

CROSS-CULTURAL ASPECTS OF BEREAVEMENT. II:
ETHNIC AND CULTURAL VARIATIONS IN THE
DEVELOPMENT OF BEREAVEMENT PRACTICES

ABSTRACT. Despite a growing interest in bereavement in cross-cultural perspective, few reports have described a comparative analysis of bereavement. By examining the social contexts in the transformations of Western bereavement practices, structures common to bereavement in a range of cultures can be identified. The paper compares the contemporary bereavement practices of several ethnic and cultural groups in North America: Blacks; ethnic Chinese; Southeast Asian refugees; Haitians; Italians; Greeks; and Spanish-speaking groups. Consideration is given to the state of widowhood in different cultural systems. The impact of modernization among traditional societies demonstrates that even though Western technologies are incorporated into the procedures followed by these modernizing societies, the deep cultural code remains intact.

Five questions require further clarification: is bereavement an illness, or a *rite de passage* and a normal life event? How widespread and useful are protective factors, such as group support, that facilitate successful resolution of grief? How effective are mourning practices of various ethnic groups in preventing "bad grief", and might some of these practices be beneficial if taken up by other ethnic groups? How can the Western health practitioner know that a bereaved person from an unfamiliar cultural group is suffering "bad grief"? How acceptable is Western grief counseling to non-Western clients?

INTRODUCTION

Bereavement practices vary from culture to culture, but for many years most people assumed that certain practices were common throughout the world. Researchers are only now learning about the variety of practices and their implications for health issues. As the understanding of Western observers and health professionals grows, those concerned with the health of non-Western patients will be better able to recognize the signs of atypical grief and respond accordingly.

A complete study of bereavement in different cultures and the impact of bereavement on health would involve the disciplines of medicine, psychiatry and anthropology. Few researchers have attempted a full documentation and integration in this area, but there are several studies that have clarified the issues and problems.

A society's particular bereavement practices can be described in static terms as a *synchronic* analysis, the description giving the outsider a frozen picture of a living culture. But to understand accurately the meaning of these practices we must have several pictures over time, for bereavement practices reflect the evolving state of the culture. This *diachronic* analysis can demonstrate that

contrary to what is expected, many of the superficially divergent cultural norms of bereavement are signposts to an historically common deeper structure. Any set of practices, when properly decoded, will reveal the cultural history of the social group in question. By reconstructing how particular practices might have come to be followed, we can understand when an apparent deviation is a later step in the evolution, a reversion to an earlier form, or perhaps a sign of pathological grief. Our perception will, of course, determine our response as mental health professionals.

As an area of cross-cultural study, the study of mourning has only recently attracted researchers. We shall begin with a brief look at the theoretical frameworks, followed by an outline of the historical development of Western mourning practices. An offshoot of this form is the Puritan definition of mourning, which becomes the core cultural practice in the United States. To demonstrate the importance of cultural interaction in this area we shall then examine the practices and problems of several immigrant groups. Finally, we shall look at the changing practices of two groups subjected to Western influences within their native lands: the Gusii of East Africa and the Yolngu of Australia.

HISTORY OF DEATH

Two contributions to the philosophical history of death in the West stand out. In his survey, James Carse (1981) lays out ten sequential steps, whereas Jacques Choron (1963) offers no fewer than twenty-six. Other writers have also contributed; John Dunne (1978) offers a theological and mythological history, and Lloyd Bailey, Sr. (1979) traces the continuities and contrasts from ancient to intertestament and then New Testament literature.

Like the ancient Egyptians, the pre-Socratic philosophers were troubled by death and by the transitoriness of life. With Socrates came the idea that "death may be better than life". It is with Plato and Platonism that we first find death expressed as change and knowledge. In *Phaedo*, Plato argues for immortality: the soul existed before birth; there are eternal and immutable "forms", and the soul is one of them; the soul rules the body; the soul is simple incapable of dissolution, and cannot change, begin, or end; the soul, whose essence is life, cannot be conceived of as dying. Of course, these ideas might have dispensed with the philosopher's fears regarding the mortality of one's soul, but they hardly deal with the ordinary man's fear that his body is going to die. Nor could these ideas soften the grief of the surviving relatives.

During the time of Epicurus, there was social chaos, and people were terrified of and misunderstood death, for two reasons (Carse 1981). First, in line with Platonic thought, the bereaved thought that the immortal soul of the deceased

would be subject to punishment by the gods for their wrongdoings. Second, the bereaved were reminded by the death to realize that their own future was unpredictable. Epicurus did not try to reassure people that they would not die. On the contrary, he suggested that it was the very grief experienced by the survivors that was "the living death". He advocated that a positive pleasure could be achieved from the elimination of desire for the future, by living in the present, and leaving one's death to the future.

Jack Goody has taken the fact of death as a key focus around which all of human culture develops. Goody refers to the conceptual aspect of death (which roughly corresponds to the anticipation of death, the ideology) and the organizational aspect of death (corresponding to the actuality of death, the interment) (Goody 1975). According to Goody, the tools by which we reconstruct past ideologies of death include "the literary reflections of priest, poet and philosopher" (none of which necessarily represent the views held by the ordinary man), the will and spiritual testament (which, as Goody notes, originally were concerned not only with the disposition of property but also with the fate of the soul), the analysis of grave goods, and tombstones:

The impetus is to preserve some material memorial of the dead, part of his Physical being, then an object such as the stool he sat on, imbued with his body dirt, and therefore his personality, and subsequently (with the development of plastic and graphic techniques) the shift to abstract or figurative artifacts representing the individual . . . At earlier stages, the physical memorial was both a place of communion as well as one of simple commemoration; it was a place for propitiating the ancestors rather than a mere cult for the dead.

The nature of the physical memorial varied from the ancestral tablets of traditional China to the stools of Ashanti, the clay pots of the Tallensi to the simple anthropomorphic shrines of the LoDagaa, and the completely naturalistic heads of bronze that played a part in the worship of royal ancestors in Ife and in Benin.

Goody cites Vovelle and Vovelle (1969), who noted how these material objects can be used as indices of changing social attitudes. For example, in Provence, between the fifteenth and twentieth centuries, there was a shift in the iconography of altarpieces of chapels for souls in purgatory. During the nineteenth century, the souls in purgatory ceased to be regarded merely as receiving the prayers of the bereaved, but as mediating on behalf of the bereaved.

Goody goes on to demonstrate how the funerary ritual also sums up the past history and social relations of the man who died: "The obituary is acted out." But Goody's main interest here is in the transfer of exclusive rights, both of property and of roles and offices, between the deceased and the bereaved. Goody looks at such transfers at two levels, the relational level, and the wider level of the transmission of the means of production. He shows that, on the relational level, tensions such as ambivalence between the deceased and the bereaved, will vary with the particular mode of transmission of property and

rights. In those societies where succession occurs at death, the funeral is a time of potential "conflict" between the deceased and the bereaved close kin successor, especially in societies such as those of modern Europe, where dynasties were narrow. The balance of interfamilial tensions is shifted in ways that are seen in the funeral ceremonies, or in less formal bereavement behavior.

The conclusion is that present day Western funerals have lost their significance because

. . bereavement is more personal and less a matter for joint participation, given that local ties are limited by frequent change of residence (mobility), by the diversity of work (division of labor, participation in different enterprises), and sometimes by the deliberate search for anonymous neighbors that marks many urban areas. The lack of *communitas*, of *gemeinschaft*, the growth of individualism, involves a certain withdrawal from each other's personal problems including their deaths and their dead, unless these occur within the context of national calamity.

WESTERN PRACTICES OF BEREAVEMENT

The assumption is often made that even though mourning practices are not the same throughout the world, probably the practices are fairly uniform in the Western world. This too is a false assumption. A brief history of mourning rituals in the Western world will illustrate their specificity and help us recognize the differences demonstrated by non-Western immigrant groups.

One of the most graphic accounts of Europe's mourning codes has recently been provided by Lou Taylor (1983), in her costume and social history of mourning dress. She notes that in Britain by the middle of the nineteenth century, the bereaved (and women in particular) were terrified of being publicly shamed by their failure to carry out the etiquette of death correctly. Even the poor were gripped by these obligations.

Burials of the poor were frequently delayed while the relatives struggled to raise the money for a respectable funeral. Most working-class burials were conducted on Sundays . . . to the dismay of the rest of society, which condemned this practice as desecration . . . A pauper funeral — a funeral paid for by the local parish — was regarded as a mark of deep dishonour not only because of its lack of dignity but also because of the disgrace it brought upon the family of the deceased and the community as a whole.

This point echoes the heroic efforts made by newcomer ethnic groups to conduct their funerals in a culturally appropriate fashion.

A major transformation in these practices occurred as a result of the First World War. This transformation was crucial in two ways — first, it has strongly dictated our current mourning practices in the West; and second, it illustrates how the slowly evolving social process of mourning, and its psychological counterpart of grief, each undergo an abrupt transformation as a result of a

cataclysmic event such as a war. During the slaughter, the survivors gave up the complicated ritual of wearing full ritual mourning dress. As Taylor puts it, "The sight of millions of women of all ages shrouded in crape would have been too much to bear." And after the war, women had no desire to return to their previous modes of restricted behavior, and certainly did not wish to revive the high Victorian mourning etiquette. But when the whole society came under symbolic threat at the time of a royal death, the old Court Mourning regulations provided a symbolic and atavistic expression of these fears of the society's death. The symbolic threat was psychologically easier to accept than the reality confronted during the war.

