Grief Therapy with Latinos
Integrating Culture for Clinicians
Carmen Inoa Vazquez
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Dr. Vazquez was for 16 years the Director of the NYU-Bellevue clinical internship, coordinating research and training for doctoral students in clinical, neuropsychology, and forensic tracks, as well as founding director of the Institute for Multicultural Behavioral Health at Bellevue Hospital. She also founded and directed the Bilingual Treatment Program Clinic, a program specializing in services to the unacculturated, non-English-speaking Hispanic population at Bellevue Hospital. She can be reached at her web site, www.Culturaltalk.com.

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Dr. Rosa was a member of the Multicultural Advisory Committee for the New York Office of Mental Health, founding member of the newly established Division of Culture, Race, and Ethnicity of the New York State Psychological Association (NYSPA), and serves as Council Representative for this division at NYSPA's governance. She is past President of the New York Association of Hispanic Mental Health Professionals and former Board Member of two community-based organizations.

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For all those that have departed forever,
for their griever who will maintain their presence,
and for those who offer them comfort,
solace, and understanding.
Contents

Preface ix
Introduction xi
Acknowledgments xv

PART I. SPECIFIC CULTURAL AND PSYCHOLOGICAL COMPONENTS OF LATINO GRIEF

1. The Latino Experience of Grief 3
2. Cultural Manifestations in the Clinical Assessment of Denial 35
3. The Culturally Competent Treatment of Anger in Bereavement 63
4. Coping with Depression During Grief 89
5. The Spirituality/Religious Component in Latino Grief 115

PART II. THE MANY FACES OF GRIEF

6. Stillbirths, Miscarriages, Abortions, and Sudden Infant Death 145
7. The Psychological Impact of Sudden, Unanticipated Losses 175
8. Grieving and Health 203

PART III. GRIEF WITHIN THE FAMILY CONTEXT

9. Conflicts and their Resolutions in the Grieving Family 233
10. Grief Across Differences 259

Index 293
As we write this preface, the United States has undertaken a new census that upon completion will show an even greater increase of the Latino population. This increase in the population translates into a larger number of Latinos experiencing diverse needs and losses at different points in their lives, which will require special attention from clinicians such as ourselves. In the course of our work and without losing sight of the valuable contributions made in the literature on bereavement, we have also realized that there is little attention paid to differences in the manner in which individuals express their grief based on the teachings of their culture. We have consulted with other colleagues who have also experienced our frustrations and have expressed their desire to have guidance on practical issues when working with Latinos in grief in addition to more empirical emphasis placed on Latino grief or at least to have existing empirical data and applications of the grief process with Latinos discussed in one place. We have undertaken the challenge of writing a how-to grief treatment book that considers and applies the culturally relevant concepts found in grief work with the bereaved Latino patient. We have undertaken this task, although not without trepidations and realizing that we might have left out important information that already exists in this area. We also hope that others will follow and incorporate their theoretical positions in a united effort to help the Latino community seeking help in their moments of pain, find solace and adaptation to the painful losses in their lives. In this respect, our book presents the process of grief therapy for mental health providers with an applied understanding of culture and the grief experience among Latinos, including specifically relevant cultural values, different socioeconomic levels, and acculturation.

This book also offers valuable insights into the Latino American experience in the United States, including a wide range of losses applicable to different age groups of individuals and their families. We have aimed to present an easy-to-read format of the process of treatment in grief therapy, based on our experience in the subject. We sincerely hope that our work helps therapists treating Latinos who present dynamics that require a facilitation of separation issues and an understanding of
other conflicts that preclude the completion of the grief process. In summary, this is a book about grief therapy that focuses specifically on cultural components, superimposed on loss.
Introduction

Based on the understanding that there is limited research that specifically addresses the relevance of the cultural concepts that affect the experience of grief for Latinos living in the United States, we have based our work in the subject on the limited existing literature that can be applied to Latinos, and on our experience as psychotherapists, serving a broad spectrum of Latino patients. This experience combines over 40 years of experience in the application of treatment and supervision of culturally competent grief therapy.

Our work is also based on the research conducted with the Latino population in the areas of mental and physical health. This research has been conducted either by us, our students, or our colleagues in the field. We use the patients' narratives that uncover and explore relevant components surrounding the Latino experience of pérdidas y penas (losses and sorrows), and include the immigrant experience, cultural competence, acculturation, collectivism, and language. The narrative as presented by the patient illustrates the cultural relevance of grief both from the point of view of the bereaved and the interventions made by the clinician in a culturally competent manner.

We present the overlapping aspects of those cultural values that can either help, produce or exacerbated symptoms during grief and that need to be differentiated from each other during the assessment and treatment of bereaved Latinos. This clinical conceptualization can help bereaved patients move on with the grief work and can serve a useful purpose by guiding clinicians on the development of a good therapeutic relationship with their patients. What we propose is to work in conjunction with the patient's cultural experience and beliefs in a manner that will maximize and move forward the progress of the grief work, as for example, when working with cultural values such as machismo, marianismo, familismo, fatalismo, and orgullo, terms that we will define within the context of this book and will keep revisiting when applicable. This is aimed to help clinicians not to confuse or underestimate pathology with “normal” grief.

The essence of the grief therapy treatment that we offer in this book is geared to help patients gain awareness of the cultural aspects associated with their experience of loss and the resulting grief. The focus is also
aimed to help the patient place the loss within a clinical/cultural framework, and to obtain resolution of the grief resulting from either the death of a loved one, or from personal illnesses, regardless of class, affluence or length of residence in the United States.

It has been our experience that patients are able to integrate other past experiences of personal, emotional or symbolic loss and find an adaptive resolution of their grief. This book will illustrate how many Latin Americans we have worked with have found ways to alleviate their pain, and move on with their lives through the incorporation of the cultural resources available to them.

For purposes of this book when we refer to traditional Latinos, we include those Latinos living in the United States, regardless of their level of acculturation who values and adheres to the traditional beliefs of their culture (Vazquez, 2008), since there are cultural values that prevail in spite of acculturation, particularly during bereavement. Similarly Latinos, Latin Americans, and Hispanics will be used as interchangeable terms.

Additionally, we use the term patient, but realize that many prefer to say clients. We also use the term clinician and therapist interchangeably and hope that this does not offer too much confusion, but at times using one specific word made the point more appropriate. We also know that some clinicians refer to themselves as counselors and others as psychotherapists. Our intention was to address mental health providers in general, regardless of their specific profession. We also refer to the term therapist when we either discussed ourselves or when we utilized a specific point of view.

We recognize that the grief experience can be affected by a multitude of intra and extra psychic variables in a person’s life, and addressing all of them is out of the scope of this book. But we will include important aspects that we consider relevant and contribute to significant experiences faced by many grieving Latinos. While this is a how-to-do-grief-therapy book, wherein the reader will understand the relevance of key specific cultural values, their effect on the grieving process and the application of specific interventions in a culturally relevant manner, we are cognizant that many colleagues reading this book would think of other aspects that can also be incorporated in the step-by-step process suggested by us. We would welcome any addition to our work that can help bereaved Latinos. The stories of the Latinas/os we have helped will demonstrate in a clear hands-on-approach how to respond when Latino patients ask their therapists ¿Porqué? or why is this happening to me?

We certainly see personality and intrapsychic dynamics playing a fundamental role in the different ways people approach loss, separation, and grief. Our premise from this perspective is that all intrapsychic
dynamics are created and developed within a cultural context. Primary relationships to be internalized are formed from within a cultural context where language, symbolisms and affect are attached and determined by the cultural context and the life experiences of the individual. Therefore, our framework is to explore the cultural aspects that would contribute to an understanding of how intrapsychic dynamics are manifested in the outside world for Latino patients.

