

See discussions, stats, and author profiles for this publication at: <https://www.researchgate.net/publication/339208559>

# Cultural responses to loss and grief among Black Americans: Theory and practice implications for clinicians

Article in *Death Studies* · February 2020

DOI: 10.1080/07481187.2020.1725930

CITATIONS

13

READS

3,135

5 authors, including:



**Sharon E. Moore**

University of Louisville

54 PUBLICATIONS 472 CITATIONS

[SEE PROFILE](#)



**Sharon Jones-Eversley**

Towson University

24 PUBLICATIONS 142 CITATIONS

[SEE PROFILE](#)



**Dana K. Harmon**

University of Alabama

9 PUBLICATIONS 163 CITATIONS

[SEE PROFILE](#)

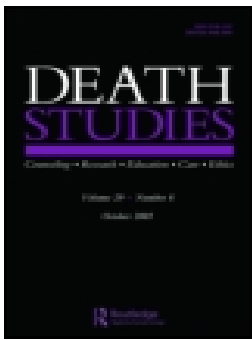
Some of the authors of this publication are also working on these related projects:



Missed Opportunities: Families as Family Health Navigators to Counteract [View project](#)



The Dehumanization of Black Males by Police: Teaching Social Justice - Black Life Really Does Matter! [View project](#)



## Cultural responses to loss and grief among Black Americans: Theory and practice implications for clinicians

Sharon E. Moore, Sharon D. Jones-Eversley, Willie F. Tolliver, Betty Wilson & Dana K. Harmon

To cite this article: Sharon E. Moore, Sharon D. Jones-Eversley, Willie F. Tolliver, Betty Wilson & Dana K. Harmon (2020): Cultural responses to loss and grief among Black Americans: Theory and practice implications for clinicians, *Death Studies*, DOI: [10.1080/07481187.2020.1725930](https://doi.org/10.1080/07481187.2020.1725930)

To link to this article: <https://doi.org/10.1080/07481187.2020.1725930>



Published online: 12 Feb 2020.



Submit your article to this journal [↗](#)



View related articles [↗](#)



View Crossmark data [↗](#)

## Cultural responses to loss and grief among Black Americans: Theory and practice implications for clinicians

Sharon E. Moore<sup>a</sup>, Sharon D. Jones-Eversley<sup>b</sup>, Willie F. Tolliver<sup>c</sup>, Betty Wilson<sup>d</sup>, and Dana K. Harmon<sup>e</sup>

<sup>a</sup>Raymond A. Kent School of Social Work, University of Louisville, Louisville, Kentucky, USA; <sup>b</sup>Department of Family Studies & Community Development, Towson University, Towson, Maryland, USA; <sup>c</sup>Silberman School of Social Work, Hunter College, New York, New York, USA; <sup>d</sup>College of Social Work, University of South Carolina, Columbia, South Carolina, USA; <sup>e</sup>Department of Sociology, Anthropology, and Social Work, Auburn University at Montgomery, Montgomery, Alabama, USA

### ABSTRACT

Dying, death, and grief are universal human experiences that are impacted by cultural values and beliefs. We provide service providers a context from which to consider the importance of spirituality and religiosity in the grief process and the variances in grief practices that exist within the Black community. This knowledge can serve as a catalyst for developing culturally appropriate interventions for Black people aimed at helping them to more effectively cope with grief and further enabling them to thrive rather than merely survive a sociopolitical US climate that is laden with grief producing experiences.

“Some say you are too painful to remember, I say you are too precious to forget” Unknown

### Introduction

Throughout various points in life, everyone will lose someone dear to them. The pain that accompanies grief is exacerbated when the loss is sudden, such as a baby's death from Sudden Infant Death Syndrome (SIDS), a parent or spouse's from a stroke, or a son's death from being unarmed and shot to death by a police officer after being stopped for a minor traffic violation. These types of losses are all too disproportionately familiar to Black people who reside in the United States (Hill, 2017). For instance, compared to their white counterparts, African American males are 21 times more likely to be shot to death by police officers (Gabrielson, Grochowski, & Sagara, 2014). Further, in 2017, Black babies died at twice the rate of white babies and nearly two-fold that of the mortality rate of all racial groups (Center for Disease Control, 2017).

Compounding the grief that Black people live with from occurrences that arise as they naturally progress through life are the residual effects of having been forced into chattel slavery within this country. The subsequent pathos from being relegated to an

inferior status in society resulted in disease processes and stress that have consequences for Black Americans that sometimes results in debilitation or death (Williams, Burke, McDevitt-Murphy, & Neimeyer, 2012). Because of the oral tradition passing down narratives of the slave experience from generation to generation, we contend that Black Americans live in a perpetual state of grief and that this grief is seldom acknowledged or addressed by those within the helping professions (Granek & Peleg-Sagy, 2015).

The aim of this research is to provide information that is useful for social workers, counselors, pastors, and others who provide grief services to Black clients. We give service providers a theoretical context from which to consider the importance of spirituality and religiosity in the grief process, the variances in grief practices that exist within the Black community, and culturally appropriate interventions. This knowledge can serve as a catalyst for them to develop culturally appropriate interventions for Black people aimed at helping them to more effectively cope with grief, thereby reducing the amount of stress, enervation, and anguish experienced as a result of loss and further enabling Black persons to thrive rather than merely survive a sociopolitical US climate that is laden with grief producing experiences for them.

### **Theories of grief that relate to spirituality, religiosity and Black Americans**

Hobbs (2015) begins her book, *Democracy Abroad, Lynching At Home*, with a story that resonates deeply among African Americans. The story involves a mother making a gruesome discovery in the backyard of her mother's home in Belle Glade, Florida. On the morning of 28 May 2005, Bernice Golden discovered the body of her 32-year-old son, Feraris "Ray" Golden, suspended 15 feet off the ground, hanging from a tree (Hobbs, 2015). The image of a hanging Black body is powerful in the historical memory of African Americans and the meaning of this hanging body was perceived by African Americans within the history of over 4,075 lynched Black bodies in the United States (Equal Justice Initiative, 2015).