In his Francocentric psychological account of the history of death in the West, Philippe Aries (1975, 1981) points to another related development. In premodern early days, either the dying man was aware of his fate or others were expected to warn him. A papal document of the Middle Ages mandated that this task be performed by the doctor. The role was renounced by the doctor in the eighteenth century. In the nineteenth century, the doctor spoke only when questioned, and then somewhat reticently. This change coincided with the development of family feeling, and death became more of a family affair. The dying man presided over his own death. His room was filled with people, to each of whom he bade farewell in turn, asking their pardon and giving his blessing. It is noteworthy that, rather than being excluded, children were explicitly included in this family process.

Aries (1974) contrasts this with today:

Nothing remains either of the sense that every person has or should have of his impending death, or of the public solemnity surrounding the moment of death. What used to be appreciated is now hidden; what used to be solemn is now avoided (p. 138).

He draws the corollary: society forbids the living to appear moved by the death of others. This is a new development. During the Middle Ages, hardened warriors or illustrious sovereigns openly expressed their grief. Beginning in the thirteenth century, the demonstrations of mourning became ritualized and lost their spontaneity. Professional mourners were employed until the seventeenth century. This meant that society imposed a period of seclusion on the family, allowing it to shelter its grief from the world until the pain was alleviated. In addition, the seclusion prevented the survivors from forgetting the departed too soon. In the nineteenth century, this seclusion tended to become voluntary rather than dictated, and was transferred from the physical level to the moral level. "It served less to protect the dead from oblivion than to emphasize how impossible it was for the living to forget them and to live as they had before". (Aries *ibid.*) Aries views this increase in family feeling, combined with the traditional concept of seclusion, as making mourning a right to demonstrate extreme

grief, in defiance of conventional proprieties of the time. Against this background, he explains the new war-engendered twentieth-century prohibition against the display or even the experience of grief.

This brief history should illuminate the present-day practices of "bereavement leave" in Western societies. Through their leave policies, employers explicitly define the legitimate period of acute mourning when one is relieved of one's work obligations without penalty (National Academy of Sciences, in press). Furthermore, these policies are a fairly finite marker of the degree to which the bereft individual is regarded as a person with his own needs beyond his "corporate" identity. In addition, the uniformity of these policies indicates the extent to which employers have failed to recognize the distinct needs of different ethnic groups. It is conceivable that premature shunting of some employees back to their desks might cause positive harm.

In a recent study, Lois Pratt (1981) examined the development, within commerce and industry, of norms and practices for the most efficient use of time, and found that these have had an effect on another area of social life, bereavement. She found that "time off" is used by business as a framework for the situation of the bereaved worker, giving emphasis to time prescriptions as a basis for organizing death work and extending business time conventions to bereavement practices and funerary rituals. Pratt concludes that through this process, bereavement has taken on the meanings of the business system, reflecting a social order based on businesslike management of time. I want to suggest that from the anthropological frame of reference, business corporations are an intriguing "model" of a society within a society, and here the bereft employee has two grieving identities. First, the employee has his own identity located within the corporation of the broader society and in particular as defined by his ethnic group within that multicultural society. In addition, there would appear to be a more specific identity which exists within the corporate firm. Perhaps when the bereaved employee is expected to return quickly to his desk, the Assumptive Worlds of two identities are not in accord, and he becomes at risk of adverse health consequences.

Pratt's findings are made even more intriguing when one considers the policy of the United States government toward "bereavement leave" for its own employees. In the event of a death in the family, one's entitlement to annual leave may be used. If the deceased family member was in the military, then the relatives are permitted up to three days special "bereavement leave". A forthcoming National Academy of Sciences Report (1984) notes acerbically that

it appears from this policy that the government believes that military personnel are likely to be away from home when they die, but that others will be at home. And yet one's elderly parents are just as likely to be away.

In considering the possible basis for this positive discrimination in favor of military families, we might look beyond the obvious though conjectural explanation — since the deceased gave his life for his country, his country awards the family special consideration for having taken him away from them. Perhaps the “warrior”, who like the king is defender of the tribal group, is regarded as a special category. An alternative explanation is that even the death of an individual warrior like that of a king poses a symbolic threat to the safety of the social group.

Aries' survey of death rituals and mourning practices in the West leads him to an intriguing observation. He posits a class-related elimination of death consciousness in the West, and argues that the elimination of death from familial communication goes hand in hand with the high priority given well-being and material consumption in industrial societies. At the same time, this attitude meets with resistance in certain geographic areas and in social classes where modernity has not become a major issue. The denial of death as exemplified by American funeral rituals has been graphically described by Evelyn Waugh in *The Loved One* and more recently by Jessica Mitford in *The American Way of Death*. The dead are embalmed and viewed in slumber rooms; they are made to appear almost living. But do these practices enhance or diminish the grief work by the bereaved?

This pattern of mourning is found in one degree or another in Western societies throughout the world, but there are important variations and transformations within individual societies, and these in turn interact with the practices of entering groups and societies. The Puritans are an example of the variation within Western culture, and groups such as Greeks, Hispanics, and Southeast Asians are examples of groups inevitably influenced by the Puritan practices as evolved in the United States.

Puritans

The attitudes toward death and bereavement in Puritan New England are at the heart of bereavement practices in the United States; relate the ideology of bereavement to the ideology of individualism (a point already hinted at by Goody); and demonstrate an unexpected historical continuity between bereavement in the United States and bereavement in Europe.

The key writer on the subject is David Stannard (1975, 1977), who has utilized poetry, tomb sculptures, diaries, schoolbooks, religious tracts and sermons, and official legislative records to trace the development of bereavement practices in early New England. Standard's account begins in medieval Europe. Drawing upon the work of Vovelle (1969), he identifies the importance of the changing role of purgatory. In the Middle Ages it was believed that the prayers

and activities of the living could shorten the period that the deceased would have to spend in purgatory, and the cultural code of the rituals surrounding death reflected this belief (Stannard 1977). At the same time, these rituals became subject to abuse, an abuse that worsened by the time of the Renaissance. Thus, with the Reformation, Martin Luther attacked Catholicism's crass "corruption" of bereavement. The Reformers believed in predestination, which meant that there was little point in conducting an elaborate funeral, since the future of the deceased had already been determined during his lifetime. Stannard notes:

Whereas St Thomas Aquinas had felt the need to argue vigorously that there is indeed to be an eventual resurrection of the body, and a reunion of the 'selfsame soul' with the 'selfsame body,' to the Puritan, [Englander and New Englander alike] the soul of the dead person had flown to its appointed fate, and the corpse that remained behind was but a meaningless husk.

This belief further diminished the need for an elaborate funeral. Indeed, the Puritans developed a strict code of bereavement in response to these beliefs. Embalming was forbidden, and the funeral ritual was to be simple. There was to be no eulogy. Wealth was to be spent on the living rather than on the dead (funeral expenses could consume 20 percent of the deceased's estate). Overt expressions of grief were to be kept to an absolute minimum.

This austerity in mourning practices raises an intriguing question: how did the American funeral ritual (reflected in the burgeoning funeral industry) then develop to outstrip the European equivalent? Stannard provides an ingenious answer to this question. He draws upon the thesis proposed by Gordon Childe, who analyzed the archeological evidence concerning funerals over a period of fifty thousand years. Childe proposed that funeral rituals become less elaborate and extravagant when societies become more settled and culturally and materially stable, and conversely more elaborate and important when the community's existence is threatened (Childe 1945). Stannard noticed that this is exactly what happened in New England during the 1650s. The most important leaders of the colony died, and the civil war in England led to an era of religious toleration.

Few things were as alien to the Puritan conception of doctrinal righteousness as toleration . . . so that now . . . New England became . . . not the vanguard of Protestantism, but an isolated remnant (Standard 1977).

The New Englanders sensed a mortal threat to their cultural survival, and they thus began to reintroduce the very expressions of mourning that they had so carefully expunged in an earlier time. Indeed, the rituals became so extravagant in Boston that laws had to be passed to prevent this rebound of excesses (Pike and Armstrong 1980).

The Puritans left a set of practices and a code of behavior that we now can

read for an understanding of the history of the group. But they followed one other practice that implicitly or explicitly is inevitably followed in modern America. The Puritans went beyond forbidding excessive grief among their own members and tried to impose this belief on the surrounding Indian Tribes. Stannard cites an instance in which some Indians tried to emulate the Puritan occupants of their land, and succeeded in their austerity until, following a very simple burial,

they withdrew a little from the place, and went all together and assembled under a Tree in the Woods, and there they desired one *Tutaswampe* a very hopefull *Indian* to pray with them; now although the *English* do not usually meet in companies to pray together after such sad occasions, yet it seems God stird up their hearts thus to do (Sheppard 1648).

This early example of attempts to impose codes of bereavement behavior upon an unempowered society or ethnic group has been repeated time and again, and is echoed, for example, by the several cases given by Kalish and Reynolds (1981) of funeral directors forbidding Mexican Americans from taking their time in expressing their grief in their own way, even if that might mean climbing into the open coffin or jumping into the grave opening. Like the poor in the nineteenth century in England, the Indians struggled to maintain a practice of mourning that represented their standards and their values. This struggle reappears with varying consequences among the different immigrant groups in the United States.