In Part I, each chapter will address a particular aspect universally related to grief from relevant cultural and psychological points of view. This part will use a narrative style (stories as presented by the patient) which will illustrate the cultural manifestations of the grief process. We will present our points of view of how universal concepts related to grief apply to Latinos. We will also discuss our adaptations of traditional psychotherapeutic techniques, incorporating relevant cultural values. These techniques have been very useful in the exploration of dynamics emanating from cultural beliefs. Our goal is to share our adaptation of grief therapy techniques that have been developed with non-Latino populations in mind with other non-Latino populations. Our intent is also to share with the reader how we see the significance of cultural values such as marianismo, machismo, fatalismo, familismo, simpatia, orgullo (pride), immigration, acculturation, generation levels, language, and collectivism during the grief process.

In Part II, we will present various categories of losses from different cultural groups of affiliation including age, gender, acculturation, generations, religious beliefs, and the specific behaviors and emotional manifestations of mourning associated with these cultural groups. Many of the associations brought by the patient to the treatment room will also be presented in a narrative style with interventions made by the therapist whenever it is possible. These associations connect to ancestral beliefs from an emotional reactive stance.

In Part III, we will address grief within the family context, looking at conflicts and resolutions in the grieving Latino family. We will also address grief across differences to illustrate the challenges that we clinicians can face and the need to accommodate different personalities and positions within the family dynamics, especially those occurring in families whose members come from different traditions. Case stories will be presented which will illustrate the different behaviors that can create conflicts between interpersonal, intercultural, interracial, and intergenerational scenarios during the grief process.
Acknowledgments

The inspiration to write a book on this topic has come from our own personal and professional experience. The accomplishment of such a task would have not been possible without the caring support of special colleagues, friends and family. It is not possible to mention the names of all those who inspired and or supported us in this journey. Appreciation though is extended to our colleagues, Yvette Caro, Father Joseph Kelly, Wallie and Peter Martinez, Jessie Metzger, Palma Valverde, C.C. Clauss, and Rafael Javier.

To our respective family members, Martin, Jaime, Miguel and Oriana (Vazquez); Teddy and Mark (Rosa), and to our dear parents Laureano, who is physically gone but not gone from my heart, and to my mother Victoria, a model of strength and inspiration (Vazquez), and to José Luis and Eulalia who have been and would always be my lifelong models of persistence, endurance and tenacity particularly during times of their own special losses (Rosa). Also to Hector Vazquez, who is also physically gone but present in the hearts of those who loved him.

We wish to thank our colleagues and students whose research and writings have made a significant contribution to the work of mental and physical health with Latinos. A special appreciation to the many Latinos who have trusted to shared with us their painful losses, as well as cherished memories of their loved ones throughout the years.

We also wish to express our gratitude to our editors, Sheri Sussman, who has been kind, patient and so diligent to provide us with very wise advice, and who believed in the relevance of the topic; and Diane Davis, who has also been very supportive and has kept us on task.
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Part I

Specific Cultural and Psychological Components of Latino Grief
The Latino Experience of Grief

One question that is often asked in regard to bereavement in Latinos is whether there are indeed specific cultural differences that set this group apart from other cultures in the world. Although there are no set responses to this question from an empirical point of view, there are circumstances that appear regularly in grief therapy with Latinos in the United States, which will be referred to in this book as the “Latino experience of grief.” Latinos or Hispanics are those who come from Latin America and the Caribbean or identify with ancestors originating in this area.

Differences and Similarities

According to the U.S. Census Bureau of 2008, Latinos represent 15% of the U.S. population (46.9 million; U.S. Department of Health and Human Services, Office of Minority Health [OMH], 2009), which includes those from all countries located in South, Central, and North America, as well as the Caribbean areas. Of this 15%, approximately 66% are of Mexican ancestry, 13% are of Central and South American ancestry, 9.4% are of Puerto Rican ancestry, 3.9% are of Cuban ancestry, and the remaining 7.5% fall under the category of “other,” with percentages ranging according to the region (U.S. Department of Health and Human Services, OMH, 2009). These numbers are expected to be higher at the end of the most recent 2010 U.S. census about to be completed. There is an imperative need to understand the Latino population residing in the United States and, from the mental health perspective, to learn how to work with them effectively. For the purpose of this book, we have chosen to focus on an understanding of Latinos and grief therapy.

The Latino population in the United States shows differences among themselves in terms of socioeconomic, regional, and, of course,
individual characteristics. Differences exist in the expression of emotions. There are also marked differences from the host culture. When important differences across cultures are ignored and go undifferentiated, the assessment of people living in a culture different from their own can be difficult, and the conclusions drawn from such an assessment could be misleading. These cultural differences in the expression of emotions such as anger, denial, sadness, and despair need to be recognized and considered when providing mental health services, given that the expression of grief is closely related to cultural values in most people. This is most relevant when we consider that the manifestations of grief across cultures differ in terms of how, when, and under which circumstances it is considered appropriate to mourn a loss (Rosenblatt, 2008). For example, certain types of death, such as suicide, carry a stigma in most cultures (this topic will be discussed more thoroughly in Chapter 7), but the intensity of feelings associated with suicide and its related stigma can differ from culture to culture and can vary according to group and social class. Groups that tend to adhere to traditional cultural values, such as traditional Latinos, can experience the social stigma that is generally associated with certain types of deaths, and as a result can experience intense feelings of shame, rejection, and isolation from the main group. Other losses such as miscarriages, abortions, or death from substance abuse/use can carry different meanings from one culture to another, and can turn the grieving process into a disenfranchised grief, a term used when a survivor is denied the right to grieve the loss of a loved one (Doka, 2002). As yet, these aspects have not been particularly addressed in psychotherapy work with bereaved Latinos.

The expression of grief for members of the Latino population living in the United States also shows similarities in characteristics and behaviors that are informed by a cultural framework specific to Latinos. These similarities must be understood within the belief system of this group in order to understand the Latino grief experience, which, as we have seen during grief therapy, can vary according to gender, age, and social class.

**Theoretical Models of Grief**

As therapists helping Latinas and Latinos in their moments of grief we realized that we needed to come up with an adaptation of existing models that includes relevant components of the griever’s inner world as well as the social world, which together comprise the individual’s cultural milieu. As a starting point, we have found it useful to combine several
aspects of different theoretical positions or mourning models, including attachment theory’s emphasis on the relationship between the lost object and the griever; social learning theory’s understanding that a loss does not occur in isolation; and constructivist psychology’s emphasis on the uniqueness of an individual’s external and internal worlds when faced with losses (Neimeyer & Mahoney, 1995).

For most of the last century, mental health professionals have been studying the grieving process, which is generally viewed as a process by which a surviving person moves away from attachment to the person who has died. Most of the theoretical thought about grief is grounded in Sigmund Freud’s (1917) seminal work, *Mourning and Melancholia*, in which he pioneered greater understanding of the mourning process. Freud proposed that grief has a specific function, which is to allow bereaved persons to detach thoughts and feelings from the dead person in order to be able to move on with their lives. This is achieved through an identifiable mourning process whose function is to conserve and restore rather than transform the person. This thinking served to conceptualize the standard model of mourning which views as a private affair that is intrapsychic, rather than social or relational; it also has normal, standardized characteristics that are not unique or personal. Mourning is seen as a painful and sad process with a central task of detaching from the lost object, and with a final point of full resolution; in other words, mourning is not seen as open or evolving. This position further proposes that all energy is withdrawn and reinvested (Archer, 2008; Neimeyer, 2007). Freud felt that pathological grief was the result of either avoidance of grief work, which he felt was a necessary active process geared to detach thoughts and feelings from the deceased in order to move on with life, or avoidance of feelings toward the dead person (Archer, 2008).