Notwithstanding Ray Golden's family's evidence that he was recently divorced, unemployed, and fearful of being a burden to his family, his mother and the Black townspeople believed that Ray was murdered. The National Association for the Advancement of Colored People became involved, and on the day of the hearing before Judge Cohen, national news agencies and journalists from as far away as India and Australia came to the small, rural Florida town to report on the 2-day inquest (Hobbs, 2015).

When the attendees arrived, Black people sat on one side of the courthouse and White people sat on the opposite side (Hobbs, 2015). At the end of the inquest, Judge Cohen found that there was no evidence to support a conclusion that Ray Golden died of anything other than suicide. Many people were shocked by the racial alignment of people's responses to the decision. Hobbs (2015) observed, "Any person familiar with the history of race relations in the United States... would not have been surprised" (p. 2).

Social workers, counselors, pastors and others who provide grief services to Black clients must include in their preparation for practice the historical contexts of Black Americans in the United States. Construing a story like Hobbs' as bereavement-related crises of faith, complicated spiritual grief, or complicated grief (Burke & Neimeyer, 2014) fails to contextualize the historical legacy of a people whose ancestors were enslaved, sold as property, and who today live in a country that promises liberty and justice to all of its citizens, while maintaining certain members of its citizenry in a zone of nonbeing (Grosfoguel, Oso, & Christou, 2015).

Addressing the profession of social work in particular, Carlton-LaNey (1994) found that in the absence

of a historical context, "The result has been that many professionals are disinclined to perceive African Americans as resourceful, skilled, and powerful... instead the theme of pathology permeates social work literature, teaching, and ultimately social work practice" (p. 5). In addition, culture-free service delivery is non-existent (Pinderhughes, 1989). We add that culture-free theories are also non-existent.

### **Historical traumas**

Therefore, we offer two theories for the consideration of helping professionals providing grief services to African Americans. The first theory, (Brave Heart & Debruyn, 1998), adds to clinical literature, historical trauma, and unresolved historical grief, and scaffolds on the scholarship of researchers who studied the Jewish Holocaust. This theory defines historical trauma as cumulative emotional and psychological wounding across generations, including lifespan, which emanates from massive group trauma (Brave Heart, Chase, Elkins, & Altschul, 2011). This theory can ensure that clinicians and pastors who offer grief counseling consider history and the deleterious impact of living daily with discrimination, oppression, and structural racialization (Powell, 2013). Historical trauma and unresolved historical grief contextualizes the reactions of the Belle Glade, Florida residents to the 2005 lynching suicide of Ray Golden and evidences the need for communal healing.

In addition, many Indigenous communities experience multiple traumatic deaths with great frequency due to elevated mortality rates, lowered life expectancy, and high accidental death rates. A long-term goal of historical trauma intervention practice is to reduce the emotional suffering among Indigenous people (Brave Heart et al., 2011). Reduction of emotional suffering must also be the goal of historical intervention practice with Black Americans. Far too many lives are lost to suicide, alcohol and other substance abuse related accidents, homicide, and intimate partner violence. In addition, news of police killings of unarmed Black people traumatizes Black people across the country, and African American parents prepare their children for encounters with the police in an attempt to prevent their children from being killed (i.e., Otterman, 2019). This theory recommends a model for facilitating resolution of historical unresolved grief through an integration of both clinical and traditional American Indian interventions (Brave Heart et al., 2011; Brave Heart & Debruyn, 1998). The model is based on the premise of a healing group that involves extended kin in the therapeutic process

because kin networks support a sense of belonging, recognition of a shared history, and group survival.

### **Cultural context**

The cultural context model (Almeida & Durkin, 1999) advances healing circles as the modality of choice. Healing circles have more than one therapist working with the circle, and former clients (sponsors) who have completed the healing circle and return to support others on their journey. The model also moves away from sorting people into groups based on their presenting problem. Almeida (2018) does not use a client's presenting problem to track clients into a therapeutic alliance that is singularly focused on the presenting problem. Notwithstanding the presenting problem, clients meet in a healing circle. In the healing circle clients engage in psychoeducational sessions for 8 weeks to develop critical consciousness so that they can understand how oppressions and intersectionality may mark one person for multiple forms of oppression. Critical consciousness makes it possible for clients to join in collective action to interrupt cycles of violence like police killings of unarmed Black people

The cultural context model uses an intersectional lens as a foundation of the approach. It recognizes that none of us lives single identity lives and death in Black and Brown communities is often beyond individual control. We need each other to live and often our healing requires collective communal responses. Black people are not just Black people. Black people are Black women who may be lesbian or transgender, or living in poverty. Black people are men who may be upper middle class or lower class, college educated, executives or unemployed, and registered Republican or unable to vote due to prior incarceration. What is it that all these people share in common? All human beings experience grief and loss, and all have other issues that challenge well-being. The cultural context model intervention includes clients with a range of presenting problems. The approach interrupts service delivery that segregates clients based on socioeconomic class, religious practices, race, gender, sexual orientation, diverse ability, immigration status, or language (Almeida, 2018). The purpose of this approach is to break down the societal walls that separate human beings so that people can get to know each other and develop awareness of the different life trajectories presented in the circle. In doing so, people develop relationships that transcend societal walls and disrupt collusion with oppressive structures—patriarchy, sexism, racism, ableism, ageism, religious

hatred, and anti-immigrant bias (Almeida, 2018). Both theoretical frames require social workers, counselors, and pastors to become aware of their worldviews and cultural contexts.