I want to emphasize one specific implication of this historical survey of death in the West, an implication that arises largely from Aries' perspective — the medicalization of death, and the possibility that the best of healing intentions could lead to the worst of therapeutic results. Where we have health systems in multicultural settings, the doctor may not be aware of the culturally prescribed rituals and behaviors of his patients and their families. The dramatic behavior, for example the *ataque* of the bereaved from many Mediterranean societies, the communication with the dead carried out within many non-Western societies, may threaten the young doctor, especially if in the course of his training in Western medical schools he has been enculturated into professional ways of politeness. Further research is indicated to understand the role of cultural influences upon the gap between the bereaved family and the health system, and to seek ways that are culturally appropriate of "negotiating" this gap.

A Caveat

The present account of the historical denial of death may seem paradoxical: after all, there is the rapidly expanding literature on and general awareness of

death. According to a recent estimate, over 500 high schools and 2,000 colleges in the United States are teaching courses on death and mourning (Hollingsworth and Pasnau 1977: xvii). Geoffrey Gorer's (1965) "pornography of death" has lost its intensity since the 1960's, but despite the profusion of how-to books inspired by Elisabeth Kubler-Ross, many people still feel a strong aversion not only to the dead, but also to the bereaved relatives. The community may pay lip service in allowing the bereaved to express sadness for as long as necessary, yet actually be ambivalent about tolerating the bereaved who does so. Perhaps we should remain skeptical that the Kubler-Ross books and their progeny have had an impact on the bulk of American society (the minority of helping professionals and educated, upper-middle-class elite excepted).

The development of models of bereavement may increase the distance between health professionals and their clients. The schemata of the stages of bereavement can be useful. But the danger is that they may be used indiscriminately as a prescription for management, when there is a vast class-related or cross-cultural chasm between client and provider.

For example, the schemata devised by Western thanatologists describe the normative stages of the grief process of Westerners. Yet more than three-quarters of the world's population are non-Western. In cross-cultural work it may be quite inappropriate for a health worker to try to confront, say, a Chinese patient who is apparently unaware of his or her psychological pain or to try to transpose notions of denial. The indiscriminate application of Western models of grief to other ethnic and cultural groups is an example of Kleinman's (1977) "category fallacy".

ETHNIC GROUPS

Introduction

Schermerhorn (1978: 12) has defined an ethnic group as "a collectivity within a larger society having real or putative common ancestry, memories of a shared historical past, and a cultural focus on one or more symbolic aspects defined as the epitome of their peoplehood . . . A necessary accompaniment is some consciousness of kind among members of the group."

A bereaved person's ethnicity is determined not only by the person's country of origin, but also by who he says he is, what he does, with whom, and how he feels about it. An important distinction has been drawn between behavioral ethnicity and ideological ethnicity (Stein and Hill 1977: 14). As noted by Harwood (1981), behavioral ethnicity means that the person has learned distinctive values, beliefs, behavioral norms, and languages that serve as the basis of interaction within the group and also of participation in mainstream social

institutions. By contrast, ideological ethnicity is based on customs and belief systems that are not fundamental to the person's daily life. Thus, a bereaved working-class Hispanic person is obviously immersed in his cultural group and cultural system, but, in contrast, a third- or fourth-generation upwardly mobile assimilated middle class Jew or Italian may choose to identify with his Jewish or Italian ethnicity only during or after certain life crises. Ethnicity entails, among other things, the use of a cultural system to make sense of the world, including its sufferings. Under usual circumstances, people take what Geertz (1973) termed a "commensense" perspective of life. When "shocked" (Schutz 1970: 254–5), one can be forced to break from this commonsense perspective. Given the stress of bereavement, acculturated Americans can temporarily "shift back" to their ethnic roots; not so much a pathological regression as an adaptive shift.

Bereavement in the form of loss of a parent can prompt such a shift, for two reasons. In the first place, the death of a parent has immediate social consequences, since the bereaved must assume a set of social obligations as prescribed by his ethnic group. Even though he may not regard himself as anything more than an ideological member of the ethnic group, he may be forced to declare his ethnic allegiance in public, by observing a prescribed ritual. Second, the death of a parent can be a threat to the survivor's sense of continuity with his past, and in such a crisis the bereaved may be drawn closer to the ethnicity of his parent. This can be caused by a combination of the mechanisms of grief work: an upsurge of guilt for not living up to the ideals of the deceased may be followed by attempts at reparation by coming closer to the ethnic group; identification with the deceased may lead to a period of taking on the deceased's beliefs and behaviors; and the sense of loss and depression may be partially filled by immersion in the ritually and socially prescribed supports offered by the ethnic group.

Differences in behavioral ethnicity give rise to variations in the public expression of mourning. But there is a deeper level of analysis, missed by both the usual demographic and behavior analysis. Differences in ideological ethnicity will give rise to differences in the private experiences of grief.

Another problem in ascribing a bereaved person to a particular ethnic group is that there may be far more variation within the group than between groups. American ethnic groups have a shared historical tradition that encompasses both the meaning of death and the way in which the individual within his society deals with his bereavement. The emergence of new subcultures, each with its own ideology, extends these within-group differences.

Specific Ethnic Groups in North American

Urban Black Americans

There is a stereotype, perpetuated by the media, that Blacks have more contact

with death, especially violent deaths and accidents. Kalish and Reynolds (1981) showed that, for their sample drawn from Los Angeles, this stereotype is only partially correct. Their respondents revealed that indeed they had had more contact with those who had died during the previous two years than had Japanese, Hispanic or Anglo respondents. They also had significantly more contact with victims of homicide, accidents and wartime death than other groups. The intriguing finding, though, is that despite this "contact and familiarity with death", these Blacks did not report thinking or dreaming about their own death more than other groups. Bereaved Blacks did not report a higher incidence of feeling the "presence" of the deceased, the feeling that they were going to die, or that they had been close to death themselves.

Kalish and Reynolds did find another pattern. They asked their respondents to evaluate the importance of seven losses that their own deaths would produce. These were (1) concern regarding their body after death; (2) inability to care for dependents; (3) uncertainty as to what would happen after death; (4) inability to continue having experiences; (5) grief caused survivors; (6) cessation of plans and projects; (7) pain during the dying process. On the first six consequences, the Blacks were more likely than the other groups to rate the losses as of no consequences. But they were second most likely of the four groups to rate pain during the dying process as very important.

When bereaved, Black Americans (and Anglo Americans) were more likely to rely on friends, church members (see Masamba and Kalish [1976] for discussion of the role of the Black Church), neighbors and other non-relatives. But with increasing education came greater expectations of help from relatives (Kalish and Reynolds 1981). When asked a series of questions regarding appropriate time periods following the death of a spouse during which various activities should be avoided, the Black Americans were less likely than the other four groups to feel it was unimportant to wait as long before remarriage, coming out of mourning clothes, and resuming dating; the Black Americans did, however, feel it was important to wait as long before resuming work.

An important finding is that the Black Americans were no less likely to express their grief overtly and publicly. Well over half the Black Americans believed they would live on in some form after death. In contrast to the Japanese, who believed that their ancestors watched over them, the Black Americans held the belief that the relationship between the living and the dead was cut off abruptly. Hence existing misery was more understandable, and there was little point in hoping for intercession through visiting the graves of the dead. The protective role served by religion can be quite important. Most analyses of Black religious belief, in examining the content of sermons and spirituals, suggest the orientation to be this-wordly.

The funeral services can be quite impressive, thus signifying that the deceased

was worth something. Yet the respondents to Kalish and Reynold's questionnaires seemed "cool" and indifferent about the importance of their own funerals. Presumably the desired self-image is one of indifference. But the elaborate funerals prove otherwise, at least at the time of death. Afterward, the interest in the deceased falls off, as is evidenced by the relatively low rate of visits to the grave.

Despite these comprehensive survey findings of Kalish and Reynolds, it has to be stressed that patterns of coping with death will vary widely among urban Blacks, depending more than in many other ethnic groups upon the educational and socioeconomic background of the bereaved. In an exploratory survey of the attitudes of Black residents of Memphis toward funeral homes, the funeral ritual and preparations for death, Johnson (n.d.) found that his subjects face a paradox about death. Although they had intense involvement with death and also showed a high degree of acceptance of death preparations, their actual knowledge of death, comprehension of death-related behaviors, and exposure to available life extending alternatives was limited.

Turning to Blacks from a somewhat different socioeconomic stratum, one can see the differences in beliefs between Blacks and non-Blacks regarding death illustrated in rather a novel way in a recent study by Atkinson (1982-83). Atkinson was investigating the role of race as a factor in the responses of teachers to grief among their students. When Black and non-Black teachers were compared, no differences were evident in attitudes toward death or belief in an afterlife. However, significant differences appeared in the responses they chose to the children's experiences of grief.

One stereotype held by inexperienced white mental health workers is that when faced with a crisis Blacks can look after themselves because of a closely knit supportive kin network. While it is true that there is a notional extended kin among Blacks (Babchuk and Ballweg 1967; Goode 1961; Hays and Mindel 1973), in practice these kin supports often are simply unavailable. Jackson makes the point that "not only is the extended family not the predominant form among either rural or urban Blacks, it is also not always in a position to provide sufficient instrumental and effective aid to its members." Indeed, the female-headed single-parent family unit is the norm (Myers 1982: 54).

