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The Cultural Bereavement Interview: A New Clinical Research Approach for Refugees

*Maurice Eisenbruch, MD, MPhil**

There are more than twelve million refugees in the world, many of whom face difficulties, including suffering from depressive disorder and post-traumatic stress disorder (PTSD) and adjusting to a new country and way of life. Although Western treatment may be appropriate in some cases, psychiatrists are finding that many victims of forced migration manifest a pervasive suffering that can have widespread effects on personality and behavior. It is not simply a result of "stress" or psychiatric disorder but seems to arise from their feelings of massive loss. To provide a framework in which the suffering can be understood, the clinician must ask what is the key to the experience of being uprooted, of losing one's family, one's primary social and economic structures, and one's basic systems of cultural meaning? How are these losses experienced and dealt with? To answer the questions, we need to approach the clinical examination of refugees in a new way. The interview must tap the refugee's experience of loss and elicit the responses to it.

This article presents a framework for clinical interviews with refugees that was developed by the author in clinical and ethnographic research with several groups of Southeast Asian refugees resettled in the United States and Australia. Instead of replicating approaches, many of which apply set Western psychiatric tools and diagnoses to the refugee group, methodologies from several related disciplines were

* National Health and Medical Research Council Research Fellow, Royal Children's Hospital Research Foundation, Parkville; Associate in Anthropology and Paediatrics, University of Melbourne, Melbourne, Australia

adapted. It was learned from preliminary ethnographic fieldwork and clinical work, for example, that much of a refugee's experience in his or her new country is shaped by loss—of family, past, culture, identity—and a new approach was needed to describe these experiences. Anthropologic fieldwork provided the rich texture of everyday life experienced by groups of refugees in their neighborhoods and their response to the inevitable stresses that befell them. Clinical psychiatric techniques clarified their coping and adaptation styles and their existential suffering and related them to clinical symptoms. Cross-cultural psychologic techniques enabled the construction of culturally valid measures of key constructs such as cultural bereavement.

FROM GRIEF TO CULTURAL BEREAVEMENT

Cultural bereavement has been hinted at in a wide range of behavioral, sociologic, and other literature on uprooting and change. Nostalgia was recognized in military psychiatry in France, Germany, and America. In the sixteenth century, Swiss mercenaries were described as afflicted by Heimweh.[38] This condition, which in 1678 was regarded as a medical disorder by the Swiss physician Hoferus, later became known as nostalgia. Since the displaced person's camps after the World War II, it has been reported widely among immigrants,[19, 23, 24, 34] refugees, and exiles.[28, 32]

Massive social loss, such as that caused by uprooting, produces grief.[27] Grief, whether in response to the loss of a loved one or a country and culture, can affect physical and mental health. The problem is compounded in two ways: the clinician may be unaware that the patient is experiencing a massive grief reaction, which may therefore remain undetected and untreated; and culturally appropriate emotional and social support groups, the protective factor in bereavement, are often unavailable.[5] An earlier article[12] suggested that uprooted refugees may suffer from personal and cultural bereavement; a moratorium on acculturation may allow the refugee to work through the grief over loss of family and culture; symptoms and reactions arising from cultural bereavement may be overlooked; and the entire refugee community can be regarded as a single social group experiencing collective grief for the loss of its identity, which can be "treated" by a consolidation of its old culture.

What are the long-term consequences of uprooting? The studies of adult refugee groups from eastern Europe, Taiwan, Latin America, and Cuba suggest that even after apparently successful early adjustment, there may be a high rate of subsequent physical and mental breakdown.[9,10] Advancing age, personal bereavements, and social isolation may promote a renewed sense of exile and thereby

reactivate the trauma of the original uprooting. In this way, the problems associated with cultural bereavement can re-emerge even after a long period of healthy adaptation and resettlement. Cultural bereavement can contribute to the psychiatric problems of the elderly, who may want to "go home to die."

Peter Marris,[25] who studied the effects of widowhood in the east end of London, slum clearance in Nigeria and America, and colonization in Kenya, noticed that each transition involved similar themes: the anxieties of change centered upon the struggle to defend or recover a meaningful pattern of relationships. He argued that the concept of grieving could be applied to many changes that we would not ordinarily associate with bereavement. Uprooting disrupts an individual's concept of self.[6]

Liliana Muñoz[27] describes the anxiety suffered by some Chilean political refugees in England at the thought of contamination by values of the "new" society. Some exiles, in anticipation of the flight from their homeland, perform rituals aimed at preserving the images about to be lost. When coupled with the lack of a community of supportive compatriots, this anxiety leads to intense guilt, withdrawal, social isolation, and depression. There are parallels between these reactions to catastrophic loss and the pathologic outcome of bereavement as a result of death. Excessive clinging to the past culture, with an inability to form new attachments, for example, is similar to the mummification and overidealization of the deceased spouse seen in atypical grief. The opposite reaction, a rapid and apparently smooth assimilation into the host society, is similar to the reckless flight into new relationships and marriage that is part of the pathologic grief reaction of some bereaved people.