### **Culturally appropriate interventions**

Traditions, rituals, values, and cultural beliefs help guide people when they are coping with loss and inwardly or outwardly expressing their grief. Historically, those who are not part of a culture do not always understand or appreciate the ways individuals mourn (Schoulte, 2011). Therefore, applying Western norms regarding grief and mourning to non-Western populations without learning how that population deals with grief is inappropriate (Eisenbruch, 1984). Traditionally, Black people used social support, religion, and continuing bonds to cope with loss (Burke, Neimeyer, & McDevitt-Murphy, 2010; Laurie & Neimeyer, 2008; Taylor & Chatters, 2010). Practices related to the dying process may also look slightly different than those of the majority culture. Because death in the Black community is widely regarded as a natural part of life, dying persons may be more accepting of death and show less attempt to “fight” the dying process (Barrett & Heller, 2002). Traditionally, sick and dying persons receive social support from their family and their community. A network provides needed assistance with activities of daily living, meals, transportation, etc. Often during the final hours of life, the dying person is surrounded by family and friends who may sing to them, pray for and/or with them, and utter words of encouragement and consolation.

Funeral services are often very different from those of the majority population. For instance, many African Americans do not consider funerals to be somber occasions but view them as “home-going” celebrations. Although sadness and grief occur, the transitional service is often celebrated joyously with the belief that the deceased loved one is in a better place free from the struggles of this world. Following the transitional service, Black people maintain a sense of connection with their deceased loved one through dreams, talks, cemetery visits, and celebratory remembrances of birth and death (Laurie & Neimeyer, 2008). In times of grief and distress, it is especially common for Black people to draw on religious and spiritual faith as well as the support of family, friends, and others in the community rather than seeking out help from mental health professionals.

However, the Black grief experience is not monolithic; assuming that it is so does a disservice to the divergent traits, values, and uniqueness of the Black community (Laurie & Neimeyer, 2008). Further, in the Black culture, there are subcultures and differences between and within groups that impact how someone experiences grief and bereavement. We do not address all the ways Black people pay homage to their deceased loved ones, but discuss the memorial practices of the four largest Black ethnic groups in America.

### **African Americans**

African Americans tend to look to their faith first following the loss of a loved one (Burke, Neimeyer, Devitt-Murphy, Ippolito, & Roberts, 2011). Historically, the African American church has spearheaded social, educational, and health services to their congregation and surrounding communities (Taylor & Chatters, 2010). Consequently, many African Americans (including those who do not identify as Christian), utilize Christian influences during the grief process (Schoulte, 2011). Death and mourning are a time to memorialize and honor the deceased person through calling on others through remembrance and celebration. Also, distinctive religious and secular ceremonies, traditions, or rituals occur (Holloway, 2002). One important ritual is the memorial service or funeral, which is a celebration of the rite of passage and crossover of the spirit of the deceased person into continuous existence in the spirit world. It usually occurs within 1 week after someone's death (Moore, 2003). The ritual includes prayers, songs, viewing of the body, and a eulogy usually by a clergy, as well as some family members and friends. For some Black families, both immediate and extended family members and friends gather in one location (usually the home of the deceased) to support the grieving family members. There is also the "church family" who offers spiritual support. Emotional expression varies among Black people: some people might cry and wail, others might remain silent and stoic (Hines Smith, 2002). Typically funerals have plenty of food, music, and drinking during the repast. After the funeral, burial rituals, and other celebrations, some African Americans still memorialize the deceased person by talking fondly about them with family and friends, marking their birth and death date, and communicating with them through dreams (Moore, 2003).

### **Barbadians (Bajans)**

During slavery, slaves were usually responsible for burying their own dead, in their own areas where they could find space, and burials took place late at night with a brief acknowledgement and no grave marker (Beasley, 2009). Today, honoring the dead in the Barbados family is very important. Funerals happen based on the family's principles, but with certain restrictions. For example, in large families, there is a funeral planning hierarchy, in which the spouse has an integral role. However, if there is dysfunction in the family, the oldest sibling or child may make the final decisions of planning the funeral (Reid, 2004). In Barbados, funerals occur in a church prior to burial. Unlike other Caribbean island groups, prior to the funeral, there is little or no gathering at the deceased family's home. There might be sharing of food and phone calls for people to extend sympathy, but visiting for a length of time occurs immediately after the funeral. Most Barbadians do not visit the grave after a loved one died. However, not visiting the grave does not indicate that the individual had an unfavorable relationship with the deceased person. Instead, Barbadians believe in not wanting to relive the memory of the loss or recollection of stories from childhood about the soul of the deceased or a malevolent ghost or spirit (Huggins & Hinkson, 2017).

### **Haitians**

The country of Haiti is unique in that it shares the same land with another

Caribbean island, the Dominican Republic (Rey & Stepick, 2013). During slavery in Haiti, plantation owners overworked slaves; half of Haitian slaves died within a few years (Johnson, 1999). A 1635 decree by the French king Louis XIV enacted legislation Code Noir, which disallowed burials of slaves using African spiritual rituals (Johnson, 1999).

With 98% of Haitians being Catholic, many believe in *Vodou*, which originated in the Caribbean among West African slaves when White slave traders actively suppressed African religious practices and forced enslaved Africans to convert to Christianity (Rey & Stepick, 2013). Thus, *Vodou* is a mixture of West African and Catholic practices. Most Haitians in the lower economic class are buried with both Catholic and *Vodou* rites. In remote villages, mourners convene daylong funeral celebrations with villagers wearing their Sunday best, men playing drums in a processional form, and worshipers clapping and singing for hours (Fandrich, 2007).