It is more than the cultural idiom of bereavement that is different; there may be a difference as a result of varying modes of death. Fewer Blacks die in bed of old age or illness than do whites. More Blacks die violently than do whites. Those who suffer violence and do not die of it rely on the biomedical system for help. But it is not clear whether these same Blacks perceive the symptoms of grief as a medical illness. Given the likelihood that many young Black man will eventually die of homicide or suicide, is it possible that attachments between people somehow become modified, just as they did among New

England Puritans, in attempts to make eventual separation and loss more bearable? If the inevitable loss of loved ones is accepted as a fact of life, then perhaps the bereaved Black person may not perceive the need to bring his symptoms of grief to the physician, whether he be white or Black.

Ethnic Chinese and Related Groups

This group includes not only people from China, but the ethnic Chinese from all of Southeast Asia. Gould-Martin and Ngin (1981: 166) have noted that Chinese American patients tend to be stoic and fatalistic when faced with terminal illness and death. Although death is not talked about explicitly, everybody in the family seems to be aware of an impending death.

If this split between what people in the family know and say and do continues after the death, it becomes very difficult for Western health professionals to detect any psychological symptoms of the "bad" grief reaction.

Even though many Chinese Americans have been assimilated into Western society for many years, the historic underpinnings of attitudes toward death in classical Chinese society may help us to understand the contemporary behavior of bereaved patients of Chinese origin. I will describe in detail some aspects of traditional practice; they convey the flavor and importance, to the living clansmen, of a death.

Traditional Chinese society recognized that the family was the basic social unit, and codified the concept in the laws of degrees of kinship and in the *wu-fu* ("the five kinds of clothing," referring to the five different types of mourning grades). The *wu-fu* defined degrees of relationship, because the severity of the mourning requirement was in direct proportion to the closeness and importance of the deceased kinship relationship to the mourner (Baker 1979: 107–13).

Although the Chinese have an aversion to death and to anything concerning it (Watson 1982: 155), the traditional Chinese consider the funeral rituals to be crucial to the well-being of descendants, and the bereaved is obliged to continue his association with the deceased for a long time.

The Chinese traditionally follow a system of double burial. The corpse is placed in a coffin, which is buried for about seven years. The bones of the deceased must be correctly placed in order to transmit good geomantic influences of the cosmos to the living. After seven years have elapsed, the bones are exhumed and stored for a period of years or even decades in an urn. They are then reburied in an elaborate tomb. It is only when the entire burial sequence has been completed that the bones function for the benefit of descendants (Watson *ibid.*). Here, the exchange between the living and the dead stretches over as many as 30 to 40 generations. Watson contrasts the Chinese practices for the physical preservation of the deceased's remains with the Hindu tradition

of total obliteration of the corpse and the rare use of monuments. But he notes some similarities among the two cultures in the management of death pollution. There is a hierarchy of funeral specialists with a complex division of labor. It is difficult, however, to learn much about this area; few people are willing to talk, since it is considered bad luck even to mention the subject of death.

Many Chinese Americans are unaware of these traditional customs. The funerary details have been obtained from ethnographic field work; some material is derived from work in mainland China, and much of the more recent material comes from work in Taiwan or Hong Kong, respectively. The traditional Buddhist and Confucian rituals were suppressed in the People's Republic, while they were allowed to continue under Japanese and British rule in Taiwan and in Hong Kong, respectively. Perhaps it is significant that since the end of the Cultural Revolution in the People's Republic, some traditional patterns appear to be re-emerging; indeed, they may never have been entirely eradicated (Parish and Whyte 1978). Evidently, cultural meaning, even if suppressed, is not lost after a long period of political abolition by decree.

Southeast Asian Refugees

Southeast Asian refugees have recently come to form an important ethnic group in the United States. The group actually comprises at least five distinct ethnic divisions: Vietnamese, Kampuchean, Hmong, Lao, and Lao-Theung. Cross-cutting these, with their different geographical origins, are the ethnic Chinese.

The recent refugees are especially prone to ill health as a result of bereavement, because (1) many of them suffered the physical loss of close family members, and (2) the refugee experience of catastrophic uprooting is itself a major cause of stress, with its own adverse health consequences. Refugees thus are doubly vulnerable to the stress of bereavement. In addition, these refugees find it very difficult to follow their mourning practices because they are so different from those of the host society. There are also major differences among the subgroups of Southeast Asians. The differences among the subgroups can be seen in the distinct observances of mourning; for example, the divergent prescriptions concerning marriage of the deceased person's spouse and children, the color of mourning clothes and the duration for which they are worn, and the commemorative celebrations on the anniversaries of the death (Vandeusen et al. 1980: 20–39).

Reade (1981: 11–12) reports a single case in which the bereavement practices of a Vietnamese are challenged at almost every step by the rules of the host society.

Mui wanted to prepare the body for burial. She wanted personally to dress him in his finest clothes, but because the body was with the coroner and had been so cut up by the post mortem, the refugee workers made the "professional" decision to deny her this right. Mui wanted the body buried near her living relatives in Britain . . . she had taken her children to see her husband's body in the undertaker's funeral parlour. The visit entailed a religious ceremony with rice and chicken, as well as the placing of a coin in the dead man's mouth. The spirit is helped on its way with money at various stages, but when rigor mortis has set in, a dead man's mouth will not open. The family were finally ushered out while the undertakers (seen as men with special powers) forced the dead man's jaw open, placed the coin in and then allowed the family to return.

Because the body had to travel by plane there was some doubt whether the spirit would lose contact with it. The spirit was expected to return seven days after death to visit the body in the family home, but with the corpse far removed and the family home empty there was concern that the spirit might wander aimlessly.

Special divination is commonly involved in choosing the grave site and Mui's elderly mother wanted the grave to be dug pointing south. The cemetery superintendent pointed to the alignment of the other plots on the hillside and said it could only be south east. In vain the family pleaded and then they wandered off to survey the cemetery . . . The grave should not remain unmarked, but to their consternation the vast amount this burial was costing would not include a gravestone. Was the superintendent certain that the site of the grave would not become lost?

When it is impossible to carry out traditional rituals that have great meaning and that serve to comfort the bereaved, the stress of bereavement is amplified. This case illustrates how perilous it can be when the bereavement codes of the immigrant and her host society do not mesh. It seems likely that in these situations successful grief work gets off to a bad start. This is indeed ironic; the funeral industry in the United States was in part established to make it easier for its members to grieve.

This case also happens to illustrate a fairly common eschatological "marker" — the coin. We can interpret the universal importance of the coin as van Gennep (1908/60) did: the deceased must be equipped for the voyage upon which he is about to embark. Van Gennep noted the ancient Greek rite of the *obol* (coin) for Charon. A similar rite was found by van Gennep in France, where the largest possible coin was used so that he would more likely be well received in the other world. Among the Slavs the money was supposedly intended to pay the expenses of the trip, and among Japanese it was given to the old woman who ran the ferry across the river. Observations such as these will have to be tested in detailed ethnographic work within each society before we can make the generalization that the "meaning" of the coin in the mouth of the Vietnamese corpse had to do with some universal code of this sort.

There are vast disparities in the social and religious practices among the refugees from Southeast Asia. The Vietnamese and ethnic Chinese-Vietnamese may be Mahayana or Theravada Buddhist, or Catholic; the Lao, Lao-Theung, and Khmer are usually Theravada Buddhist; and the Hmong and other hill tribes are usually animist in their beliefs. Each belief system has its own ritual

prescriptions and proscriptions (see Vandeusen et al [1980] for a tabular comparison and contrast of some of these systems). Certainly there are fundamental differences between the Buddhist eschatologies held by the Khmer and Lao and the Confucian beliefs held by the ethnic Chinese. The health worker must be alert to the differences and avoid stereotyping all Southeast Asians, lest this lead to further distress.

Haitians

Again, little is known about patterns of bereavement among Haitian families. Death mobilizes the entire extended family, including matrilateral and patrilateral members (Laguerre: 1981 203). Death arrangements are usually taken care of by a male kinsman of the deceased who has had experience in dealing with American bureaucracies.

One may expect a successful resolution of grief when the cause of death makes sense to the bereaved and when he can have peace of mind about the event. But Haitians believe that illness and death can be of supernatural origin as well as of natural origin (Metraux 1953: 19–28; Dow 1965: 42). Although the loss of a loved one due to natural causes or especially an accident is difficult, it can be accepted. By contrast, death caused by angry voodoo spirits can give rise to conflicting feelings of guilt and anger. The surviving relative may feel that the death was the result of his being remiss in propitiating the voodoo spirit. Recurrent dreams of the deceased, so much a part of grief work, take on a particular meaning to the Haitian. The deceased reminds the relative of his ritual duties, spurring him to provide a ceremony in the dead relative's honor (Bourguignon 1954: 262–8).

Voodoo death (Cannon, 1979; Gomez, 1982) is unusual in Western settings, but it could be an important model that might help clarify the biological basis of psychophysiological vulnerability among guilt-ridden bereaved persons. For example, Lachman (1982) has recently proposed an autonomic learning process occurring within vulnerable bereaved persons. He claims that when sufficiently intense and prolonged, the extreme physiological arousal pattern of voodoo illness to stimulation consists of emotions that produce pathological changes in the autonomic nervous system. Particular autonomic reactions may then become strengthened through differential reinforcement. This proposition, intriguing as it is, must remain conjectural, but it does pave the direction for future research studies of autonomic arousal.

