported by the mourning family.

Funerary developments extend to the ways we farewell our babies and children. The increasing personalisation of funerals and services sees bereaved parents taking an active role in how their baby is treated and how they are farewelled.

We have relished the opportunity to both write about, and actively participate in, the intertwining and intersection of our two major cultures in New Zealand. We hope our Māori and Pākehā experiences of baby loss, and of being in the world, can contribute in some small way to the further meeting of our two worlds and ongoing collaboration between us. Always, this is the legacy of our babies’ brief lives.

Na mihi nui—much love.

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Chapter 16

Epilogue: Grief, Bereavement, and Ritual Across Cultures

Kara Thieleman

The chapters included in this book offer rich descriptions of beliefs and practices related to grief, mourning, and death across a variety of cultures. At one end of the spectrum are the more industrialized cultures of Australia, Canada, Greece, Israel, Romania, and the United States. At the other end of the spectrum are indigenous cultures that have endured despite colonization by Europeans: the Maori in New Zealand, and Native American cultures in the United States. Also included are examples from Africa: Somali culture, the Bakalanga tribe of Botswana, and ethnic communities in Kenya. Two East Asian countries are represented: South Korea and China. And two Latin American countries: Brazil and Mexico. Despite the similarities these cultures and countries may have based on proximity or shared values, their unique histories are reflected in their diverse approaches to death.

Changes in Ritual Over Time

Culture is a fluid, dynamic process that reflects changes over time. How cultures deal with death and grief has also changed over time, both from internal and external influences. Many cultures have extensive histories of interaction with neighboring cultures and have incorporated practices, attitudes, and beliefs from other groups to varying degrees. For instance, Romanian culture adopted the practice of planting a tree outside the home after a death from the Romans, replacing the cypress tree with a fir tree, which has figured heavily in Romanian culture. Exposure to Confucianism led to abandoning the practice of cremating bodies and leaving them at Buddhist temples in Korea, and replaced it with burial and shrines to spirits

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in family homes. In China, Taoism influenced the view of death as a natural part of life and taught that the relationship between the living and dead continues. When Buddhism spread to China, it was adapted to incorporate the Chinese practice of ancestor worship, with its emphasis on filial piety. In Mexico, indigenous beliefs were combined with Catholic beliefs, as both view death as a transition to another life, though indigenous beliefs do not emphasize the idea of God as a judge and in which nearly everyone enjoys a happy afterlife.

While many cultures included in this book have been influenced heavily by colonizing forces, in some cases the influence runs the other way. For example, the chapter on New Zealand notes that the wider culture seems to have adopted many aspects of Maori burial rites, including caring for the body of a loved one at home, openness to talking to and about the dead, and speaking about death with children and including them in death-related rituals. Such practices are also gaining acceptance in other countries, such as the United States. A more holistic view of life and death, such as held by Native American tribes, may also be influencing the wider culture of the United States, as more people are choosing environmentally friendly methods of final disposition in an attempt to reduce the impact of human civilization on the environment and live and die in greater harmony with it.

It is important to recognize that there is also great variation regarding beliefs, practices, and attitudes about death within a given culture, as mentioned by several of the authors. On a more macro level, there are differences according to religion, socioeconomic status, region, and urban versus rural setting. On a more individual level, responses to death may differ based on gender, social status, age, quality of attachment to the deceased, and manner of death.

Death-Denying and Death-Accepting Practices

One useful framework for organizing cultural approaches to death is to locate them on a continuum of death-denying and death-accepting orientations. Becker (1973) argued that all cultures are death-denying to some extent, as a key function of culture is to help its members avoid or repress awareness of their own mortality. This is done through a shared cultural worldview that offers hope of immortality, allowing humans to transcend their mortal bodies. This function is often filled by religion; Becker states that “religion solves the problem of death” (1973, p. 203). Many of the chapters in this book touch on the value of religious teachings, specifically those on the immortality of the soul or spirit, in comforting mourners. Some cultures believe there is a certain period of transition of the soul from this world to the next and offer specific actions the living can do to assist the dead in this process. Examples include burying or cremating the deceased with food, clothes, money, and other items to be used on the journey to the other world or recitations meant to help the deceased gain a favorable rebirth.

However, despite the shared function of repressing awareness of mortality, cultures may be death denying to various degrees, and this may change over time.