Villagers also celebrate with the family as they plan for nine nights (a West African burial practice) of visits and preparing foods. West African tradition believes that on the ninth night after a death, the soul of the deceased person leaves for its final resting place. During this period, women pray and prepare the home-going celebration and men drink rum alcohol freely and play drums (Clements et al., 2003). Therefore, the celebration of life ends the night before the funeral and the night after the funeral entails eating and singing for hours (Huggins & Hinkson, 2017). Finally, Haitians believe relationships with the dead last forever and living Haitians inherit the spirits of their worshiped ancestors and these spirits visit them in their dreams to provide guidance (Grossman, 2010).

The most recent devastating loss of Haitian life occurred in 2010 when Haiti experienced the worst earthquake in its history. Sadly, an estimated 200,000 people lost their life and the Haitian government buried more than 150,000 people (United States Agency for International Development, 2010). Unfortunately, deceased people were buried in mass graves with no ceremonial burial rituals or identification for families to make later. Haitians place a significant emphasis on dying with dignity and having a funeral, so they considered burying people in mass graves immoral (Huggins & Hinkson, 2017).

### Trinidadians

Like Haitians, Trinidadians observe the nine-night celebration that intermingles Catholic and West African burial practices. However, a difference is that Trinidadians hold a wake every night until the 9th day, and celebrate the 9 days on a smaller scale (Clements et al., 2003). If financially possible, family and friends provide food and alcohol at the deceased person's home. If the person died at home, there is a 45 min ceremony in the room where the person died, and family members retreat to the deceased person's bedroom, recite the rosary, and read Bible passages. They pray to the Old Testament prophets and New Testament saints to ensure the body is committed to the Lord and ascends into heaven (Huggins & Hinkson, 2017).

Families in the lower economic class light candles or flambeaus and line the street near the loved one's house to indicate a recent death. After the ceremony, everyone who visits stays for food and drink, and gives condolences to immediate family members. The day of the funeral lasts all day with an early service, ride to the gravesite, and breaking ground where the

deceased person will be buried (Huggins & Hinkson, 2017). Women sing Biblical songs until the casket is ready to be lowered into the ground. After the casket is lowered into the ground, prayers and song begin again, and everyone tosses dirt on the casket. Family and friends may often spend 2–3 hr at the burial site. Afterwards, there is a repast where there is a celebration of the deceased person's life with food, song, and fellowship (Clements et al., 2003; Huggins & Hinkson, 2017).

### Practice implications for clinicians

A Euro-centric perspective sees death as a linear process, in which a person is born and eventually dies (Barrett & Heller, 2002). There is little mention of the afterlife, as disconnecting ties with the deceased loved one allows grievers to accept loss and move on. Dying persons may experience a heightened sense of fear and anxiety about the dying process and attempt to fight death ("the enemy") at the end stages of life with aggressive medical treatment (Gire, 2014). Those in the dominant culture experience more difficulty grieving the loss of a *primary relationship* such as a parent, spouse, and child, as compared to the loss of a *secondary relationship* such as extended family and friends (Laurie & Neimeyer, 2008). Moreover, when a loved one dies, bereaved people commonly seek out professional mental health services and support groups to cope with grief. Although death, dying, and grief are universal human experiences, in the United States, a Euro-centric perspective has largely focused on the dominant White culture experience, thus ignoring the unique and varied experiences of other cultural groups, most notably Black people.

Broadly speaking, Black people believe that death ushers the individual into a better afterlife, Heaven, which is free of sickness, pain, sorrow, discrimination, racism, poverty and other social injustices. It is a place where they can be recompensed for the hardships suffered while living on earth (Cooper-Lewter & Mitchell, 1992). Contrary to the linear Euro-centric understanding, death in the traditional, Black perspective implies a continuance of life, a passing from one spiritual world to the next (Laurie & Neimeyer, 2008). Even though their loved one may not be physically present, Black people find comfort in the belief that their loved one's spirit exists around them. In addition, death of an extended family member may be as significant as the death of an immediate family member, which in turn can contribute to greater amounts of grief than in the dominant culture (Laurie & Neimeyer, 2008).

To provide effective grief counseling to Black individuals, the counselor must first acknowledge the generational grief that germinates from the horrific experience of US chattel slavery and the subsequent psychological, emotional, physical and spiritual trauma (Carter, 2007). African Americans number approximately 40 million and constitute roughly 13% of the United States population (US Census Bureau, 2017). Black Americans came from Africa, which has 50 different countries, approximately 2,000 distinct ethnic groups and tribes, and 100+ dialects. It therefore follows that they also represent a wide range of religious beliefs and practices (Dhopper & Moore, 2000). Any counseling efforts at grief work must acknowledge not only the immediate causal factors of grief but also the historical backdrop of Black grief. Black people grieve, having been ripped from their African homeland, leaving behind family and friends they would never see again, having been shackled and chained, and having been forced to adopt European names and relinquish their African names. They worked from sun-up to sun-down in harsh conditions without remuneration. They had their families torn apart as owners sold family members to other slave owners who often lived far away. They were whipped, mutilated, raped, and sodomized. They survived other deliberate attempts to modify if not altogether destroy their culture. Additionally, some modern writers have so distorted the historical narrative of this experience that some readers of Black history may think that the era of slavery was not so terrible. Many writings, such as current US K-12 educational texts, omit Black narrative from history altogether (Sotiropoulos, 2017).

Because of their experience with racism and discrimination and the stigma that the Black community attaches to receiving mental health counseling (Vinson, Abdullah, & Brown, 2016), Black people have historically avoided counseling services and dropped out more quickly than others when they do attend therapy. Additionally, most therapists are White people who use counseling theories and approaches that are Euro-centrally biased ways of conceptualizing and treating clients, and primarily developed by White men (Miserocchi, 2014). Granek (2014) asserts that a European perspective pathologizes grief into a psychological condition that occurs on a continuum with a beginning, middle and end. The Euro-centric position expects grievers to work sufficiently through their grief to resume being productive citizens in a short a period of time. If the griever is cannot move on, the Euro-centric position places the onus on the griever to seek professional

counseling or prescribed medication. Further, Granek (2014) discussed modernism in relation to a decline in religion and a belief in science instead of God. The modernist emphasis on the self has left people deprived of what they need to effectively grieve and instead has made the individual solely responsible for healing instead of being able to rely on religion and rituals to deal with death and grief. What has resulted is a narrow-mindedness for the gradual progression of bereavement. It is therefore understandable that Black people sometimes shun counseling, especially when the counselor has different race related experiences.