The Haitian ordinarily evaluates his illness in terms of symptoms previously experienced by his close kin (Laguerre 1981, 191). Grief work frequently includes taking on symptoms of the deceased's last illness. It might be expected that the Haitian would be particularly likely to make a self-diagnosis of his symptoms along the lines of the illness that caused the demise of the deceased.

Italians

Mourning rituals in traditional Italian settings were very elaborate. These rituals continue to survive in Italy, as shown by Pardo (1982) who conducted participant observer interviews in Naples. Among the features described include: (1) formal and religious preparations for death; (2) the announcement of death, the imposed limitations on its "shock" duration, the initiation of masses on behalf of the deceased, and the preparation of the corpse; (3) transitional rites, based on belief in the deceased's lengthy journey to the next world, for example, the funeral watch, and the two year hiatus between the first and final burials; and (4) the intervening phases of deep and attenuated mourning. Pardo notes the powers ascribed to the dead, the responsibility of the living for proper ritual observance, and their "contamination" in association with decomposing flesh. There is a cult of souls in Purgatory, associated with the bones of the deceased, who are viewed as intercessors with the saints and the Deity. The elaborate Italian sections of cemeteries in countries like Australia testifies to the fact that Italian immigrants attempt to maintain as much of this ritual package as they can.

One stereotype about Italians is their attitude of fatalism to terminal illness (Kluckhohn 1963; Spiegel 1971). It is better to regard this apparent fatalism as the end stage of a process of unsuccessful action against adversity (Raguucci 1981: 245).

Raguucci suggests that if the health care professional provides a biomedical explanation of the etiology of the disease, accompanied by remarks on the inevitability of death, the survivor's feelings of guilt may be lessened or obviated. These approaches to the anticipatory phase of grief should be continued through the period of mourning. There are many ritual markers of grief work, beginning with the customary *lo consolo* (the meal prepared for the bereaved family by relatives on the day of the burial), the funeral mass, and further masses on anniversaries. Raguucci also suggests that the health professional participate at some level in these ritual processes, as a way of helping the bereaved deal with residual feelings of guilt or remorse.

Greeks

In Greece, the rites associated with death allow the bereaved to sustain a social relationship with the deceased (Danforth 1982: 117) through conversation. This conversation draws to a close with the ritual of exhumation. Danforth notes that proper performance of the entire sequence of death rites places a very serious financial burden on a family: "Villagers point out that it costs almost as much to care for a dead person during the first year after he is dead

as it does to provide for a living person for the same period of time" (p. 123). In Greece, then, death rituals play a critical role in the life of the family. It is crucial that the Greek person die at home in order to ensure that his death will be properly mourned. Otherwise, he may not be fully incorporated into the world of the dead and may return to the world of the living. As a revenant, he could inflict harm on close relatives. This idea occurs in several cultures, for example, China. See Watson (1982: 155-86) for a detailed description that bears a striking similarity to the Greek situation. The fear of incomplete mourning suggests a vulnerable point in the bereavement practices that should be considered in professional counseling.

Let us take two hypothetical families. The first family, which migrated to the United States from Athens, had a cosmopolitan Western background. The second family, from a Macedonian hill village, retained the traditional view of the world. Let us assume that in each case the head of the household contracted a fatal illness and subsequently died in the hospital. There are several critical points. In rural Greece, the older women maintain the tradition of singing laments at funerals, memorial services, and exhumations. Younger women raised in larger towns, and women raised in the United States, do not know the laments and do not want to know them. But without these laments, the socially prescribed fabric of bereavement is torn. The mourners are deprived of their script. This could be dangerous; Danforth points out that in such circumstances the bereaved may express their grief by indiscriminate crying and shouting, which is regarded by the participants as physically harmful and a cause of illness (1982: 73). To make matters worse, the ritual ending of bereavement in the Greek practice cannot take place; in the United States, it is not possible routinely to exhume a body and place the bones in an ossuary.

Perhaps the most profound statement of the psychological difficulties following a death in the United States is the notion of *xenitia*. *Xenitia* refers to foreign or distant lands and the loneliness of living a life of exile there. In village life, it is commonly feared that a child may die in *xenitia*, or that parents may die at home, alone, with all their relatives far away. For the rural Greek family, the threats of a death in the United States are, first, that the necessary rites will not be performed; second, that the deceased will die in a hospital rather than at home; and, finally, that the survivors may not be able to carry out mourning rituals. In the Greek traditional idiom, we have all the ingredients for visitations from the deceased to the bereaved and for physical illness. The somatization, guilt, and fears that a survivor may present to the Western health professional will need to be understood in the context of this cultural idiom.

To the best of my knowledge, there are no published studies of what happens to these traditional Greek practices after migration to Western countries. Beverley Raphael has made some preliminary unpublished observations of the bereavement

practices of Greeks who have settled in Australia (Raphael 1984). This ethnic group only arrived in Australia within the last thirty years, and therefore is an interesting test case, because the first generation is the group that is now dying off. Raphael notes that some traditional patterns persist, but that other patterns are more in line with local Australian practices. The form of the funeral is quite similar, but the body is not kept at home, nor is the coffin kept open. Funerals of Greeks in Australia tend to be more restrained, although "definitely not as restrained as Australian funerals." It is felt by Greeks that the lack of expression of many Australian funerals is "cold and unfeeling," and "the fact that the loved one can be buried unwept is totally incomprehensible". The Greek-Australian respondent also noted the following differences: in Greece, the children would not be shut away from the dead, and they would thus become accustomed to the loss situation and appreciate life; in Greece, ritual washing of the body with water or wine would be performed by relatives or by an elderly village woman who does this for all deaths; in Australia, the dirges are hardly ever sung any more; in Australia, the women do not remain in mourning nearly as long as they would have done in Greece, where mourning could have continued for the rest of their lives. Further longitudinal research is indicated to determine the long-term consequences of these differences in practice; of particular interest will be the impact upon the second and subsequent generations of progressive enculturation into the Australian host society, and the fate of the traditional rituals — whether they will be preserved, transformed, or forgotten.

Spanish-speaking Groups

There are at least 14 million members of Spanish-speaking groups (for example, Puerto Rican, Cuban, Mexican, Central American, South American, and Spanish) in the United States. They represent the second largest minority group in the United States (Becerra et al. 1982: 1). Of these, 59% are of Mexican origin, 15% are of Puerto Rican origin, 6% are of Cuban origin and 20% are of other Hispanic origin. Little is known of specific patterns of bereavement for these groups; review of the literature yields most information for the Puerto Ricans. But it is important not to generalize on the basis of the Puerto Rican experience and assume that mourning will be the same for other Hispanic groups.

Puerto Ricans believe that a person's spirit will not be free to enter the hereafter if he dies with something important left unsaid (Harwood 1981: 457). It is important, therefore, that those about to become bereaved have a chance to complete their relationships with the dying person. This may be possible with a chronic illness, but it cannot occur when the person dies suddenly of acute illness or in an accident. In this regard, traditionally oriented Puerto Ricans appear to believe that death is not something to plan for or think

about but rather it is something that just happens (Locke and Budd 1983). Atypical grief may arise when the grieving Puerto Rican feels that he has not completed his relationship with the deceased.

The family meets together to comfort one another and to pray for the dead. The wake provides a mechanism for mobilizing community support and for the expression of grief. Religious rituals, such as masses, rosaries, and novenas, are observed to help the dead and the living (Garcia-Preto 1982). Garcia-Preto makes the point that despite visible expressions of grief, there is nonetheless an underlying acceptance of death. The dead are in an invisible world inhabited by spirits who have some influence over the living. Death is seen as a way of enhancing the dead person's potential for both power and peacefulness, possibilities that are far greater in the afterlife. The full-blown wake can continue for several days, but today in the United States there may be restrictions on what is permitted (for example, all-night vigils) imposed by funeral directors (Locke and Budd 1983).

Grief reactions, both normal and atypical, will be modified by the cultural idiom for communicating distress. One mode is the syndrome called *el ataque*. (Fernandez-Marina 1961). It consists of seizurelike patterns, with a hyperkinetic episode, a display of histrionics or aggression, and sometimes the climax of stupor (Abad et al. 1979). This behavior is accepted as normal within the Puerto Rican culture, and is a socially sanctioned way for the bereaved to discharge his anger. Yet Anglo-American hospital staff may feel bewildered, threatened, hostile, or derisive when faced by these behaviors, which are often treated by them as pathological.

Bereaved Hispanic men may not be very receptive to grief counseling. This is because boys are raised to keep all feelings of suffering to themselves; a key part of "machismo" (Bach-y-Rita 1980: 36). The open expression of sorrow, especially weeping, in front of the counselor will be unacceptable.

Economic problems are an added risk factor for many bereaved and impoverished people, but they are especially powerful in the case of certain Hispanic groups. The cost of a typical funeral in the U.S. starts at \$900. In addition to the basic funeral costs, many Puerto Rican families wish to accompany the body to Puerto Rico for burial, which can increase the cost by several thousand dollars. Bereaved Puerto Ricans are described as wanting the most elaborate funeral, whether or not they can afford it, and they feel anxiety and guilt because they do not have enough money to pay. These costs are partially softened: family, community, and church may raise a collection, although it may be more difficult for some bereaved, for example, young women, new to the community and without local family. In addition, the economic necessity of having to return to work in the United States after only three days of mourning is considered by Puerto Ricans as interfering with the ability to grieve; in Puerto Rico

the life style includes time to grieve as well as the community resources to do so more comfortably (Locke and Budd 1983).