Later on, Elisabeth Kübler-Ross (1969) was one of the pioneers into a new understanding of grieving in her book *On Death and Dying*, which she wrote for the popular reader and which presented specific psychosocial stages or transitions that the dying person went through. She presented what she determined to be the cluster of feelings that comprise five stages of grief—denial, anger, bargaining, depression, and acceptance. Many have followed her work by conducting research on topics such as suicide and instituting hospices. Many others have expanded or adapted her concept of stages (Neimayer, 2007), while others have disagreed with the model. According to Bonanno (2009), there is no research evidence to support the Kubler-Ross stages of grief.

Attachment theory, as espoused by psychodynamic thinkers, was one of the main contributions describing an inner process of grieving as it
was experienced by the individual; however, little research exists on differences in patterns of attachment for people of other cultures and the effects of disruptions of these patterns in the process of grief. John Bowlby (1961), who developed attachment theory, was one of the first theoreticians to focus on stages of grief from an intrapsychic perspective, placing more emphasis than previous writers on the relationship between the griever and the lost object based on inner representations. Bowlby described different stages that served the process of adjustment to include shock and numbness, searching and yearning, disorganization, and reorientation (Murray, 2001). 

Worden (1991) combined the psychodynamic concept of grief work with the phasic model of attachment theory by proposing “tasks,” which included accepting the loss, working through the pain of grief, and moving to a place without the lost object by eventually relocating the lost object and moving on with life.

Social learning theorists (e.g., Averill & Nunley, 1993; Glick, Weiss, & Parkes, 1974; Moos, 1995; Rosenblatt, 1993) did not give much relevance to internal process. They felt that a loss does not occur in isolation, and made a significant contribution by associating the loss of the individual with the social environment. They recognized the importance of rituals and customs that are valued within the specific society or group of the mourner that apply to the loss, as well as acknowledged the importance of social factors that determine the course of adjustment after the loss (George, 1993). These social learning theories underscore the role of external factors in moderating the normal internal processes of grieving. Although the social learning theories do not specifically refer to the Latino culture, they are helpful in understanding that, for Latinos in the United States, grief must be seen not only in terms of the specific event or events that create a loss, but also in the context of Latino cultural beliefs and the immigrant experience, both of which can further complicate the grieving process (Murray, 2001).

In terms of other theoretical positions, cognitive behavioral theorists see grieving as having an active course that produces a stress response and requires a coping plan of action to reduce levels of stress (Murray 2001). Attig (1996) defines the grief process to also include previous experiences of loss. Family therapy that uses systems theory is another theoretical model that can be adapted to the work with Latinos (Minuchin, 1974; Minuchin & Fishman, 1981). This model focuses on the group, the importance of each individual element to the group, and likewise the importance of the group to each individual component; these emphases are consistent with the collectivist orientation found among Latinos.
Robert Neimeyer (2007) proposes a constructivist view to the understanding of grief, which offers the closest representation of the Latino grief experience. This view recognizes that individuals make meaning by choosing dialogue that precedes them and that is validated within their cultures, subcultures, communities, and families. This definition of grief describes mourning as a diverse psychological response to an important loss involving transformation of the meanings and affects related to the relationship to the lost person. The purpose of this transformation is to ensure the individual’s survival without the lost object, but at the same time to allow a continuing experience with the dead person. The narrative process has been found to be quite suitable for this purpose and for finding meaning and making sense of life after a loss. This is a process that entails constructing a reasonable account of important events in a person’s life. Even if the narration is not objectively verified by others, the act of story telling during grief therapy can be an aid to healing after a loss. Not all studies have reported findings that demonstrate the usefulness of narrative; in fact, some argue that the expression of negative emotions related to grief is neither a necessary component of the grieving process, nor a sign of health for all bereaved individuals (Baddeley & Singer, 2009). However, these studies have not included traditional Latinos who value story telling as a cultural practice. This concept will be further elaborated in Chapters 7–10.

Overall, each of these theories has contributed to an understanding of the mourning process; none, however, consider how Latinos living in the United States deal with their grief.

Cultural Competence in Grief Therapy

There are many steps needed to achieve a level of cultural competency within grief therapy. In a collaborative effort, we share our experience with other clinicians who may choose to work with Latinos, and who may wish to expand and apply their knowledge and application of existing theories to the work with this population. Clinicians can assess and explore the relevance of existing theories and hopefully conduct research that will determine their applicability to bereaved Latinos.

We can begin by understanding that the need to help the patient to cope with losses and to move on to a resolution of grief—regardless of whether this loss is due to the death of a loved one or to an illness, and regardless of class, affluence, or length of residence in North America—surfaces regularly in grief psychotherapy with Latinos and often requires interpretations that consider the cultural values of the
patient. One of our main goals in responding to a patient asking ¿Porqué? or why me? during grief therapy is to incorporate relevant cultural values in psychotherapy intended to help patients cope with their grief in a manner that is culturally familiar, thus enabling them to feel understood and respected.

We would like to first briefly address the concept of cultural competence, or what has been defined as the capacity to convert knowledge and cultural awareness into treatment interventions that maintain a patient system functioning in a healthy manner within a fitting cultural context (Ecklund & Johnson, 2007). Cultural competence is an ethical consideration when the background of the patient is different from that of the clinician, as proposed in the guidelines of the American Psychological Association (APA) and the Association for Multicultural Counseling and Development (AMCD). Although these guidelines are primarily geared to be followed by psychologists, they can be useful to mental health professionals in general. According to the APAs Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists, psychologists are given the responsibility of following six guidelines that address the incorporation of cultural sensitivity to clinical work (APA, 2000). From these six, three are highly relevant to the purpose of this book.

The guidelines first state that clinicians have the responsibility to recognize that they are cultural beings who may hold attitudes and beliefs that can detrimentally influence their perception of interactions with others who are ethnically and racially different from themselves. Clinicians are also encouraged to recognize the importance of multicultural sensitivity/responsiveness, knowledge, and understanding about ethnically and racially different individuals and to apply culturally appropriate skills in clinical and other applied psychological practices. Finally, mental health professionals have a responsibility to learn about cultural differences and how these differences impact clinical work. These guidelines have been questioned in terms of grouping many cultures without a specific emic approach and the concept of cultural competence has been criticized as lacking empirical evidence (Whaley & Davis, 2007), but the relevance of cultural competence has been widely supported on both clinical and ethical grounds (Sue, 2003).