A given culture likely contains both death-denying and death-accepting elements. Multiple examples of what could be considered death-denying practices are offered in these chapters. The distancing of the individual from death in Western industrialized nations is a frequently noted phenomenon that falls under this category. In such nations, death is more likely to occur in the hospital than at home and families have largely given up care of the deceased's body at home, instead turning it over to the staff of hospitals or funeral homes. Other examples include withholding information about death from children and excluding them from death-related rituals and maintaining silence about the deceased and about death.

There are also numerous examples of practices that may be considered death-accepting. For instance, the inclusion of children in rituals, practices of caring for the deceased's body by family and community, and teachings about the interconnectedness of life and death are examples of this. Of course, there are some cultures in which political conflict and catastrophes have impacted levels of death acceptance and denial. For instance, frequent violence and a short life expectancy in Somal culture and ongoing exposure to violence in Israel and Palestinian territories may make it difficult to deny the reality of death.

The frequently noted fear of the deceased returning to disturb or harm the living reflects the fear and anxiety often associated with death. There are many examples of efforts to strictly observe rituals to prevent this from happening, such as securely tying a corpse in Korea, expressing respect for one's deceased elders in China, and performing a ritual to reunite the spirit with the body in cases of sudden and unexpected death in Mexico. Such tactics may serve as a way to manage death. Efforts to manage or gain some control over death are also reflected in beliefs that death can be foretold in dreams, visions, and by other signs. In the case example from Greece, a mother's deceased son returns in dreams to warn her of impending deaths. Other examples include religious icons falling from walls in Romania, and certain animals in Native American cultures that appear either before or after a death.

Ritual and Its Benefits

A description of a range of death-related rituals is included in this book. Ritual is defined by Denzin (1974) as an act between two or more people that is frequently repeated and is given special or sacred meaning, and that is focused on clearly defined objects. Rando (1985) adds that a ritual may also be done individually, though the focus here is largely on rituals involving a larger number of participants. According to Durkheim ([1912] 1961; 1964), ritual serves as a link between the past and the present, maintaining a collective identity, builds group solidarity and social cohesion, reproduces the existing social order, and maintains a collective identity, all while offering the opportunity for a sacred experience. These functions of ritual can provide a framework in which to explore the death-related rituals described in this book.

The function of linking the past to the present is reflected in many rituals. Adhering to long-standing traditions helps link the living with their ancestors and

can provide comfort during a time of loss by locating the individual within the larger tradition and culture, which also reinforces the collective identity. Chinese rituals focused on ancestor worship are an example of this linkage. This linkage is also reinforced by belief in an ongoing connection between the living and the dead, as noted in many of the chapters. In some cases, it is believed that a deceased family member can intercede on behalf of the living. The ways in which death-related rituals build group solidarity and social cohesion can also be ascertained. This entails including the community in mourning rituals, funeral preparations, meals, and comforting the bereaved. In some cases, charity or the belongings of the deceased are distributed to the community, further reinforcing social ties. The existing social order may be reproduced by reaffirming relationships and the bonds among group members, such as reserving special roles for mourners according to status. Finally, the use of ritual involves a sense of the sacred, either linked specifically to religious teachings or through a sense of spirituality. In the example of traditional Mohave death rituals, mourning practices reflect their narrative of their origins and the idea that death entered the world to reaffirm the importance of life.

Death-related rituals have specific purposes and benefits. They recognize the transition between life and death (van Gennep, 2004), specify what is to be done and when, regulate the handling and disposal of the body of the deceased, and provide appropriate ways to mourn for the benefit of the living (Castle & Phillips, 2003). Examples of marking the transition between life and death include the practice of placing a cross at the place of death in Mexico and the specific steps to be followed before notifying others of a death in Korea.

The function of providing a guide of what to do, and when, is also reflected in many examples. Many cultures have established roles for family members of the deceased as well as community members and accepted scripts for what is to be said to the bereaved. For instance, the immediate family members, local elders, or specified group may wash and dress the body of the deceased. Community members may be expected to give gifts or financial donations. In many cultures, the wider community joins the family in prayers. Failure to fulfill one's duty to offer condolences to the bereaved may be interpreted as hostility or personal insult to the deceased or the family in some cultures.