There is a similarity in the overall pattern of bereavement of Puerto Ricans and other Hispanic groups. In their comparative study, Kalish and Reynolds (1981) found that for Mexican Americans, the family protective network is prominent. Of all the groups studied by Kalish and Reynolds, the Mexican Americans were most likely to want to protect the dying and those bereaved such as small children who it was felt might have difficulty dealing with the fact of death. At the same time, Mexican American families rally around the dying person if he is in hospital, taking their turn in shifts of vigil. Indeed, one of the main reasons given for not wishing to die is the wish to spare the relatives the grief they would endure. Again, like Black Americans, Mexican Americans encourage the open expression of feelings of anguish and grief.

Kalish and Reynolds provide several graphic examples illustrating how the rules that have been developed, within Anglo society, governing "normal" and "appropriate" and "decorous" behavior at the cemetery can have a harmful effect upon bereft Mexican Americans. The mourners are often not allowed as much time as they need to pour out their feelings, and they are expected to depart the cemetery in an orderly fashion at the conclusion of the burial. By imposing these rules, the officials of the cemetery may be seriously impairing the mourners' ability to fulfil their mourning and thus to complete their grief.

Finally, Kalish and Reynolds offer an intriguing finding that demonstrates the role of religious denomination in the behavior of the bereaved. Comparing the predominantly Catholic sample with a smaller Protestant Mexican American sample, they found four differences, the most outstanding one being the silence at the Protestant wake. The Catholic Mexican Americans are clearly involved in a struggle to maintain mourning practices that are in direct conflict with those of the host society, the most salient being the manner of expressing grief at the funeral.

WIDOWS

The state of widowhood is a salient aspect of bereavement, and deserves special consideration. There is a long history of widow murder, in ancient Egypt and among the ancient Chinese (Petrie 1925), among the Celts (Grinsell 1975), among the Yoruba, as recently as 1858 (Johnson 1921), in the New Hebrides, where a special conical cap made of spiders' webs was used for smothering widows by their sons (Joyce and Thomas 1908), and in many other societies. Perhaps these graphic illustrations hint at some underlying structural constraints on woman in society that are still present today in Western societies.

The role of the widow in traditional Portuguese families, for example, has

been well illustrated by Moitoza (1982). Although a widowed person enjoys a prestigious status in Portuguese culture, she or he must follow particular usages very different from those of general society. The widow is expected to wear black clothing for the remainder of her life and to remain unmarried. Moitoza cites Williams (1963), who describes the treatment accorded a widow who remarries: she is "publicly insulted with a cacophonous mock serenade for 9 consecutive nights following her wedding." Moitoza observes that widows frequently present to health services with unresolved, blocked, or extended grief reactions. Such reactions are also common in adult children. Moitoza speculates that these unresolved grief reactions are connected to the Portuguese individual's inability to express anger toward death. Resolution of grief work is further hampered because Portuguese Americans, in giving up their traditional grief rituals (frequent visits to the grave, wearing of black clothing, having a picture of the deceased on display), make an unsuccessful attempt to grieve like Americans. Moitoza contends that this can result in considerable guilt and depression without resolution of the death.

Something more should be said about the status of widows, because it illustrates how strongly social position affects the emotional options available to the individual in dealing with his or her grief. The role of the *sati*, the virtuous Hindu woman whose ideal was manifested by the practice of widow-burning, has been considered by several authors (Basham 1959; Cassels 1981; Coomaraswamy 1924; Kopf 1979; Sastri 1966; and Spear 1966) and is of both historical and conceptual interest. The widow could not remarry. She became an ascetic and was expected to maintain this austere regimen to the end of her days, in the hope of being remarried to her former husband in the next life. In medieval times, she wore her head shaved.

A widow was inauspicious to everyone but her own children. Basham notes (1959: 187)

Wherever she went her presence cast a gloom on all about her. She could never attend the family festivals . . . for she would bring bad luck on all present. She was still a member of her husband's family and could not return to that of her parents. Always watched by the parents and relatives of her lord, lest she break her vows and imperil the dead man's spiritual welfare, shunned as unlucky even by the servants, her life must have been miserable in the extreme.

So some of these women immolated themselves on their husbands' funeral pyres. Basham points out that many ancient peoples buried or burned a man's widow or widows so that he could have all that he loved and needed in the other world. Such practices were followed by the kings of Sumer, by the ancient Chinese, and by some early Indo-European peoples.

Widowhood is not merely a psychological state of mind, rooted in the consciousness of the bereaved individual spouse. Like all statuses in social systems,

it can be a total state, with its own social rights and obligations. No matter how much the individual may wish to grieve, whether faster or slower, overtly or quietly, her or his social group can both place demands and at the same time provide supports that cannot be ignored.

The demands of widowhood may have such force over the survivor's life that they can lead to serious health consequences. Within certain cultures, it may not be appropriate for the widow to seek social supports, nor would they necessarily be forthcoming even if she did indicate that she wanted help.

NON-WESTERN PRACTICES

People adapt to social change, but part of this adaptation consists of a conservative maintenance of sameness. Two delightful ethnographic examples of this form of accommodation are provided, the first by Robert LeVine (1982), in his description of funerals of the Gusii in East Africa, and the second by Janice Reid (1979), in her description of the patterns and process of mourning among the Yolngu of Australia. There are some intriguing similarities in the ways that the Gusii and the Yolngu deal with the impact of modernization, actually incorporating Western technology into their traditional bereavement practices.

Gusii

LeVine compared the Gusii view of their own death rituals during 1955–57 and 1974–76. Among the Gusii, the physical location of the burial site is crucial; contemporary Gusii take spatial ideals seriously, even at the cost of considerable discomfort. Although the Gusii sleep in beds rather than on skins, the dying man is taken from the bed and placed on the floor so that he can die "as a warrior, not as a woman." A similar practice is followed for women. In the past, women slept next to the hearth. But because of the declining availability of firewood and the greater availability of blankets, the modern Gusii woman now sleeps in a room other than the kitchen. Thus, the dying woman must be moved from the bedroom to her kitchen if her death is to take place under correct conditions (LeVine 1982: 30). Similar protocols are followed for the location of the burial, the need to have a house of one's own, the public gathering, and the subsequent rituals. The biggest change is in the temporal organization of the four phases (LeVine 1982: 41).

In current practice, burial is postponed until the public gathering can take place, because many of the immediate kin who should be involved in the burial are likely to be hundreds of miles away and will learn of the death over the telephone or local radio station. They are also under pressure to return to work as soon as possible after the funeral, so the phases of burial and public

gathering now occur at the same time. Although the death itself nowadays frequently occurs away from home, in the hospital or at the place of work, every effort is made to bring the corpse home as soon as possible, sometimes in a pickup truck. Coffins are now used by the Gusii, but the corpse is placed in the coffin in the traditional posture. Those who arrive for the funeral are able to view the corpse before the burial. LeVine interprets the use of a coffin as the response by the immediate kin to the more public nature of the funeral. He argues that they are showing an audience of concerned outsiders that they are taking proper care of the corpse according to new Western standards of care. The Western invention also serves as an additional layer of protection for the corpse against the threat of witchcraft. Although the cattle drive and the military activity that once were part of the public gathering no longer take place, the men still make as much noise as possible, using portable radios with the volumes turned up to add to the noise of phonographs already blaring near the grave (LeVine, p. 44).

LeVine summarizes the changes that occurred over a period of two decades:

The burial and public gathering take place on the same day rather than on successive days, making the burial later and more public than before. Some specific elements have been added (coffins, Christian prayers), some dropped (the cattle drive), some substituted (talcum powder for white clay, radio music for war cries, a cock for a goat), some neglected (the final sacrifices) (LeVine 1982: 43–4).

Despite these outer changes, the central narrative that describes the relationship between the deceased and the survivors remains the same. If, as appears the case, these modifications have not required a change in values, then they have not disrupted the necessary modes of expressing grief.

Yolngu

What has happened among the Yolngu of Australia is rather similar. Relatives of the deceased may not be present when the death occurs because they live elsewhere (Reid 1979: 331). Messages are sent through the outpost radio network to out-stations, where clan leaders also make the ritual announcement of death to relatives. Family members who are at even more distant locations learn about the death by telephone or radio. Within days of the death, groups arrive by aircraft or road. Before 1971, the funeral organizers kept the body in the camp as long as possible, hoping that all important kin would arrive in time. Now, the body is taken to the morgue, whether the deceased died in a hospital or at home, and is kept there until all participants have arrived and a decision is made to hold the ceremonies (Reid 1979: 332). The coffin and body are transported in a ritualized procession back to the camp. Reid beautifully conveys the assimilation of modern technology into the traditional ritual:

As the convoy of cars enters the camp, the horns are sounded . . . even the cars become integral elements of the procession; they are stopped, started and reversed in keeping with the ritualized movements of the dancers. Within the shelter the coffin is placed in a large commercial refrigerator which is connected to the electricity supply by extension cords. Two such refrigerators, one for deceased of the Dhuwa moiety and one for deceased of the Yirritja moiety, are available for funerals. Each is mounted on a base with wheels such that it can be towed behind a vehicle (Reid 1979: 332-3).