These differences in grief rituals have implications for social workers and others who address the grief needs of Black people. We present real case examples of how clinicians are ineffective or make costly blunders when they are not culturally aware of divergent responses to grief among their Black clients. Further, we suggest how to rectify these faux pas. We changed the names in each scenario to protect the anonymity of all involved.

### **Scenario 1**

Joan, a 53-year-old widow, was more than willing to share her experience with grief counseling. She was 43 when her husband, Sean, died of cancer at age 48 after a two + year battle with the disease. He left behind four sons, ages 10, 11, 15 and 20. Sean received hospice care during the last 2 weeks of life. Five weeks after Sean's death, Joan attended her first grief counseling session at the invitation of the hospice counselor. Joan displayed no emotional signs of grief (crying, depression, anger, etc.). Joan stated that the hospice counselor told her that she was suppressing her grief, asking if she cried at all. Joan cried often before and after her husband's death, when her children were not present. She purposely shed no tears in front of her children.

Joan stated that the hospice counselor "gave her permission to cry," and stated that Joan's children needed to know that it was OK for them to grieve by crying. The hospice counselor wanted Joan to take anti-depression medicine to help her cope with the death of her husband. Joan declined. The counselor asked why, further pressing if Joan suppressed her emotions because of the "strong Black female stereotype." Joan told the counselor that her refusal to openly cry was because she felt she needed to hold in her tears "for the sake of keeping her children strong." Further, Joan felt that she was not depressed and did not need medication.



The counselor questioned why Joan was not angry and had not questioned God about Sean's death, and told Joan that it was OK to question God. Joan told the counselor that her faith in God would not allow her to be angry, because she knew that God was in control of life events. Joan felt that the counselor wanted her to emote in a certain way and did not respect her grief process.

During the third counseling session, the hospice counselor suggested that the next session be a family session with Joan and her sons. Joan indicated that she was not ready for a family session, but the counselor pressed the issue on the grounds that it would help Joan and her sons with grieving. On the day of the fourth session, Joan brought her sons in for counseling, but the counselor told her that the family was a day late for the counseling session. The counselor then proceeded to open her office door for the family to leave and told them that there were no open appointments in the near future. Joan stated that the counselor talked to them in a dry, cold manner. Her children told Joan that the counselor had no warmth and that they would not go back. Joan stopped counseling after the fourth session, although her insurance would have paid for the grief services until she felt better.

### ***Suggestions for improvement***

First, Joan indicated that she needed to talk about her grief instead of receiving a recommendation for anti-depression medication; she was very put off by that recommendation. The counselor should have *listened* to how Joan felt instead of insisting on how she should feel. Second, Joan felt that the counselor's approach to her was an attack on Black culture for her not showing the emotional response that the counselor expected. This feeling of attack caused Joan to question whether the counselor had previous experience counseling Black clients. Joan sensed no warmth from the counselor, and wondered if the counselor was taught to emotionally distance herself from her clients.

Joan successfully got her grief needs resolved through a spiritually-based grief (given Bible scriptures that related to each phase of grief and a journal to document her progress) support group through a local church. Joan indicated that the staff and participants of the support group were of various races and that they exhibited a warm, nonjudgmental environment. The support group staff talked about grief from a number of standpoints such as a result of divorce, job loss, etc. and they also discussed the steps of grieving. The support group put no pressure on Joan to talk until she felt safe and ready to participate.

Her children never sought counseling because "they felt that no one could tell them about their dad; they knew all about their dad." Joan feels that she and her sons have emerged through their loss in a healthy way. Perhaps, had the hospice counselor included a spiritual assessment of Joan as part of her initial evaluation, she would have learned how important spirituality and religiosity were to Joan and her family and she could have tailored her intervention to include some of those elements (Hodge & Williams, 2002). Also the counselor has some work to do of her own in regards to shedding racial stereotypes of Black women if she intends to be effective with this population.

### ***Scenario 2***

Jackie was 39 when her Liberian husband David died at age 41. Together they had three children, two girls, ages 8 and 10, and one boy, age 12, at the time of David's death. Jackie and her family lived in Southaven, MS, a middle-income, predominately white, highly segregated area. David was an OB/GYN at a private practice 20 min away. On the day of his death, David was exercising at work and suddenly collapsed. Jackie did not find out that David died until a day later. Hospital staff told her that they tried to contact her on her cellphone after emergency paramedics brought David to the hospital but were unable to reach her. Doctors later informed Jackie that David died from a heart attack.

A week after David's death, Jackie saw on a Facebook post from one of David's coworkers that the emergency paramedics refused to perform CPR to resuscitate David. Jackie believes that the decision to not perform CPR was racially motivated. Jackie expressed, "they didn't want to do mouth to mouth and unfortunately in America they see the color of your skin regardless of what you do." Jackie's beliefs that racism played a role in David's death exacerbated her grieving process and she stated that, "this takes you to another level in your grief" Jackie's heightened financial burden to pay the mortgage and other monthly utilities that now fell solely on her shoulders also exacerbated her grieving. Jackie recalls that she "tried to grieve, but the bill collectors kept calling."