There are also time frames for immediate mourning and rituals to be completed at specific points in time thereafter (such as unveiling of the headstone, masses on specific dates, or yearly commemorations). Having such guides, roles, and scripts lends structure to a situation of loss, and also provides the opportunity for continued community support over time. This may also help the bereaved accept the reality of the loss and begin the process of separating from the deceased. Specific roles for the bereaved serve to validate their status as bereaved and recognize intimate connections among group members.

Established rituals can also direct the bereaved and community as to how to handle and dispose of the body of the deceased. This may include ritual washing and dressing, a period when the living can view the body, the preferred position of the body, as well as the preferred method of disposal, such as burial or cremation. Among some Chinese individuals, for example, a body is not to be moved for eight hours after death in order to allow the spirit time to exit the body. Jewish and Muslim

traditions prefer burial as soon as possible and have historically had prohibitions against embalming, autopsies, and cremation.

For the living, a key function of death-related rituals is to provide structured ways to mourn and express grief (Castle & Phillips, 2003; Rando, 1985). There are many examples in these chapters that reflect this structure. For instance, mourners may either be encouraged to cry or withhold tears (though there may be different expectations based on gender) and to otherwise express their grief in socially acceptable ways. There is also often a period of immediate mourning, such as 3 or 9 days, during which emotional expression is encouraged and continuous social support is offered, including validation of the loss. In China and Korea, there are rituals that allow the bereaved to settle accounts or convey apologies or gratitude to the deceased, which may bring emotional and psychological relief. There may also be an official end of the extended mourning period when the bereaved more fully reintegrate into life. This is marked in a ceremony at the third year in Korea and by opening the room of the deceased and performing a cleansing ceremony of the bereaved among the Bakalanga. Such rituals help mark the transition of the bereaved back to the world of the living, and reaffirm family and community ties. Additionally, according to Rando (1985), the time-limited nature of rituals can offer safety and structure to the bereaved, allowing for more effective emotional regulation during a time of high emotional intensity. Validating the existence of the deceased and the loss for survivors is another way that death-related rituals can help the bereaved (Rando, 1985).

The chapters in this book also illustrate a number of factors that can complicate grieving or affect mourning.

“Good” and “Bad” Deaths

Across many cultures, there is a sense that some deaths can be considered good, while others are unnatural, abnormal, or otherwise considered bad. A good death is often death at an advanced age, after a full and meaningful life. On the other hand, examples of unnatural deaths include being unmarried upon death in Romania, death by suicide, accident, or other unnatural means in Korea, sudden and unexpected deaths in Mexico, and the death of a child before a parent in many cultures. While some cultures may meet such deaths with avoidance and simplified mourning rituals, other cultures may take additional steps to recognize this form of loss and to bring peace to the spirits or souls of the deceased. For instance, in Mexico a healer may perform rituals to protect the spirits of victims of unnatural deaths and allow them to find peace. In Romania, a ceremony is held each year to recognize victims of unnatural deaths and to help their souls reach the afterlife. Additionally, symbolic wedding ceremonies are performed for unmarried children in Romania (marriages with nature) and Korea (ghost marriages). Even in cultures that do not hold tightly to such notions of good or bad deaths, it is recognized that sudden, unexpected, and violent deaths are often associated with more difficulties in grieving and adjusting after the loss.

Historical Trauma

A related issue that appears in many chapters is the impact of historical and present-day trauma on grief and mourning. Unfortunately, examples of this abound. For instance, violence and civil war beginning in the 1990s in Somalia led to thousands fleeing the country, and those who remain often live in poverty. As noted in the chapter on this culture, an entire generation has come of age knowing nothing but conflict, trauma, and tragedy. The loss of infrastructure in the country and an increase in mortality rates has led to changing death-related practices. For instance, some traditional rituals may go unperformed due to war, natural disaster, or other catastrophic events. While burial as soon as possible is still sought, the traditional 3-day mourning period may not be observed, as survival needs take precedence. In many cases, the ability to grieve is negatively impacted, as is illustrated in the case example in which a loved one died while involved in the civil war. Because of government surveillance and tensions, full expression of mourning and grief was not possible. This chapter also demonstrates the impact of cumulative losses and how this can affect the grieving process, as well as difficulties in grief encountered by those who have moved away from their homeland and lack the traditional forms of support.