Not only are the close relatives of the deceased and those who handle the body regarded as polluted and dangerous, but even the car that carried the coffin and body may not be used for some time. A ritual washing ceremony must be held in which people and car and other objects are "freed."

These sorts of massive social changes of modernization could heighten the vulnerability of traditional societies to deleterious health consequences. It *might* appear that the traditional societies of the Yolngu and the Gusii are attempting to retain the instrumental role that death and bereavement have always played in the total fabric of social meaning; Western technology is utilized to maintain, rather than to replace, the social drama. But in the cases of both the East African and the Australian Aboriginal, Westernization has had a disastrous effect upon physical and mental well-being. As Westernization proceeds, and fewer tribal elders remain to initiate and teach the new young, the meaning and usefulness of these vital funerary rituals will decline. The work of LeVine and Reid argues for the possibility that one of the contributing factors to the generally increased vulnerability to ill health may be the partial obliteration of traditional ways for dealing with death.

GENERAL CONCLUSIONS AND AREAS FOR FURTHER CLARIFICATION

The preceding examples of contemporary bereavement practices of various ethnic groups illustrate the variety of variables and choices existing in different societies. Each ethnic group has evolved the practice that best meets its needs at that time. Once we understand this, we can appreciate that hindering these practices can disrupt the necessary grieving process. In addition, we can understand when individuals from other ethnic groups are demonstrating atypical grief and how this problem can be dealt with.

Health providers would be grateful for a series of lists in which the normative grieving reactions, together with the indications of deviance from norms, were itemized for each group. But this review of cross-cultural aspects of bereavement and its health consequences has demonstrated the dangers of this sort of reductionist short cut.

There is a dearth of empirical studies that examine the vulnerabilities and risks, arising from bereavement, that are the lot of specific ethnic groups in

Western settings. This paper has indicated the need for such studies, and has implied which conceptual questions must be addressed. In this conclusion, I select merely five examples:

(1) Are grief and mourning to be regarded as an illness or as a *rite de passage* and a normal life event for members of particular cultures? The very title of this paper carries the Western assumptions that bereavement is somehow a medical illness; bereaved people develop physical and mental symptoms, and may indeed succumb to serious physical illnesses, leading even to death. The paper presents examples, not only from traditional third world societies but also from more Western societies, that contradict this assumption. Nor do all societies regard bereavement as a stressor that can predispose the affected person to illness. Even if it were possible to regard bereavement as a "universal" stressor, there is still the problem of assessing the magnitude of the stress. For example, one Western stereotype is that it is more stressful to mourn the death of a child than it is to mourn the death of a more distant relative. Yet the cross-cultural material shows that there is no universal gradient of emotional attachments based upon Western kin categories. There is a need for further research in measuring the magnitude and meaning of the stress. Also, this topic should sensitize us not to medicalize bereavement.

Another factor calling for study is the biological basis of vulnerability to stress; that is, how the biological differences among ethnic groups affect the varied physical and mental responses to the stress of bereavement.

(2) How widespread and useful are the protective factors (such as group support) that facilitate successful resolution of the grieving process? We have seen how funeral and postfuneral prescriptive ritual can benefit both the bereaved individual and his or her social group. Further research may determine what happens to those protective factors on which the ethnic group relied in its original setting but may have lost in the contemporary Western urban setting.

(3) How effective are the mourning practices of various ethnic groups in preventing pathological outcome for these groups? Furthermore, may some of these practices have potential benefit to other ethnic groups in Western settings? These two questions raise an intriguing possibility: that Western thanatologists could learn from other societies how to help Western clients grieve more successfully. But first we need the outcome studies.

(4) What pointers are there to indicate to the health practitioner that a bereaved person from a society vastly different from his own is suffering "atypical" or "unresolved" grief? The first difficulty is in gaining access to bereaved members

of communities who do not regard bereavement as anything requiring professional services, or who do not know where to get help. Even if these obstacles to access are overcome, the practitioner faces the difficulty of deciphering a set of physical and mental symptoms that come from a "cultural code" different from his own. For example, he may be unable to recognize clinical signs of a depressive disorder; three-quarters of the world's societies express depression with somatic rather than mental symptoms (Kleinman 1984). The growing literature on somatization in different cultures could be useful in generating hypotheses for testing. For example, the practitioner dealing with a bereaved patient from an unfamiliar culture, one that may express depression somatically, should be on guard when presented with unremitting and inexplicable physical complaints. Not only could these represent an occult depressive disorder; they may also stand for either normal or pathological grief. Further research is indicated to determine whether there are culture-specific manifestations of unresolved or atypical grief.

(5) How acceptable and useful are Western strategies of grief counseling to non-Western clients? Grief counseling emphasizes verbal expression of the gamut of feelings associated with grief: extremes of anger, ambivalence, sadness. This review has provided illustrations of cases where, with the best of intentions, preventive intervention by Western practitioners could lead to the worst of results. In some situations of cultural "mismatch" between client and helper, grief counseling could not only be a snare, but a disruptive cause of harm.

More specifically, the items to be included in research surveys of cross-cultural aspects of bereavement are spelled out (Raphael 1984) as follows:

1. Perception by the informants of the most appropriate plan to die;
2. Perception of different types of death (for example, accidental violent death, death of a child);
3. Procedures involving the body;
4. Funerary rituals;
5. Delineation of principle bereaved persons and what patterns of behavior are considered appropriate for them;
6. Patterns of response accepted and prohibited during weeks, months and years following the death;
7. Any other traditional rituals;
8. Difference in practice between country of origin and cultural groups in the Western host society;
9. Specified periods of mourning;
10. Perception of the dead person, his belongings and his spirit;
11. Anniversary phenomena;

12. Perceived likely health consequences and other effects of the bereavement;
13. Accepted or prohibited patterns of emotional release;
14. Total community response.

Further research is needed to find alternative ways of helping bereaved people whose cultural values do not permit them to express these feelings to strangers, or even to acknowledge to themselves that they have such feelings. These studies should recruit the services of ethnic health professionals and others who felt comfortable in both the host society and their culture of origin. Ethnic health professionals could help their host society colleagues comprehend the bereavement experiences and behaviors of ethnically diverse groups. They could also be better able to help their compatriots grieve more comfortably and more successfully.

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REFERENCES

- Abad, V. and Boyce, G.
1979 Issues in Psychiatric Evaluations of Puerto Ricans: A Sociocultural Perspective. *Journal of Operational Psychology* 10: 28-39.
- Aries, P.
1975 The Reversal of Death: Changes in Attitudes Toward Death in Western Societies. In *Death in America*. Stannard, D. E. (ed.), Philadelphia: University of Pennsylvania Press.
1981 *The Hour of Our Death*. New York: Random House.
- Atkinson, T. L.
1982/1983 Race as a Factor in Teachers' Responses to Children's Grief. *Omega* 13: 243-50.
- Babchuck, N. and Ballweg, J. A.
1967 Black Family Structure and Primary Relations, *Phylon* 28: 334-47.
- Bach-y-Rita, G.
1982 The Mexican American: Religious and Cultural influences. In *Mental Health and Hispanic Americans: Clinical Perspectives*. Becerra, R. M., Karno, M., and Escobar, J. I. (eds.), New York: Grune & Stratton.

- Bailey, L. R., Sr.
1979 Biblical Perspectives on Death. Philadelphia: Fortress Press.
- Baker, H. D. R.
1979 Chinese Family and Kinship. London: Macmillan Press.
- Basham, A. L.
1959 The Wonder That Was India. New York: Grove Press.
- Bass, B. A., Wyatt, G. E., and Powell, G. J. (eds.)
1982 The Afro-American Family: Assessment, Treatment and Research Issues. New York: Grune & Stratton.
- Becerra, R. M., Karno, M., and Escobar, J. I. (eds.)
1982 Mental Health and Hispanic Americans: Clinical Perspectives. New York: Grune & Stratton.
- Bergmann, M. S. and Jucovy, M. E.
1982 Generations of the Holocaust. New York: Basic Books, Inc.
- Bonnafare, P.
1973 An Important Life and Death Ceremony: The Miyali, the Funeral of a Kukuya Lord of the Sky. *L'Homme* 13: 97-166.
- Bourguignon, E.
Dreams and Dream Interpretation in Haiti. *American Anthropologist* 56: 262-268.
- Cannon, W. B.
1979 Voodoo Death. In Reader in Comparative Religion. Lessa, W. A. and Vogt, E. Z. (eds.), New York: Harper & Row.
- Carse, J. P.
1980 Death and Existence: A Conceptual History of Human Mortality. New York: Wiley-Interscience.
- Cassels, N. C.
n.d. A Surprising Defence of Sati. Eng. misc 327 - Russell of Swallowfield Papers. Bodleian Library, Oxford.
- Childe, V. G.
1945 Directional Changes in Funerary Practices During 50,000 Years. *Man* 45: 16-18.
- Choron, J.
1963 Death and Western Thought. New York: Macmillan.
- Coomaraswamy, A.
1924 The Dance of Siva. New York: The Sunwise Turn, Inc.
- Danforth, L. M.
1982 The Death Rituals of Rural Greece. Princeton: Princeton University Press.
- Dow, J.
1965 Primitive Medicine in Haiti. *Bulletin of the History of Medicine* 39: 34-52.
- Dunne, J. S.
1978 The City of the Gods. Notre Dame: University of Notre Dame Press.
- Fernandez-Marina, R.
1961 The Puerto Rico Syndrome: Its Dynamics and Cultural Determinants. *Psychiatry* 24: 79-82.
- Geertz, C.
1973 The Interpretation of Cultures. New York: Basic Books.
- Gennep, A. van
1960 The Rites of Passage. Vizedom, M. B. and Caffee, G. L. (trans.) Chicago: University of Chicago Press, (originally published in 1908).
- Gomez, E. A.
1982 Voodoo and Sudden Death: The Effects of Expectations on Health. *Transcultural Psychiatric Research Review* 19: 75-92.