Jackie sought to keep her children's lives as stable as possible. Two weeks after her husband's death, she reached out to her children's school counselor to enroll her children in the Rainbow Initiative, a grief therapy program offered in the school. Once a week, Jackie's children were able to share their feelings and

process emotions in groups with other grieving children. However, Jackie explained that her daughters continued to feel sad because they had no one take them to father daughter dances at the school. Jackie's son completely shut down and refused to talk about losing his father. Her son's school counselor suggested that Jackie's son "needed someone who looks like him and understands him such as a Black male counselor." Unfortunately, there were none in the area.

Jackie sought counseling for herself following the death of her husband. This was her first experience with a bereavement counselor. Her counselor was an older White man. During the sessions, Jackie informed the counselor that she was struggling to pay bills each month now that her husband was gone. However, Jackie said firmly that the counselor ignored her concerns and offered no insights to financial assistance in the community because "he was just there to get a paycheck." After three sessions, Jackie stopped attending counseling.

A few days after discontinuing counseling, Jackie searched online for a grief support group in her area and found one at a local church. She went to two group sessions led by a white man and both times was the only black person attending. Jackie stated, "the group had a bunch of older white people and they already had their 401 K and retirement, and here I am a Black woman struggling to get by." Jackie did not find the group sessions helpful. In fact, she felt dissatisfied with the overall help-seeking process and was no longer interested in professional grief services.

### **Suggestions for improvement**

First, Jackie's grief experiences bring to light a need for more culturally sensitive and accessible grief services for Black people. A possible pathway to achieve this is to increase the number of Black counselors with whom Black people of all ages might feel more comfortable sharing their emotions, and who might better understand and empathize with their experiences (Goode-Cross & Grim, 2016).

Second, counselors should attune themselves to the impact that death can have on families' financial security (Ghesquiere et al., 2016). Jackie faced a persistent struggle to make ends meet after the loss of her husband. Her counselor failed to acknowledge her financial issues or refer her to community resources to assist her with monthly expenses. Jackie felt unable to grieve the death of her husband because her "biggest concern was the constant phone calls regarding past due bills." She indicated that the counselor should have been more sensitive to her financial

strains during her bereavement and inform her about available community assistance. Perhaps, had Jackie's counselor attended to Jackie's financial stress, he would have recognized her significant economic burdens, seen how they affected her grieving, and referred her to appropriate services.

### **Scenario 3**

Tasha is a 36-year-old Black and Haitian woman living in Salisbury, Maryland. Tasha was 29 when her husband, Kevin, died from cancer, leaving behind a 15-year-old daughter. Kevin was first diagnosed with stage-3 lung cancer in March, 2011. He began chemotherapy and radiation treatment in April and continued through June, 2011. He underwent surgery to remove the cancer in July, 2011. After completing treatment, doctors told Tasha and Kevin that he was cancer-free. Overjoyed from the doctor's report, Tasha and Kevin were eager to move on together with their lives. However, in September, 2011, Kevin's cancer returned much more aggressively. Although he again underwent chemotherapy, Tasha could tell the treatment was not working for Kevin. Tasha relates her experience watching her husband die; "I could see him deteriorating right before my eyes." Kevin died in January, 2012 at age 32.

One month after her husband's death, Tasha felt that she "needed extra support to get through the week" and began seeking grief support groups. She struggled to find groups in the area until she discovered a grief services information flyer in her purse. Tasha remembered getting the flyer off a table in the waiting room at the hospital during the last days of her husband's sickness. She called the number on the flyer and was referred to a grief support group at a local community center. When she attended the group, the first thing Tasha noticed was that she the youngest and only Black person in the room. Grief group members were older white men and women and the leader was a White women social worker. Tasha felt disconnected and "out of place." When she brought her daughter to the second session, the social worker told Tasha that group sessions were only for adults because, "You don't want to cry in front of your kids." Tasha felt deeply insulted by the social worker's remarks because she thought the group would be a safe space for her daughter to talk about her feelings about her dad's death. After this encounter, Tasha did not return to group sessions; instead, she leaned on her mother, cousins, and friends for emotional support.

### Suggestions for improvement

First, Tasha's feelings of emotional disconnect stemmed from factors of race and age because she was the only Black person in the group session and the youngest. Counselors should actively work to advertise to a diverse audience, ensuring an inclusive and inviting environment especially for Black people. Perhaps grief support groups can include Black guest speakers to whom Black families and individuals in grief can more easily relate.

Second, when engaging with Black families, counselors should not ignore the children in the grieving process, as was Tasha's experience. Restrictive policies such as "no children allowed" in group sessions can exacerbate barriers to grief services for Black families and appear culturally insensitive of close family networks and relationships in Black culture (Laurie & Neimeyer, 2008). It is important for counselors to identify ways to expand the focus of grief support services beyond the individual adult to incorporate children or the family unit.

More research is needed that acknowledges how historic moral and racial injuries aimed at Blacks function as barriers to Blacks ascertaining applicable support in their losses (Grinage, 2019). Without exploring culturally relevant means that align with Blacks' loss and grief realities, needs, and preferences, the loss and grief gaps in research and practice will continue to miss the mark for Blacks (Breen, 2011). Blacks experience death of family, friends and neighbors earlier in life and more frequently than other race and ethnic groups the United States (Dottinga, 2017). Laurie and Neimeyer (2008) found that African Americans more frequently than Whites maintained stronger ongoing connections with the deceased person, had greater grief for having lost an extended kin, and had a sense of social support in their grief, even though they were less likely to vent about their loss or to seek professional help for it.

Hence, there is urgency for social workers, counselors, pastors, and others who provide grief services to Blacks to better understand and meet their unique loss and grief needs.