In Israel, continued exposure to politically motivated violence, such as bombings in civilian areas, has led to the creation of a special Orthodox group to recover body parts and care for the remains of Jewish victims in accordance with Jewish law. A series of conflicts since its establishment as a state has also resulted in a great deal of focus on the military and to the parents of fallen soldiers, and to a *bereavement culture* that includes monuments and holidays for soldiers and victims of violence, a glorification of military sacrifice, and more opportunities for extended and public mourning. The impact of the Holocaust on the national consciousness and individual grieving should also be noted.

Large-scale displacements in Greece and Turkey at the end of the Greek–Turkish war in 1922 and mass killings of Greeks in the Black Sea region around the same time are other examples of historical trauma that continues to have an impact. More recently, the Greeks have had to contend with an economy that was devastated by the global financial crisis, leading to a sharp increase in suicide rates. In Korea, historical trauma in the form of government-sponsored killings in 1948, deaths in the Korean War, and the separation of families by the division of North and South Korea have influenced the national consciousness and affected responses to loss.

Historical trauma inflicted by European colonizers upon indigenous communities in Australia, Canada, and United States has resulted in a legacy of intergenerational trauma among these groups. In many cases, indigenous populations were dramatically reduced due to the intentional or unintentional spread of disease. The removal of indigenous children from their homes in the United States and Australia has led to a loss of cultural identity and integration for children, and a break in the transmission of culture. The negative effects have been noted in the form of substance abuse, health problems, and high rates of suicide. However, as noted by the authors of the chapter

on Native Americans, the full impact of historical trauma is not yet fully understood. However, it is remarkable that many indigenous groups have preserved their traditional sense of spirituality and death-related rituals in this context.

Ambiguous Loss

Another way in which grieving and mourning may be impacted is through ambiguous loss, which is depicted in the chapter on South Korea. Ambiguous loss results when there is ambiguity as to whether a loved one is dead or alive, such as when someone in the military goes missing (Boss, 1999). The ambiguity as to the status of the missing person can halt or slow the grieving process, delay important decisions, and result in impaired coping and lack of closure. Individuals dealing with ambiguous loss must live with a paradox in which the missing loved one is both absent (physically) and present (psychologically). In Korea, numerous families were separated by the division of the country. Many members of the military went missing and their status was never confirmed. Heavy anti-communist ideology in the South meant that families had to suppress their grief when loved ones went missing or defected to the North, and family members were discouraged from trying to determine whether their loved ones were dead or alive. Despite attempts to reunite families from the North and South in the 1980s and to search for the missing, many individuals were not located and ambiguous loss remains a reality for many families.

Disenfranchised Grief

There are many examples of disenfranchised grief in this book. Disenfranchised grief is defined by Doka as “grief that persons experience when they incur a loss that is not or cannot be openly acknowledged, publically mourned, or socially supported” (Doka, 1989, p. 103). Grief may be disenfranchised when there is a lack of recognition of the relationship between the bereaved and the deceased, when the loss or the state of being bereaved is not recognized, when a griever is excluded from ritual or discussion of the death, or when the circumstances surrounding the loss are stigmatized.

In the detailed case example from the Bakalanga tribe in Botswana, a widow experiences disenfranchised grief due to lack of recognition of her status as chief mourner when her former husband dies unexpectedly. She is not notified of the death in a timely manner, and family conflict leads to her exclusion from certain roles in mourning and burial rituals. For instance, the elders do not perform the traditional ritual to protect a widow, even though Bakalanga tradition recognizes divorced spouses. This case study illustrates the emotional pain and challenges that accompany disenfranchised grief, and includes some culture-specific strategies for

healing, including modifying traditional mourning rituals. Notably, support and the simple act of having her grief and status as a mourner validated was immensely powerful for the widow in this case.

Other examples of disenfranchised grief can be seen in the restricted expression of grief and mourning of families who lose a loved one to suicide or other unnatural deaths in Korea, in the silence around death exhibited by adults in the presence of children in China, and in the lack of recognition of the impact of infant deaths until recently in Western culture.

Deaths of Infants and Children

Across cultures, the deaths of babies or children are often handled differently from the deaths of adults. In Mexico, deceased children are considered *little angels* and receive a more modest ceremony. In Korea, a family may not attend a funeral for a baby who dies, due to this being considered an unnatural death. In Western culture, the deaths of babies have often been considered reproductive losses and the impact on parents and families has been minimized. The chapters on the United States, Australia, New Zealand, and Canada illustrate some of the trends in Western countries toward improving bereavement care for families after the death of a young child. Many of these chapters also offer touching case examples about the impact of this often-overlooked and marginalized form of loss.