- Goode, W. J.
- 1961 Family Disorganization. In *Contemporary Social Problems*. Merton, R. K. and Nisbet, R. K. (eds.), New York: Harcourt, Brace & World.
- Goody, J.
- 1974 Death and the Interpretation of Culture: A Bibliographic Overview. In *Death in America*. Stannard, D. E., (ed.), Philadelphia: University of Pennsylvania Press.
- Gorer, G.
- 1965 Death, Grief and Mourning in Contemporary Britain. London: Cresset Press.
- Gould-Martin, K. and Ngan, C.
- 1981 Chinese Americans. In *Ethnicity and Medical Care*. Harwood, A., (ed.), Cambridge: Harvard University Press.
- Grinsell, L. V.
- 1975 Barrow, Pyramid and Tomb. London: Thames & Hudson, p. 41, quoting Jones, G. A *History of the Vikings*. London, 1968.
- Harwood, A. (ed.)
- 1981 Ethnicity and Medical Care. Cambridge: Harvard University Press.
- Harwood, A.
- 1981 Mainland Puerto Ricans. In *Ethnicity and Medical Care*. Harwood, A., (ed.), Cambridge: Harvard University Press.
- Hays, W. C. and Mindel, C. H.
- 1973 Extended Kinship Relations in Black and White families. *Journal of Marriage and the Family* 35: 51-7.
- Hollingsworth, C. E. and Pasnau, R. O. (eds.)
- 1977 The Family in Mourning: A guide for Health Professionals. New York: Grune & Stratton.
- Johnson, S.
- 1921 The History of the Yorubas. Lagos: Christian Missionary Society.
- Johnson, G. C.
- n.d. An Exploratory Survey of the Attitudes of Black Memphians Towards Funeral Homes, the Funeral Ritual and Preparations for Death.
- Joyce, T. and Thomas, N. W.
- 1908 Women of all Nations. London: Cassell.
- Kalish, R. A. and Reynolds, D. K.
- 1981 Death and Ethnicity: A Psychocultural Study. New York: Baywood Publishing Company, Inc.
- Kane, P. V.
- 1974 History of Dharmashastra. Poona: Bhandarkar Oriental Research Institute.
- Kastenbaum, R.
- 1982 New Fantasies in the American Death System. *Sum* 6: 155-166.
- Kleinman, A.
- 1977 Depression, Somatization and the "New Cross-cultural Psychiatry." *Social Science and Medicine* 11: 3-10.
- 1984 Manuscript prepared for Committee on the Stress of Bereavement and its Health Consequences, Institute of Medicine, National Academy of Sciences.
- Kluckhohn, F. R.
- 1963 Some Reflections on the Nature of Cultural Integration and Change. In *Sociological Theory, Values and Sociocultural Change*. Tiraykian, E., (ed.), New York: The Free Press.
- Kopf, D.
- 1979 The Brahmo Samaj and The Shaping of The Indian Mind. Princeton: Princeton University Press.

- Kubler-Ross, E.
1975 Death: The Final Stage of Growth. Englewood Cliffs, N.J.: Prentice-Hall.
- Kurtz, D. C. and Boardman, J.
1971 Greek Burial Customs. New York: Cornell University Press.
- Lachman, S. J.
1982 A Psychophysiological Interpretation of Voodoo Illness and Voodoo Death. *Omega* 13: 345-60.
- Laguerre, M. S.
1981 Haitian Americans. In *Ethnicity and Medical Care*. Harwood, A., (ed.), Cambridge: Harvard University Press.
- LeVine, R. A.
1982 Gusii Funerals: Meanings of Life and Death in an African Community. *Ethos* 10: 26-65.
- Locke, C. A. and Budd, K. M.
1983 Bereavement in Three Hispanic Communities in the Boston Area. Manuscript prepared for Institute of Medicine, National Academy of Sciences.
- Marris, P.
1974 Loss and Change. London: Routledge & Kegan Paul.
- Masamba, J. and Kalish, R.
1976 Death and Bereavement: The Role of the Black Church. *Omega* 7: 23-34.
- Metraux, A.
1953 Medecine et vodou en Haïti. *Acta Tropica* 10: 28-68.
- Moitoza, E.
1982 Portugese Families. In *Ethnicity and Family Therapy*. McGoldrick, M., Pearce, J. K. and Giordano, J., (eds.), New York: Guilford Press.
- Myers, H. F.
1982 Research on the Afro-American Family: A Critical Review. In *The Afro-American Family: Assessment, Treatment and Research Issues*. Bass, B. A., Wyatt, G. E., and Powell, G. J., (eds.), New York: Grune & Stratton.
- National Academy of Sciences
in press Report on the Health Consequences of the Stress of Bereavement.
- Pardo, I.
1982 The "Elaboration" of Mourning in a Traditional Area of Naples. *Rassegna Italiana di Sociologia* 23: 535-69.
- Parish, W. L. and Whyte, M. K.
1978 Village and Family in Contemporary China. Chicago: University of Chicago Press.
- Parkes, C. M.
1971 Psycho-social Transitions: A Field for Study. *Social Science and Medicine* 5: 101-115.
- Petrie, W. M. F.
1925 Tombs of the Courtiers and Oxyrhynchos. British School of Archaeology in Egypt. London: Bernard Quaritch.
- Pike, M. V. and Armstrong, J. G.
1980 A Time to Mourn - Expressions of Grief in Nineteenth Century America. Exhibition Catalogue. Stony Brook, New York.
- Pratt, L.
1981 Business Temporal Norms and Bereavement Behavior. *American Sociological Review* 46: 317-33.
- Ragucci, A. T.
1981 Italian Americans. In *Ethnicity and Medical Care*. Harwood, A., (ed.), Cambridge: Harvard University Press.
- Raphael, B.
1984 Personal communication.

- Reade, R.
- 1981 Harsh Transition to a New Way of Death. *Social Work Today* 12: 11-12.
- Reid, J.
- 1979 A Time to Live, a Time to Grieve: Patterns and Processes of Mourning Among the Yolngu of Australia. *Culture, Medicine and Psychiatry* 3: 319-346.
- Ribeyrol, M. and Schnapper, D.
- 1976 Funeral Ceremonies in Orthodox Yugoslavia. *Archives Europeennes de Sociologie* 17: 220-46.
- Sastri, K. A. N.
- 1966 A History of South India: From Prehistoric Times to the Fall of Vijayanagar. Bombay: Oxford University Press.
- Schermerhorn, R. A.
- 1970 Comparative Ethnic Relations: A Framework for Theory and Research. Chicago: University of Chicago Press.
- Schutz, A.
- 1972 On Phenomenology and Social Relations: Selected Writings. Wagner, H. R., (ed.), Chicago: University of Chicago Press.
- Shepard, T.
- 1648 The Clear Sun-shine of the Gospel Breaking Forth Upon the Indians in New England. London.
- Spear, P.
- 1966 A History of India. Volume 2. Baltimore: Penguin Books.
- Spiegel, J.
- 1971 Cultural Strain, Family Role Patterns, and Intrapsychic Conflict. In *Theory and Practice of Family Psychiatry*. Howells, J. G., (ed.), New York: Brunner-Mazel.
- Stannard, D. E. (ed.)
- 1974 Death in America. Philadelphia: University of Pennsylvania Press.
- Stannard, D. E.
- 1977 The Puritan Way of Death: A Study in Religion, Culture, and Social Change. New York: Oxford University Press.
- Stein, H. F. and Hill, R. F.
- 1977 The Ethnic Imperative. University Park: Pennsylvania State University Press.
- Vandeusen, J., Coleman, C., Khoa, L. X., Phan, D., Doeung, H. H., Chaw, K., Nguyen, L. T., Pham, P., and Bountninh, T.
- 1980 Southeast Asian Social and Cultural Customs: Similarities and Differences. *Journal of Refugee Resettlement* 1: 20-39.
- Vovelle, G. and Vovelle, M.
- 1969 La Mort et l'au-delà Provence d'après les autels des ames du Purgatoire (XVe-XXe siècle) *Annales E. S. C.* 24: 1602-34.
- Watson, J. L.
- 1982 Of Flesh and Bones: The Management of Death Pollution in Cantonese Society. In *Death and the Regeneration of Life*. Bloch, M. and Parry, J., (eds.), Cambridge: Cambridge University Press.
- Williams, E.
- 1963 On Portuguese Family Structure. In *Family and Marriage*. Mogey, J., (ed.), Leiden, the Netherlands: E. J. Brill.