### Conclusions

The integration of the cultural context model and historical trauma response theory provides clinicians with a framework to better understand death, dying, and grief for Black Americans. This understanding allows clinicians to further develop skills to implement culturally relevant interventions and methods of

coping, not just for the Black community as a whole, but also various ethnic groups within the Black community. It is essential that clinicians understand that death, dying, and grief takes place within the historical context of systemic racism. As referenced in the case scenarios, a thorough and critical awareness of how Black people grieve is integral to the creation of a positive relationship between the clinician and client. This awareness should extend to the ways in which faith and religion are integrated into death, dying, and grief. To become more culturally aware, it is necessary for clinician to be sensitive to the unique needs of Black clients. Clinicians must seek to identify more accessible grief services for Black people; increase the number of Black counselors or, in the cast of support groups, include Black guest speakers to whom Black families and individuals in grief can more easily relate; provide financial security assistance or referrals; actively work to advertise to a diverse audience; and identify ways to expand the focus of grief support services beyond the individual adult to incorporate children or the family unit where appropriate.

In addition, it is vital for clinicians to research the experiences of non-Euro-centric cultural groups, most specifically Black Americans. We also recommend collaborative death, dying and grief research aimed to prevent massive deaths and reduce chronic death exposures among Black Americans. By studying determinants of death and structural reactions to chronic death exposure, researchers and clinicians may: offer findings that help to decrease the incidence of unnecessary death and subsequent grief experiences within the Black community and develop culturally relevant policies and programing to prevent and reverse the morbidity, mortality and bereavement trends specific to this population

### References

- Almeida, R. V. (2018). *Liberation based healing practices*. Somerset, NJ: Institute for Family Services.
- Almeida, R. V., & Durkin, T. (1999). The cultural context model: Therapy for couples with domestic violence. *Journal of Marital and Family Therapy*, 25(3), 313–324. doi:10.1111/j.1752-0606.1999.tb00250.x
- Barrett, R. K., & Heller, K. S. (2002). Death and dying in the Black experience. *Journal of Palliative Medicine*, 5(5), 793–799. doi:10.1089/109662102320880714
- Beasley, N. M. (2009). *Christian ritual and the creation of British Plantation Colonies*. Athens, GA: University of Georgia Press.
- Brave Heart, M. Y. H., Chase, J., Elkins, J., & Altschul, D. B. (2011). Historical trauma among Indigenous peoples of the Americas: Concepts, research, and clinical

- considerations. *Journal of Psychoactive Drugs*, 43(4), 282–290. doi:10.1080/02791072.2011.628913
- Brave Heart, M. Y. H., & DeBruyn, L. M. (1998). The historical Indian holocaust: Healing historical unresolved grief. *American Indian and Alaska Native Mental Health Research*, 8(2), 56–78. doi:10.5820/aian.0802.1998.60
- Breen, L. J. (2011). Professionals' experiences of grief counseling: Implications for bridging the gap between research and practice. *Omega - Journal of Death and Dying*, 62(3), 285–303. doi:10.2190/OM.62.3.e
- Burke, L. A., & Neimeyer, R. A. (2014). Spiritual distress in bereavement: Evolution of a research program. *Religions*, 5(4), 1087–1115. doi:10.3390/rel5041087
- Burke, L. A., Neimeyer, R. A., Devitt-Murphy, M. E., Ippolito, M. R., & Roberts, M. (2011). Faith in the wake of homicide: Religious coping and bereavement distress in an African American sample. *International Journal for the Psychology of Religion*, 21(4), 289–307. doi:10.1080/10508619.2011.607416
- Burke, L. A., Neimeyer, R. A., & McDevitt-Murphy, M. E. (2010). African American homicide bereavement: Aspects of social support that predict complicated grief, PTSD, and depression. *Omega - Journal of Death and Dying*, 61(1), 1–24. doi:10.2190/OM.61.1.a
- Carlton-LaNey, I. (1994). The legacy of African American leadership in social welfare. *Journal of Sociology and Social Welfare*, 21(1), 5–12.
- Carter, R. T. (2007). Racism and psychological and emotional injury: Recognizing and assessing race-based traumatic stress. *The Counseling Psychologist*, 35(1), 13–105. doi:10.1177/0011000006292033
- Clements, P. T., Vigil, G. J., Manno, M. S., Henry, G. C., Wilks, J., Das, S., & Foster, W. (2003). Cultural perspectives of death, grief, and bereavement. *Journal of Psychosocial Nursing and Mental Health Services*, 41, 18–26. doi:10.3928/0279-3695-20030701-12
- Cooper-Lewter, N., & Mitchell, H. (1992). *Soul theology: The heart of American black culture*. Nashville, TN: Abingdon Press.
- Dhooper, S.S. & Moore, S.E. (2000). *Social work practice with culturally diverse people*. Thousand Oaks, CA: Sage.
- Dotinga, R. (2017). *Early family deaths may create "grief gap" for blacks*. Retrieved from <https://www.cbsnews.com/news/early-family-deaths-may-create-grief-gap-for-blacks/>.
- Eisenbruch, M. (1984). Cross-cultural aspects of bereavement: II. Ethnic and cultural variations in the development of bereavement practices. *Culture, Medicine and Psychiatry*, 8(4), 315–347. doi:10.1007/BF00114661
- Equal Justice Initiative. (2015). *Lynching in America: Confronting the legacy of racial terror*. 2nd Edition. Montgomery AL: Equal Justice Initiative.
- Fandrich, I. J. (2007). Yorúba influences on Haitian Vodou and New Orleans Voodoo. *Journal of Black Studies*, 37(5), 775–791. doi:10.1177/0021934705280410
- Gabrielson, R., Grochowski J. R., & Sagara, E. (2014). *ProPublica. Deadly force in black and white*. Retrieved from: <http://www.propublica.org/article/deadly-force-in-black-and-white>.
- Ghesquiere, A. R., Bazelais, K. N., Berman, J., Greenberg, R. L., Kaplan, D., & Bruce, M. L. (2016). Associations between recent bereavement and psychological and financial burden in homebound older adults. *OMEGA - Journal of Death and Dying*, 73(4), 326–339. doi:10.1177/0030222815590709
- Gire, J. (2014). *How death imitates life: Cultural influences on conceptions of death and dying*. Retrieved from <https://scholarworks.gvsu.edu/orpc/vol6/iss2/3/>
- Goode-Cross, D. T., & Grim, K. A. (2016). An unspoken level of comfort?: Black therapists' experiences working with Black clients. *Journal of Black Psychology*, 42(1), 29–53. doi:10.1177/0095798414552103
- Granek, L. (2014). Mourning sickness: The politicizations of grief. *Review of General Psychology*, 18(2), 61–68. doi:10.1037/gpr0000001
- Granek, L., & Peleg-Sagy, T. (2015). Representations of African Americans in the grief and mourning literature from 1998 to 2014: A systematic review. *Death Studies*, 39(10), 605–632. doi:10.1080/07481187.2015.1047059
- Grinage, J. (2019). Endless mourning: Racial melancholia, black grief, and the transformative possibilities for racial justice in education. *Harvard Educational Review*, 89(2), 227–250. doi:10.17763/1943-5045-89.2.227
- Grosfoguel, R., Oso, L., & Christou, A. (2015). Racism, intersectionality and migration studies: Framing some theoretical reflections. *Identities*, 24, 3–20. doi:10.1080/1070289X.2014.950974
- Grossman, C. L. (2010, February 3). Taking dignity out of death. *USA Today*. p. 08d.
- Hill, L. (2017). Disrupting the trajectory: Representing disabled African American boys in a system designed to send them to prison. *Fordham Urban Law Journal*, 45(1), 201–239.
- Hines Smith, S. (2002). Fret no more my child... for I'm all over heaven all day: Religious beliefs in the bereavement of African American, middle-aged daughters coping with the death of an elderly mother. *Death Studies*, 26(4), 309–323. doi:10.1080/074811802753594691
- Hobbs, T. B. (2015). *Democracy abroad, lynching at home: Racial violence in Florida*. Gainesville, FL: University of Florida Press.
- Hodge, D., & Williams, T. (2002). Assessing African American spirituality with spiritual ecomaps. *Families in Society: The Journal of Contemporary Social Services*, 83(5), 585–595. doi:10.1606/1044-3894.57
- Holloway, K. F. C. (2002). *Passed on: African American mourning stories: A memorial*. Durham, NC: Duke University Press.
- Huggins, C. L., & Hinkson, G. M. (2017). Contemporary burial practices in three Caribbean Islands among Christians of African descent. *Omega Journal of Death and Dying*, 80(2), 266–279. doi:10.1177/0030222817732468
- Johnson, W. (1999). *Soul by soul: Life inside the Antebellum Slave Market*. Cambridge, MA: Harvard University Press. doi:10.1086/ahr/106.4.1359
- Laurie, A., & Neimeyer, R. A. (2008). African Americans in bereavement: Grief as a function of ethnicity. *Omega Journal of Death and Dying*, 57(2), 173–193. doi:10.2190/OM.57.2.d
- Misericocchi, K. M. (2014). *The effect of therapist White privilege attitudes on client outcomes and the therapist-client relationship* (Unpublished doctoral dissertation). University of Kentucky, Lexington.