We will refer throughout this book to the concept of culturally competent treatment in mental health, a term that proposes the incorporation of knowledge and cultural awareness, through experience and training, into psychological and psychosocial interventions that promote the healthy functioning of individuals within a relevant cultural context.
We will not address the many definitions of cultural competence presented in the literature of cross-cultural psychology, because this topic has been addressed thoroughly elsewhere with convergent and divergent views. Some recommend the incorporation of a series of skills as well as knowledge of a particular culture; others do not agree that there is a need to provide psychotherapy specifically geared to include culture, refuting the premise that culture continues to be geographically located rather than more globalized, and drawing people from different cultures in close proximity (Hermans & Kempen, 1998). It is certainly the case that cultures in close contact tend to affect each other (Berry, 2009) and that closer contact is bound to reduce some of the barriers that existed in the past, making people more aware of the different values of different cultures and making cultural barriers more permeable. But the question remains as to whether an adaptation, exemplified in behaviors such as dress norms and food intake, represents true changes at a psychological level that would impact feelings and a different manner of processing emotions, or what has been termed psychological acculturation. People can adapt or acculturate to dress code, food consumption, and other psychosocial components, but that does not mean that a psychological acculturation has occurred at all levels. There is a need for more research that could determine whether we have a real hybridization in individuals who appear acculturated that can be meaningful in a psychological and emotional sense. Does this hybridization modify the internal idealizations patients present in the treatment room, based on beliefs stemming from their original cultural learning? To obtain further knowledge on cultural competence with diverse populations, the reader can refer to the literature presented by Betancourt, Green, Carrillo, and Ananeh-Firempong (2003), Sue and Torino (2005), Sue (1998), and Lopez (1997). Without negating the need for empirically supported treatment, understanding the impact of culture as an important component in the treatment of traditional Latinos is still very relevant at this moment until proven otherwise.

The ¿Porqué? Concept

Grief translates into Spanish as “duelo,” which relates to pain because “doler” means to hurt or to cause pain. But it can also easily translate to mourning; “perdidas y penas,” losses and sorrows; “aflicción,” affliction, which relates primarily to physical pain and illness; and “pesadrumbre,” which roughly could mean heaviness or burden. These are all terms used by Latinos to refer to pain in general, whether physical or psychological,
and their use is consistent with the lack of differentiation among Latinos between the emotional and the somatic, or viewing mental illnesses as not different from physical illnesses (Angel & Guarnaccia, 1989).

The term “perdidas y penas” refers to losses and grief, which includes facing the loss or illness of a loved one, a health crisis of their own, or some other form of personal tragedy, and the first question that is often asked by most patients is ¿porqué? or why? Asking why or ¿porqué? in times of tragedy or loss is certainly not reserved for Latinos alone. The question ¿porqué?, however, can refer to much more than, “Why has this happened?” because grieving is a universal experience, but ways of grieving and the associations each person brings to the grief process vary from one culture to the next, just as they do from one individual to another. At such times, in addition to feelings of overwhelming loss and grief, many Latino patients experience emotions other than sorrow, such as anger and guilt, as exemplified in sentiments such as, “I might not have done enough for her,” “Why didn’t I make the time to be with him more often?,” “I feel guilty when I am happy because it seems as if I am already forgetting my great loss,” “If only I hadn’t smoked for so many years,” or “If only I had exercised more.” These questions are often an important focus of the treatment for many Latinos experiencing grief and require the inclusion of patients’ cultural beliefs and circumstances surrounding their lives.

It is true that in times of crisis it is quite natural for anyone, regardless of their cultural background, to ask these questions and many more, but for many Latinos living in the United States, or anywhere else other than their country of origin, the cultural values listed within this book underlie their experience of loss, and beliefs of which the patient may not even be consciously aware. And those unconscious beliefs can lead to even more problems that compound their feeling of loss and grief and prevent them from moving on to resolution of their grief. As with many other ethnic groups, the Latino experience of grief sometimes involves feelings of guilt or shame at somehow having brought the tragedy, whether an illness or someone’s death, by violating some aspect of tradicionalismo, or the way of doing things in the traditions and values that grandparents revered and taught many Latinos, and which carry a sense of duty that should not be violated.

Definition of Relevant Concepts

Before continuing with the task of this book, it would be helpful to clarify some of the terms that appear in the literature on death and grief that at times seem to overlap, creating some confusion. Three terms
commonly used are grief, mourning, and bereavement, and can be seen used interchangeably. Bereavement is a concept that describes the objective situation of a loss through death and is associated with deep distress for most people. Bereavement is the observable behavior in the expression of grief and mourning after a death Weiss (2008). According to Stroebe et al. (2008), mourning is different from grief because mourning is expressed through acts that are fashioned by religious and cultural beliefs of a particular group or society whereas grief is a reaction to a loss. There seems to be a close line between grief and bereavement, and these terms are used to carry similar meanings in either research or clinical parlance. Similarly, mourning and bereavement processes seem to be synonyms and are used as such in this book as well.

Grief is part of the normal process of reacting to a loss. The surviving person may experience grief as a mental, physical, social, or emotional reaction. Mental reactions can include anger, guilt, anxiety, sadness, and despair. Physical reactions can include sleeping problems, changes in appetite, physical problems, or illness. Regardless of the specifics of the definition presented for grief, it uniformly espouses the inclusive view, which includes many affective states. This is quite relevant when grief is considered an evolving process of moving stages. Even if one does not take the perspective of seeing grief as going through very structured stages as some theorists do, the inclusive view is helpful in conceptualizing grief, particularly when the grief does not seem to be acute or does not subside as time goes by. The inclusive view can also be helpful when considering the different manifestations of grief in terms of intensity, duration, and likely the presentation of symptoms. Grief has also been defined by a list of affective and cognitive states that include depressed mood, yearning, loneliness, and a sense of presence and ongoing communication with the deceased (Weiss, 2008). Another definition considered accurate for grief states that: “This usual reaction to bereavement [i.e., intense distress] is termed grief, defined as a primarily emotional (affective) reaction to the loss of a loved one through death. It incorporates diverse psychological (cognitive, social-behavioral) and physical (physiological-somatic) manifestations” (Weiss, 2008, p. 30). However, as we will see through the course of this book, some of the descriptors of grief can have a different interpretation once viewed from a cultural lens (e.g., communication with the deceased).

In this book we consider grief to be a manifestation of emotions that could include sadness, agitation, and mental pain or despair associated with a loss, as stated by Bonanno (2001). We refer to the definition of grief as a reaction to losses of loved ones or people who are significant
in our lives, including one’s children, parents, siblings, partners, and friends, or other losses as the result of adverse life events, such as loss of relationships through breakdown, loss of health, loss of employment, failures related to work or school, and traumatic incidents (Raphael, 1984).

Therese Rando (1993) views grief as a possible normal process where the individual eventually moves on and learns to live with the loss, but this process can also become complicated and maintain unresolved issues within the individual. Therese Rando addresses this in six steps, which she has called the “R” process (refer to Chapter 6 for a description of these steps). We have found that some of these concepts have proved to be very useful to grief work with Latinos, once they are adapted to the specifics of the Latino experience during complicated grief situations.

Given that there are different categories of grief and attempts by scholars to establish delineations of what can be pathological or not, it has been difficult to reach a consensus among researchers and practitioners around these constructs. This is in part due to grief being a complicated emotion (rather than a single syndrome) that is subject to cultural variations; it is also often difficult to differentiate grief from other disorders, such as anxiety and depression and posttraumatic stress disorder (Stroebe et al., 2008). Normal grief is considered a reaction to a loss that could be manifested in psychological, social, and somatic forms, but that moves to a resolution and acceptance of the loss as a reality, although normal grief can be very painful and disruptive. It is estimated that between 80% and 90% of bereaved individuals experience normal grief (Prigerson, Vanderweker, & Maciejewski, 2008); however, these statistics do not include information on bereavement of the Latino population. This is an important consideration, because the concept of complicated grief is being proposed for the forthcoming Diagnostic and Statistical Manual of Mental Disorders Fifth Edition (DSM-V) and the consensus on its definition is still limited in terms of empirical evidence (Stroebe et al., 2008). Given these limitations, it is important to recognize that in order to determine the nature of a grief reaction, the social context in which a loss is experienced exerts a significant influence on how people react to an event (Rosenblatt, 1993). Although most of us would like to believe that we and we alone are in control of our thoughts and our actions, the truth is that we are all the products of what we have been taught. Those teachings are often very closely related to our ancestors’ cultural values, which, whether we are aware of it or not, impact our behaviors in a powerful manner and can either complicate or alleviate the experience of grief. The definition of prolonged or unresolved grief
must include a multitude of factors that combine and determine the nature of the grief response.