Such efforts include heightened sensitivity on the part of providers and hospitals, recognition of the need to mourn, the need to offer parents choices and information, the provision of psychosocial and spiritual support, and the importance of making memories with the baby (such as photos and hand/footprints). The need for attention to differences among cultural groups has also been highlighted. Efforts have also drawn attention to the fact that there often are not accepted social scripts for others to follow after the death of a baby, which has become a relatively rare event in Western countries. However, it is also noted that many indigenous groups have higher infant mortality rates compared to other populations. The chapter on New Zealand also illustrates the trend of caring for the bodies of deceased babies at home and the positive impact this can have for families. These chapters reflect the importance of being able to mourn fully after the death of an infant. Additionally, the chapter on Canada draws attention to the need for support among nurses and others working with families after perinatal death. The model proposed by the author attempts to restore connection, mindful presence, and relationship in otherwise medically focused, results-oriented, and impersonal hospital settings.

Despite these efforts, many challenges remain. These include the lack of training and education in many settings, inconsistent follow-up care from different institutions, lack of support for fathers, same-sex partners, other family members, and lack of knowledge about minority cultural groups and how to best assist them when an infant dies. Additionally, there is a lack of consensus on what constitutes a perinatal death or stillbirth, hindering efforts to gather accurate data and create appropriate

policies. Interestingly, the Maori do not distinguish based on gestational age and use the same word to refer to any unborn child as to a living one, unlike in many Western cultures where the terms “fetus” and “baby” are typically used.

Impact of Secularization and Globalization

One widely noted trend is the impact of secularization and globalization on death-related rituals. Though this trend has strongly affected Western cultures and urban areas, other nations and rural areas are not immune. Associated changes include greater adoption of Western styles of mourning, decreased adherence to cultural or religious practices, and shortened and simplified death-related rituals. For example, many cultural groups no longer observe the traditional period of extended mourning and may condense processes that used to last a number of days into just 1 day. Practices noted in these chapters that are less widely practiced include the wearing of certain colors to signify bereavement, the practice of cutting hair or refraining from cutting hair, keeping candles lit or remaining at home for a specified length of time, saying certain prayers, openly crying at funerals, and avoiding speaking the name of the deceased for a period of time.

However, even as adherence to religious traditions is on the decline, a sense of spirituality may persist in death-related rituals as mourners seek new ways to engage in ritual. Changing practices may also be driven by population increases. For instance, the widely accepted practice of burial has been replaced with cremation, due to limited land availability and government policies.

Other changes related to globalization seem especially concerning. For instance, an increase in suicide rates in Korea is noted to be a result of changes related to industrialization. Particularly vulnerable are elders, who often no longer have the emotional and financial support from family they once enjoyed. Also at risk are teens, due to heavy pressure to succeed academically in a technology-oriented society. In some instances, entire families complete suicide together. An increase in this form of stigmatized death translates into more families suppressing their mourning and experiencing disenfranchised grief.

Many chapters note the physical distancing of death that has occurred in many Western cultures. The fact that in many countries most deaths occur in a hospital or other institutions, rather than the home, the lack of involvement of family members in caring for the body of the deceased, the increased commercialization of the funeral industry, and the practice of grieving through online social media outlets have all contributed to this distancing and to the denial of death.

The shortened period of time dedicated to mourning may be one of the more adverse effects of industrialization and globalization. In many cultures, the traditional immediate mourning lasted days or weeks, with the recognition that mourning continued in the months and years ahead and that continued social support was needed for the bereaved. Such extended mourning rituals and timeframes are often incompatible with current workplace demands. As a result, employees generally

receive only a couple of days of leave for bereavement after the death of immediate family members. At the same time, a decrease in the amount of social support received after loss has been noted. While there may be an outpouring of support immediately after a death, the support dwindles over time and often does not adequately meet the needs of the bereaved. This is concerning because, as noted in the chapter on Canada, perception of social support after death may be associated with less intense grief reactions.

Culturally Appropriate Bereavement Support

Perhaps as a reflection of the changes noted above, many of the chapters highlight the need for culturally appropriate sources of bereavement support. While it is common in many Western cultures to seek help from mental health professionals or support groups, other cultures prefer to rely more on family, religious leaders, and community, and there may be stigma associated with seeking professional help. Some individuals may seek help for somatic concerns from health practitioners. For example, the chapters on Mexico, the Bakalanga, and Native American culture recognize the physical distress that can emerge if grief is suppressed.