- Moore, P.J. (2003). The Black church: A natural resources for bereavement support. *Journal of Pastoral Counseling*, 38, 47–58.
- Otterman, S. (2019, April 25). Police shoot at a black couple near Yale, prompting a week of protests. *New York Times*. Retrieved from <https://www.nytimes.com/2019/04/24/nyregion/yale-shooting-protests.html>
- Pinderhughes, E. (1989). *Understanding race, ethnicity and power: The key to efficacy in clinical practice*. New York, NY: Free Press.
- Powell, J. (2013). Deepening our understanding of structural marginalization. *Poverty & Race*, 22(5), 1–3.
- Reid, J. K. (2004). Thanatology in Barbados. *The Forum*, 30(3), 4.
- Rey, T., & Stepick, A. (2013). *Crossing the water and keeping the faith: Haitian religion in Miami*. New York, NY: New York Univ. Press.
- Schoulte, J. (2011). Bereavement among African Americans and Latino/a Americans. *Journal of Mental Health Counseling*, 33(1), 11–20. doi:10.17744/mehc.33.1.r4971657p7176307
- Sotiropoulos, K. (2017). Teaching Black history after Obama. *The Social Studies*, 108(4), 121–128. doi:10.1080/00377996.2017.1342160
- Taylor, R. J., & Chatters, L. M. (2010). Importance of religion and spirituality in the lives of African Americans, Caribbean Blacks and Non-Hispanic Whites. *The Journal of Negro Education*, 79(3), 280–294.
- The Centers for Disease Control and Prevention. (2017). *Deaths and mortality*. Retrieved from <https://www.cdc.gov/nchs/fastats/deaths.htm>
- U.S. Census Bureau. (2017). *2013–2017 American community survey 5-year estimates*. Retrieved from [https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS\\_17\\_5YR\\_DP05&src=pt](https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_17_5YR_DP05&src=pt)
- United States Agency for International Development. (2010). *Earthquake overview*. Retrieved from <https://www.usaid.gov/haiti/earthquake-overview>.
- Vinson, E., Abdullah, T., & Brown, T. (2016). Mental illness stigma intervention in African Americans: Examining two delivery methods. *The Journal of Nervous and Mental Disease*, 204(5), 400–403. doi:10.1097/NMD.0000000000000458
- Williams, J., Burke, L., McDevitt-Murphy, M., & Neimeyer, R. (2012). Responses to loss and health functioning among homicidally bereaved African Americans. *Journal of Loss & Trauma*, 17(4), 358–375. doi:10.1080/15325024.2011.635583