In other instances, grief in general can seem to prompt a reversion to emotionally ingrained cultural values during the grieving process (Eisenbruch, 1984). This reversion can be an important factor to consider when working with Latinos, who may appear to be adapted to the culture of the United States by the way in which they respond to the death of a loved one when in reality they are not. At times it can be confusing to clinicians that a Latino who appears to be more acculturated still holds values associated to grief that are ingrained in the culture of origin. This can be seen in Latinos who hold on to cultural identification, either by birth or by transmission from their parents, as seen in first, second, or third generations. Many of the behaviors that are ingrained in cultural values can not only exist regardless of the acculturation level of an individual, but can also be based on the identification an individual maintains with the original culture. These variations can often be the result of a need to fit within the expectations of the group, in this case the Latino, in order to avoid rejection by or exclusion from the group. This is particularly relevant at vulnerable times such as bereavement, when group support may be needed. Identification with the original culture can also be related to prejudice and discrimination on the basis of ethnicity. We will address this further later on.

A Framework for Grief Therapy with Latinos

For the purpose of this book, we have chosen to place our clinical work in a cultural framework that includes important components of the Tripartite Framework of Personality Identity (TFPI) model developed by Sue and Sue (2008). They developed a diagram consisting of three concentric circles to explain their conceptualization graphically. The three concentric circles denote the three levels involved in the development of personal identity: (1) individual level (e.g., individual differences), (2) group level (e.g., race, gender, ethnicity, and age), and (3) universal level (e.g., universal common life experiences). We have chosen the second concentric circle as described by Sue and Sue, that of group identification level. These are cultural values, acculturation, immigration, generational differences, socioeconomic status, and language. For us this second circle is significant in determining how individual or intrapsychic unique aspects of each individual are manifested when confronted with the human universal experience of death. A life-threatening illness or the death of a loved one are difficult experiences for anyone regardless
of cultural beliefs, but when we add risks such as different cultural values from the host culture, immigration, acculturation, generational differences, and poverty to the equation, the grief experience can become complicated. We will proceed to list these relevant risk factors.

**Cultural Values**

Our framework of grief therapy includes key cultural values such as *traditionalismo*, *marianismo*, *machismo*, *personalismo*, *familismo*, *fatalismo*, and *simpatia* during the assessment and treatment of Latinos in grief. Many of these sentiments can be rooted in specific cultural mandates, and we feel they are key elements to a better understanding of and communication with the patient, leading to better coping with losses on the part of the patient. Some of the culturally inherited beliefs that may directly impact the grieving experience for Latinos with both positive and negative consequences are:

- **Traditionalismo**: The adherence to cultural and religious traditions and a way of maintaining cultural values that can be passed on from generation to generation (Vazquez, 2004). Decisions related to medical care, as well as how to grieve, may be affected by cultural traditions, and may create feelings of guilt or shame if there are beliefs of having neglected or violated one or another aspect of those traditions, particularly when patients believe it is their duty to adhere to important values held by their parents and grandparents.

- **Marianismo**: A gender expectation of behavior (that applies to women) adhered to in the Latino culture. It is a concept developed by Evelyn Steven, who defined it as women's capacity to withstand all suffering and to be spiritually superior to men (as cited in Gil & Vazquez, 1996). *Marianismo* may be seen as a behavior that is manifested in women suffering in silence, being self-sacrificing, and being submissive.

- **Machismo**: A role traditionally accepted as governing men's behavior and salient to Latino males. It is defined as a socially learned and reinforced set of behaviors in Latino society that men are expected to follow and can be practiced in many other cultures (Gil & Vazquez, 1996). The dialectical perception of *machismo* includes both negative and positive aspects of masculinity that are culturally sanctioned and can also be useful during the treatment (Torres, Solberg, & Carlstrom, 2002).
• **Orgullo**: A sense of cultural pride that is very ingrained in the culture (Vazquez, 2004). Pride may give strength in the face of adversity, but it may also prevent the patient from sharing feelings because of a fear that to do so would somehow reflect badly on the family’s pride. It is also a concept that applies to behaviors of both genders.

• **Personalismo**: Refers to relational expectations, with preferences to interact with others in a personal and familiar way rather than in a distant way, as experienced in institutions such as clinics and hospitals. Personalismo can be relevant during medical necessities in which a Latino patient does not receive the traditional courtesy from friends, family, and the medical profession that is expected from others in circumstances involving losses, bereavement, and loneliness. It can create an added dimension that can exacerbate grief.

• **Familismo**: Refers to the centrality of the family, its taking precedence over the individual, and it includes not only the nuclear family but also extended members and close friends. An example that surfaces during grief therapy with this population is the sense of guilt and isolation when Latinos may have no possibility of traveling back home to attend a funeral or to be with a sick relative in need.

• **Fatalismo**: Is considered a cultural script that can offer a strong sense of spirituality and a deep belief in God. Although fatalismo may be a great comfort in times of crisis, it can also be counterproductive when it causes the patient to abdicate responsibility for seeking the necessary and appropriate help because of the belief that it is “fated,” and therefore beyond one’s control. The saying “si tu mal no tiene cura para que te apuras” (“why worry when your malaise is beyond hope”) defines fatalismo, which can cause a Latina/Latino to give up and leave everything in God’s hands. However, as indicated, fatalismo can be a good support in the acceptance and adaptation to loss.

• **Simpatia**: This is also a culture-specific script or guide that determines modes of social interaction and includes an expectation of behavior that shows conformity and an ability to share in others’ feelings. There is no English translation for this concept. Collective concerns are emphasized; individuals must be “simpatico” and should behave with dignity, showing respect toward others and striving for harmony in interpersonal relationships. This expectation of behavior, which is applicable across gender, can be a source of stress to people who are grieving and do not have the energy or
The consideration of these specific components of the Latino experience of grief is a necessary step in the evaluation and treatment of individuals from this population and can be part of the grief work regardless of the theoretical orientation that is followed by a clinician when we consider that “everything written and everything known about grief through study and personal experience is saturated with cultural perspectives, concepts, and beliefs” (Rosenblatt, 2008, p. 207). As such, clinicians working with traditional Latino patients should not be oblivious to the substantial differences and divergent realities across culture in the expression of grief. These differences can determine the differentiation between a complicated grief situation, a serious pathology co-occurring with grief such as depression or anxiety, or a normal reaction that has been learned according to the cultural beliefs of the patient. A misinterpretation of these distinctions can make an intervention ineffective, seem offensive, or appear insensitive to the patient.

**Acculturation**

Acculturation is another factor that can lead to complicated grief. It is a construct that encompasses different levels of cognitive, social, and psychological functioning and changes during the adaptation process of individuals. The first classical definition of acculturation was established in 1936 by Redfield, Linton, and Herskovits, as “encompassing changes in original cultural patterns that occur as a result of ongoing contact among groups of individuals with different cultures” (as cited in Chun, Organista, & Marin, 2003, p. xxxiii). Acculturation is the process that occurs in populations involving changes in social structure, economic foundations, and political organizations; these changes can create stress and can bring prejudice and discrimination by members of the host culture. Acculturation also has an impact on policy development, as seen in recent immigration law and bilingual education mandates in the United States. The stress produced by the process of acculturation has been termed acculturative stress, which refers to the stressors confronted by the individual adapting to a new culture relating solely to acculturation (Berry, 1990). Acculturative stress can result from the friction between the expectations and actualities of individuals entering a culture different
from their own, and can affect their mental health, particularly when there are great discrepancies in terms of the values of the culture of origin and the host culture.