As noted by the authors of the chapter on Native American culture, many grief-related interventions focus on the individual and are perceived as too manualized and as lacking important spiritual elements and a holistic view of the world. As a result, such interventions are inappropriate for many Native Americans, whose culture values a relational outlook and emphasizes seeking support through the extended family, community, and tribal elders. The authors call for a greater understanding of Native American cultures, practices, and strengths, such as the use of oral tradition to tell stories and the use of humor in coping with loss. They also note that any additional support offered must be compatible with, and incorporate, existing practices and beliefs.

In some cases, changes in family and economic structure have led to more individuals experiencing bereavement-related difficulties. While professional help was not traditionally sought in Korea, the authors of this chapter suggest educating and training professional helpers and religious groups in providing care in this cultural context, which has seen increases in suicide rates and reduced adherence to traditional mourning rituals as a result of industrialization. Specific needs identified in this culture include helping families reconcile relationships before death and adapting ancient rituals that help the bereaved settle accounts with the deceased for use in a modern context, both with the hope of reducing the burden of guilt experienced by survivors. Additionally, the authors call for efforts to reduce the stigma around suicide and other deaths considered unnatural, which has led to suppressed mourning, lack of social support, and other detrimental effects on survivors. They note that offering a way to mourn a death, even years later, can be beneficial.

Among Chinese populations, the need for practitioners to understand the value of family, filial piety, and ancestor worship in bereavement, even amid rapid indus-

trialization, is emphasized. In other cases, adaptations within the culture are sought. For instance, strict gender roles and segregation among Muslim Somali prevent women from seeking support from religious leaders, which is an accepted source of support for men. The author of this chapter calls for training women to help support other bereaved women, thus offering culturally appropriate support.

The concept of finding meaning after the death of a loved one outside of a larger shared traditional or religious framework is prevalent in many Western countries. Declining rates of religious belief and adherence leave many bereaved individuals without such a framework in which to make sense of the loss. However, this is not the case in all cultures. For instance, faith in God among Orthodox Christians in Greece may make the question of *why* less pressing. In Islamic cultures, belief that Allah predetermines each individual's death and that humans should submit to His will likewise discourages asking this question.

The importance of understanding the mourning customs, grief expressions, and cultural traditions is important for mainstream practitioners working with individuals from minority cultural groups in order to avoid pathologizing grief reactions.

Conclusion

The chapters in this book illustrate a rich variety of death-related rituals, some dating to ancient times. Many individuals and communities find great comfort by engaging in these rituals. However, changing social and economic conditions may lead to other individuals finding less meaning and value in traditional rituals. The drive toward personalized funeral services and individualized mourning practices in the United States and other countries may reflect that traditional rituals have failed to meet the needs of mourners. This seems especially likely given the decreased adherence to religious traditions and beliefs in many Western cultures. For some mourners, traditional rituals may not seem appropriate based on the beliefs of the deceased, or are not perceived as aligning with the worldview and beliefs of survivors. Thus, many are seeking to create their own death-related rituals.

However, even in cultures in which there is greater adherence to traditional beliefs and practices, there is a risk that those who are excluded as a result of rigid roles or due to stigma around certain types of death will experience a lack of support and difficulties in grieving. This is illustrated by the case example from China. Even though China has elaborate death-related rituals, they did not seem to benefit the young girl who was not prepared for the death of her father and around whom adults avoided discussing the death due to cultural taboos.

Despite the limitations on the benefits of ritual and their changing nature, rituals will likely remain an integral part of coping with bereavement across cultures. While recent decades have seen dramatic changes in death-related rituals due to globalization and secularization, it is important to recognize that such rituals have been changing for thousands of years. In addition, many chapters note that despite adaptations, key traditional aspects have been retained. Thus,

the changing form of rituals is not necessarily a negative phenomenon. Human beings will likely continue to take active roles in adapting death-related rituals to meet their needs in new contexts. Ideally, adaptations across cultures will be in the direction of understanding the value of mourning and the open-ended timeline for grief, recognizing the need for ongoing social support for the bereaved and the value of continuing connection between the living and dead, and extending opportunities to grieve for those bereaved by stigmatized forms of death or who have traditionally suffered disenfranchised grief or other complications in the mourning and grieving process.

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