The adherence to traditional values regardless of the level of acculturation becomes most evident when we consider the concept of psychological acculturation, a term coined by Graves in 1967. Psychological acculturation refers to the process by which people change by contact and participation with other cultures and at the same time maintain participation in continuous acculturative changes of their own culture. Berry (1990) further developed the concept of psychological acculturation. According to him, psychological acculturation is related to the intrapsychic attributes of the individual to cope with the process of acculturation. He stated that psychological acculturation produces four types of adaptation: assimilation, integration, separation, and marginalization. The psychological characteristics of the individual play an important role in this process.

Psychological acculturation explains why every individual who enters into, participates in, or changes during the process of adaptation does so in very different ways, even when in the same acculturative setting (Chun et al., 2003). It is a process that refers to the specifics of adaptation and changes related to cultural values at the individual level, exerting changes in behavior, identity, values, and attitudes. This is particularly relevant when we consider that experiences that tend to be more private or personal, such as religious beliefs, sexuality, and aspects of child rearing such as obedience and socialization, are ones learned primarily in the home. However, the process of adherence to these values can vary from one family member to another. Given that many of these individual differences relate to the process of psychological acculturation, or the adaptation to values from the host culture that can be conflictive within the person, they can create stress at both individual and group levels. These changes can place family members at differing levels of functioning in terms of values, behavior, and adaptation to the new culture (Berry, 2009). For these reasons, the inclusion of the adaptational experience or the process of acculturation of the grieving person is an important variable in the treatment of Latinos and a determinant in deciding whether it is necessary to include family members in treatment. This question will be addressed in this book, and vignettes will illustrate how the acculturation process can impact the grief process among many Latinos residing in the United States. The reader who is interested in obtaining more information on the relevance of psychological acculturation should refer to the work of Richard Brislin (1990) on the subject.
Understanding the level of acculturation in a patient is essential to determining not only possible discrepancies in interactions with other family members, but also overall health. Research has shown that there is a connection between level of acculturation and health; decline in mental health is associated with more time spent in the United States (Hiott, Grzywacz, Arcury, & Quandt, 2006), and higher levels of anxiety and depression are associated with acculturation stress (Wilkinson et al., 2006). Adaptation to a new culture does not always imply a connection to stress, but empirical evidence suggests that acculturative stress has been associated with higher levels of anxiety and depression (Crockett et al., 2007).

IMMIGRATION

In addition to addressing pérdidas y penas (losses and sorrows) in the context of cultural values and acculturation, we also focus our work with Latino clients undergoing bereavement on emotional and adjustment hurdles relating to their immigration experiences. We have come to realize that immigration issues, which we will also refer to throughout the book, are a major factor in bereavement and in reactions to illnesses among many traditional Latinos. The Latino experience of grief and mourning includes not only the event or events that create the loss, but also ways of dealing with that loss. This process often occurs in the context of a unique ethnic and immigrant perspective that may manifest itself in different ways, including but not limited to confusion (anona-nado), inability to act (pasmada/o), and/or desperation (desesperación). No matter how long one has lived in this country, and even for those Latinos who can be considered more acculturated, experiencing pérdidas y penas (loss and grief) is likely to carry with it, or bring to the surface, particular cultural considerations that are different from those of other cultures and ethnic or religious backgrounds. The immigration experience can challenge the coping resources of many Latinos who struggle through their adaptation to a new country when faced with other adverse life events.

It is far from uncommon for the immigration process itself to be an ordeal. So much will already have been lost when one leaves one’s country, from a strong and dependable support system of relatives and friends to knowing one’s way around a Spanish-speaking city or village in which one grew up. Also lost are comforting aspects of everyday life, such as being greeted in one’s own language by familiar faces and appreciating that everybody one knows also knows the history of one’s
family, stretching back through the generations. New arrivals to the United States not only lose that sense of continuity but are expected to fit into a totally different cultural and sometimes hostile environment almost overnight. Faced with unrealistic expectations on their own part as well as those of the host country, immigrants often feel alone and mournful, with no one to turn to. Overcoming the disorientation of immigration can indeed be a trial both for those who have recently immigrated and for others who have lived in the United States for many years, regardless of whether they are men or women, adults or children, farmers or surgeons, prosperous or poor. The Latino immigrant patient comes from all walks of life and socioeconomic statuses. When the actual loss of a loved one is applied to this already stressful state of cultural grieving, the result can be doubly disorienting, for life is simply not the same without the beloved person, with the loss of one's health, or without the support the patient was accustomed to back home. Processing and discarding problematic behaviors based on cultural values specifically pertinent to Latinos has been extremely beneficial to our clients. Even those who have adapted well to the new culture and have lived in the United States most of their lives would benefit from an increasing awareness of their attachment to the cultural values of their ancestors versus new attachments in the new culture.

Immigration is an important determinant of the reaction to bereavement. When applicable, the loss of culture, social support, and connections in their country of origin that often result from the immigration experience are important aspects of the psychological acculturation of an individual and can also determine the intensity and duration with which a person will grieve. These variables serve as secondary causes of the bereavement process and are often a reason for seeking treatment due to social isolation and its possible attendant loneliness, depression, and psychosomatic illnesses, all problems that are well represented among Latinos. For example, discrimination that often accompanies the experience of immigration has been found to produce significant stressors on those who are subject to this practice, and studies have indicated that discrimination may be an important factor affecting the mental health of many Latinos (Gee, Ryan, Laflamme, & Holt, 2006). These feelings could intensify when a person is experiencing grief.

Both assessment and treatment during grief therapy for Latinos require the exploration of important cultural factors in order to determine how to make the therapeutic work more acceptable to the patient. Immigration variables could be related to the emotional pain brought about by loss: just as important as understanding the etiology of emotions in the
The consideration of preexisting unresolved conflicts having to do with abandonment and separation. Although it should be noted that the universality of the concept of attachment across cultures has been questioned, we have observed that attachment dynamics related to separation from culture and significant others resulting from the displacement caused by immigration can resurface during bereavement. Arredondo-Dowd (1981) has proposed that attachment theory should serve as a model for understanding personal loss and grief as a result of immigration, and others have argued whether immigration is accompanied by loss, grief, and even trauma, regardless of whether it is voluntary or forced on the person (Levenbach & Lewak, 1995; Marlin, 1992, 1994; Mendlovic, Ratzoni, Doron, & Braham, 2001). Given the characterization of immigration as a traumatic event, as well as existing evidence that ongoing losses and separation may relate to unresolved attachment status, it is essential for the therapist working with Latino clients experiencing grief, whether due to death or loss of health, to understand the relevance of culture, its loss, adaptation, and difficulties in letting go (Bowlby, 1969/1982, 1980; Hesse & van Ijzendoorn, 1998; Main, 1996; Sable, 1995; van Ijzendoorn, Feldbrugge, Derks, & de Ruiter, 1997).

As an example, let us consider the medical system; it is problematic not only for poor Latino immigrants but also for many immigrants of all ethnicities, regardless of the time they have spent in the United States. The risk factors listed above largely explain why it is difficult and often problematic for many Latinos to obtain adequate medical care and counseling as immigrants. In fact, many Latinos prefer going back to their country of origin to seek help, not only because it can be less expensive to receive certain treatment and undergo certain procedures, but also because they are regarded with courtesy by the people who treat them; they feel understood, respected, and have the support of relatives, aspects that can be lost during the process of immigration.

It is true that this feeling is not only the domain of Latinos, but it does tell us that culture molds us to know that there are other ways of being treated, supported, or cared for that we often miss when we do not have them in moments of need. Latinos see themselves as needed in the North American workforce but unwanted in Anglo culture, and are frightened they will never be accepted or fit in. We were surprised to find that this is a feeling that applies not only to recent arrivals who may have poor English skills, a need to maintain a low profile due to undocumented status, severely limited incomes, and a lack of comprehensive medical
insurance, unfortunate realities that make dealing with catastrophic illness even more stressful. Rather, Latinos who can speak English well and have established themselves financially in the United States and who could be seen as capable of negotiating the system also experience the difficulties of acculturation.

**Socioeconomic Status**

Political surveys of Latinos in the 1990s show that although Latinos in the United States are becoming increasingly middle class, the overall economic statistics indicate a much lower income level for Latinos than for other Caucasians (Flores & Carey, 2000). An explanation for this is the increased immigration of Latinos of low socioeconomic status. Many immigrants are poor and come to the United States seeking a better financial life. According to Falicov (1998), poor immigrants experience psychological distress, including cultural shock, marginalization, social alienation, posttraumatic stress, psychosomatic symptoms such as palpitations, dizziness, and insomnia, as well as anxiety and depression. Many social systems in the new cultural setting can be problematic for poor Latinos.

Of particular interest is the association between socioeconomic status and race in Latin American countries. Historically, Latin American countries have favored light-skinned over dark-skinned people. This is rooted in the Spanish colonization, whereby a higher social status and economic class was defined by the colonizers who were of light skin and better financial status, and this was considered the idealized status (Falicov, 1998). African Blacks were brought to Latin American countries as slaves, and together with the Native people were considered to be of lesser economic, social, and racial status. With time, the status quo remained with an association of socioeconomic status and race. Many of the immigrants from Latin American countries are members of the marginalized groups based on the classification of non-White and poor Latinos.

**Generations**

Generation levels are closely related to immigration and acculturation. The length of time living in the United States affects the process of adaptation, and this is determined by generational level. The longer an immigrant lives in the country, the higher his or her chances of adapting to the American way of living. With time, changes occur from one generation to
the next. Research on acculturation has shown how changes in adaptation and adherence to the new culture, versus retention or letting go of traditional practices, is determined in large extent to generational levels (Chun et al., 2003). Family therapists have written extensively on the impact of generational levels in family dysfunction, particularly for families living in the United States (Minuchin, 1974; Minuchin & Fishman, 1981; McGoldrick, Giordano, & Pearce, 1996). For example, a first-generation immigrant who moved recently will experience more challenges adapting to the North American culture and will show more adherence to traditional cultural practices; at the same time, he or she is more exposed to alienation, discrimination, and prejudices from the host culture than would be a second-generation member or child of a first-generation member. Second-generation children are often challenged with having to live in a culture that they consider their own, while they grow up hearing that another culture, many times foreign to them, is the main culture that they must identify with. This also requires adaptation, and sometimes members of the second generation learn to appreciate the best of both cultures, while for others it becomes a lifelong conflict of having to deal with both cultures simultaneously. Clashes may arise when children belonging to one generation have to deal with their parents, members of the first generation. Second and third generations may face the situation of having to deal with aging parents having more traditional attitudes and biases than theirs. We will present vignettes in other chapters that will depict the challenges presented in the process of grief when two or more generations come into contact to deal with a loss. Many grieving family members representing different generations may be at different levels of acculturation and education, which can in turn create conflict in the interpretation of rituals, for example, or in how to express mourning. This is even more relevant when working with the elderly population, mostly representing the first generation, who tend to hold on to their original cultural values more strongly than the younger generation.

**LANGUAGE**

Language involves many symbols, images, and affective states that were created while growing up and that are very important to the ego structure and identification of individuals. Language can be closely related to the development of cognitive structures and the attachment process, and any disconnect can affect relationships and attachments and create problems in adaptation to a new country or in withdrawal and isolation. In
children, adaptational impasses can manifest in selective mutism, where a child refuses to speak in a public context, such as in the school setting (Falicov, 1998; Vazquez & Myers, 2002). We have separately had the experience of assessing preschool children of recent immigrants and have been able to observe this phenomenon. Even though the children were born in the United States, able to speak English, had shown no evidence of a communication disorder or any specific speech disturbance, they refused to speak in the school setting.

Another component of language is associated with the different communication styles that each culture develops. Each culture creates patterns of communication that are most of the time unique to each group. These patterns of communication will reflect the values endorsed by the culture. For example, the amabilidad (amiability) and civility of the Spanish language contribute to a politeness of demeanor, deportment, and address (Falicov, 1998). The attitude inherent among Latinos of deference to authority and about not questioning it is reflected through language as well. An awareness of these patterns of communication becomes very relevant during times of grief. Language choice during times of grief, for example, is very important; many times people’s expressions of affective states are associated with the language in which the relationship with the deceased was developed. At other times, language is used to create distance from an emotional state. In this case, the person will try to detach himself or herself from the language in which the relationship with the deceased was developed as a way of avoiding the pain associated with the loss. Language is also used to communicate messages and to pass on traditions through dichos or proverbs. Nadie sabe lo que tiene hasta que lo pierde (Nobody knows what they have until they lose it) is a very common proverb among Latinos to express some of the pain or regret experienced on losing a loved one who was not appreciated. The use of metaphors and proverbs in grief therapy with Latinos can be an effective means of communication, because, for some, this is an accepted cultural practice and can convey meaning symbolically better than direct communication or interpretation.

Issues of language include not only the obvious, that is, better communication in the primary language of the patient, but also the recognition that speaking the same language as the patient does not guarantee good communication with and understanding of the patient. Confusion can occur when working with people from different areas and countries throughout Latin America, and it is best to ask the patient when the clinician is not clear of the meaning of a word. Throughout Latin America the same word can have totally different meanings. For
example, in Mexico a bus is called a truck, while in Chile the same term refers to a baby. In the Dominican Republic the color of a lemon is green, while in the United States it is yellow. A banana or platano is green throughout the Caribbean, while in Chile and other countries in Latin America a banana refers to the fruit and the correct color in these cases is yellow.

Gender roles also set patterns of communication. For example, traditional men and women may have difficulty talking about certain feelings, particularly when they refer to very intimate aspects of their life, such as their sexuality, but may feel comfortable speaking about the same topics among a group of the same gender. In certain areas of Latin America, a man’s sexuality is referred to as naturaleza (nature), but naturaleza could also refer to bowel movements, depending on the region, level of education of the patient, or whether an area is urban or rural. It is important to be sensitive and put the patient at ease by being mindful of feelings that can produce shame or humiliation for the patient. Although it is certainly unrealistic, confusing, and difficult to know all the idiomatic expressions used throughout Latin America, it is highly recommended that clinicians become acquainted with the idiomatic expressions used in the countries of the population of their patients. This can be done through research, consultations with other colleagues, reading local literature, or viewing soap operas.

**Aims of this Book**

One of our main goals in this book is to guide the mental health provider in helping bereaved Latinos to better cope with their losses through the culturally specific aspects of pérdidas y penas (losses and sorrows), as well as to negotiate medical and psychological hurdles. We hope that the stories of Latinos whose experiences with pérdidas y penas we share in this book will yield an understanding of how the cultural aspects described above affect the grieving process, and how the techniques we have incorporated can be effectively applied to bereaved Latinos. In the pages that follow we will be introducing a number of people who have experienced a variety of losses and have coped (or found it difficult to cope) with their losses.\(^1\) The stories of these patients are real and they

\(^1\)Although throughout this book we use names to give the narratives a more personal tone, none of the names are applicable to real stories and we have ensured that the privacy of the patients discussed is well protected.
have required an understanding of their grief in a culturally competent manner:

- A grieving mother spiritually imprisoned by *marianismo*: her true belief that women should suffer silently, no matter how great their sorrow.
- A widower whose *machismo* turns loss and grief into rage at the world.
- A husband's denial of his wife's despair over the death of their child and her own illness, so that both are suffering alone as a result.
- A dutiful wife who refused to seek medical attention for her ailing husband because she interpreted it as rejecting her role of *marianista*.
- Heartbroken parents whose old world values of prejudice alienated a beloved daughter who is now lost to them forever.
- An adolescent who, after experiencing a disruption in his attachment to his mother due to immigration, could not cope in a healthy way with her death.

*Generic Model of Assessment for Grieving Latinos*

What follows is a set of basic questions that we suggest as starting points when working with Latinos and assessing some of the cultural aspects discussed so far. These questions can open doors to further assessment in each area. In most mental health institutions, one is required to reach a diagnosis within no more than three sessions. Unless the emotional state of the patient requires that you stay on one topic for a great length of time, the task is to gain an overall appraisal of different aspects of the patient's personality, including developmental, social, and emotional history, in a short time. A useful analogy that has helped students is to imagine that they are walking through a long corridor with many doors each representing different aspects (e.g. developmental, educational, medical history). The idea is to consider that they are responsible for opening each door so as to gain knowledge of what is in each area and to feel what it is like to be inside each room, even if momentarily. The goal, however, is not to remain in that room for too long, because the task is to gain experience of how it feels to be in each one of the rooms. In this way we would be able to get an overall sense of what is in the house. In other words, we would not be able to arrive at accurate diagnostic conclusions until we have explored different aspects of the individual's personality, life, and psychological make-up, including cultural diversity.
After considering the individual differences, a therapist must also consider the ethnic, cultural, and immigration experiences and the emotions and meanings associated with these. To dismiss these important variables risks missing culture specifics. For example, Latinos in mourning living in the United States who have sought our help have shared with us specific feelings of confusion, inability to act, and desperation emanating from a conflict between the cultural values they have learned or inherited from their ancestors and the values of their adopted country in the management and understanding of their grief. Often, we are not even aware of the degree to which deeply held cultural values shape the way we think and function in both positive and negative ways. But we have felt these emotions ourselves and have seen them manifested in our patients time and again.

Assessment of Cultural Values

Each of the questions that follow can be used, taking into account the cultural values proposed in this chapter and throughout this book:

- Are there some cultural values from your cultural descents that you find yourself retaining?
- Are there some cultural values from your descents that you value and consider worth retaining?
- Are there some cultural values from your descents that you do not agree with and consider unnecessary to retain?
- Are there any cultural values that have meaning to you but you rather not follow?
- If you have retained some cultural values, is there a particular reason why you have chosen to retain them?

Assessment of Acculturation

- How long have you been living in the United States?
- What is your primary language? (This is an important aspect of acculturation but to assess language in itself, please refer to the Language questions listed below.)
- How many years of education did you obtain in the United States?
- What is your preference of language when watching TV, listening to music, or listening to the news?
- What is the ethnicity of your close circle of friends?
- What is the language spoken by most of your friends?
ASSESSMENT OF IMMIGRATION HISTORY

• How long have you been living in the United States?
• When did you immigrate to the United States?
• What was the main reason to migrate?
• Place of residence.
• History of travel between the United States and parents’ country of origin.
• Was this the first time you came to the United States?
• Is there any significant person you left behind in your country? Who?
• What did you miss the most about your country?
• What work did you do in your country?
• What type of work do you do in this country?
• Inquire what degree of attachment exists, including feelings regarding physical separation from the family and circumstances relating to a separation.
• What have been the effects of the separation as a result of immigration.
• Has it been difficult to visit and share your feelings with loved ones who are ill in the country of origin due to issues of immigration?

Feelings of isolation, another factor rendering Latinos at risk, should also be thoroughly explored in the assessment process. Clinicians should not assume, for example, that living in the same household with a large group of people is an automatic antidote for isolation. Different levels of acculturation and language proficiency among family members can be isolating factors, and although many Latinos live near their family of origin and extended family, which includes compadres and comadres, many do not.

ASSESSMENT OF LANGUAGE

The following are helpful questions to be included during the intake process that relate to language and that will give the clinician an idea of the patient’s level of fluency:

• What is your primary language?
• When and where did you learn to speak English?
• What language did you speak at home when you were growing up?
• What language do you speak at home now?
• Do you speak to different people in different languages at home?
Do you feel more comfortable speaking in one language over another?
What language do you write in?
What language do you think in?
Do you feel confused when anxious and mix languages?
Do you feel more organized in one language or the other?
When you are much stressed what language do you speak in?
Do you notice changes in your language when you are feeling sad or in a bad mood?
Do you find yourself associating certain people with a specific language?

Body language can indicate feelings of discomfort in relation to a topic, or a behavior, and difficulties verbalizing such feelings. This may occur when patients are intimidated by sharing information that they consider a source of shame in front of a stranger, such as the therapist.

**SPECIFIC ASSESSMENT OF GRIEF FEELINGS**

In addition to performing the cultural assessment and asking the basic questions of an intake such as onset of symptoms, intensity, duration, and other relevant issues, the evaluation of the grieving patient should include the following:

- Identifying information of the deceased.
- Cause of death.
- When a loss refers to an illness, the specifics of the history of the illness should include cultural behaviors that relate to preferences, such as types of food the patient prefers, what religion the patient practices, and other relevant behaviors. Food preferences can be important to adhere to diets as in cases of diabetes, for example.
- What rituals will be followed by the patient, including such rituals as novenas, doing the rosary, praying for nine consecutive days, or following devotions to certain saints or ceremonies valued in the culture.
- The story of the person lost through death.
- What was the relationship between the patient and the deceased?
- How has the grief manifested so far?
- How has the death affected the patient's life?
- The patient's relationship to their culture of origin: have other family members understood the individual's grief?
Does the patient feel supported to share feelings and experience grief in an open manner?

Are there discrepancies with other family members, such as inheritance, with associated guilt?

Has the patient or close relatives experienced discrimination and related feelings based on their ethnicity?

Are there different perceptions of death, grief, and mourning among family members?

We are quite sensitive to the challenges that clinicians face as they attempt to practice in a manner that respects patients’ cultural values as specified within the ethics of the profession of psychology, but find themselves unclear on how to apply the theoretical components that refer to culture within their theoretical frameworks. Keeping these data in mind and maintaining an awareness that the literature does not provide much detail in terms of the specific patterns of bereavement for all Latino groups, we have guided our supervisees, based on our own experience, to recognize the importance of including specific aspects of the Latino population that, although not necessarily present in every Latino group, should be explored within both the assessment and treatment of depression of the Latino experiencing grief. It is our hope that through our work of the Latino experience of grief and our approach to grief therapy we can offer other clinicians a helpful guide in their work with the Latino population in grief. In the meantime, we emphasize and support the importance of culture, and hence cultural competence, and recommend that clinicians working with bereaved Latinos in grief therapy consider these important constructs in their work.

References


1. THE LATINO EXPERIENCE OF GRIEF


PART I. SPECIFIC CULTURAL AND PSYCHOLOGICAL COMPONENTS

1. THE LATINO EXPERIENCE OF GRIEF