This article extends the idea of individual grief by suggesting that an entire community of uprooted people can experience collective grief. In several cases the responses of uprooted and exiled peoples seem similar to those of bereft individuals—witness the Chilean examples,[27] those cleared from slums in Nigeria, America, those colonized in Kenya,[25] and the Lithuanians who fled to the United States.[2]

Diagnostic Terms

At the moment, the focus of clinical work with refugees is on the disorders arising from the traumas of war and, in some cases, torture. The DSM-III category *Post-Traumatic Stress Disorder* (PTSD) is used to diagnose many lingering refugees whose states do not fit clearly into conventional categories, such as anxiety or depressive disorders. But there are two difficulties associated with relying on PTSD categories. First, although many refugees were undoubtedly harmed by the effects of past traumatic experiences, such as starvation or torture, their suffering is not entirely attributable to the trauma, and in any case the

diagnostic term *describes* a set of behaviors rather than *explaining* it in the patient's terms. Furthermore, it is unclear if the diagnostic criteria of PTSD will be the same irrespective of the patient's cultural background; PTSD may be overdiagnosed in certain cultural groups and underdiagnosed in others, especially as patients from different cultural backgrounds express sadness and grief in different ways, including somatization.[36] Psychiatrists do not use nostalgia or Heimweh as diagnostic terms, but it would seem that these earlier concepts could complement and extend our understanding of the "unsuccessful" adjustment of refugees, and that the experience of cultural bereavement is worth exploring in the clinical interview.

CULTURAL BEREAVEMENT INTERVIEW

The theory of cultural bereavement grew from experience with groups of Southeast Asian refugees in England, the United States, and Australia. The cultural bereavement interview is derived from a schedule that was piloted initially as a research tool to explore and measure the grief and bereavement of refugees. During 1983 and 1984, in the course of working with Southeast Asian refugees in Massachusetts, the cultural bereavement schedule was developed. I "entered" the local refugee community and spent several months getting to know groups of refugees in the community. I engaged in intensive clinical work as an individual and group psychotherapist with several of the refugees, and participated in observations of the community, attending religious ceremonies and traditional hearings. This approach—clinician as ethnographer, which has been reviewed by Brody[3]—helped to clarify the conflicts and coping strategies of the patients. Thus, it was possible to organize the themes, combining them with concepts derived from classical grief theory to construct a cultural bereavement schedule. The schedule combined a set of descriptive measures of the refugees' life experiences (the qualitative) with a set of self-rated measures (the quantitative). I "re-entered" the field to test schedules with other refugee groups, particularly unaccompanied refugee minors. This approach followed the principles recommended by Hui and Triandis[20] in which culturally sensitive *emic* strategies are combined with the Western *etic* approaches more commonly used in transcultural psychiatric work. But measures that prove to be statistically reliable may not necessarily have construct validity. The cultural bereavement interview was developed to improve the validity of the clinical encounter with the refugee patient. In the first place, in addition to employing the usual translation-backtranslation methods, the interviewer learned the language of the refugees. Then cultural bereavement was explored in the course of a rather long and intensive period of daily participant observation within the community. These existential complaints were brought to the surface slowly in the course of getting to know the families. Such an anthropologically informed approach is an important ingredient of refugee research, enriching the "empirical" observations and increasing their validity. Although we cannot hope to bridge the gap between the cultural background and the personal experiences of the Western researcher and the refugee, the interview is a guide for the clinician.

Structure

The cultural bereavement interview explores reactions to personal losses and to losses of social systems and cultural meanings by trying to clarify how they are experienced and dealt with in the refugees' language and cultural construction. The interview organizes these themes in a clinical sequence that helps the patient move from areas such as memories and continuing experiences of the past to what he or she finds to be antidotes to cultural bereavement.

Table 1 summarizes the structure of the cultural bereavement interview. The left column lists the underlying theoretical constructs drawn from bereavement literature. The middle column lists 11 areas systematically explored in the cultural bereavement interview. The third column summarizes the 50 items explored and probed.

The interview begins with a discussion of relatively nonthreatening constructs (perceptions of the past), traverses the most painful constructs (survivor guilt, distress because of the violence of the separations and deaths, the failure of appropriate leave-taking, and the anger and ambivalence), and concludes on a restorative note (the antidotes to cultural bereavement).* What follows is a recommended structure, but it can be tailored to the individual patient's needs, his or her pressure to ventilate in certain areas, and his or her ability to tolerate uncovering and exploration of painful areas, if necessary, over a number of sessions. Interviews can take place in a natural style, either in the consulting room, in the patient's home, or at communal gatherings.

Constructs Explored

Memories of Family in Homeland. Bereft people can be preoccupied by thoughts of a lost loved one. These preoccupations can be

* The cultural bereavement schedule is a semistructured interview. For each construct measured, there is a systematic series of probe questions, in Khmer, which allow each person to develop an explanatory model of the area. The refugee then scores each global dimension on a 10-cm bipolar visual analog scale. Quantitative measures and qualitative responses are combined to obtain profiles of each refugee's experience of cultural bereavement.

Table 1. *Links Between Bereavement Theory and Cultural Bereavement*

CONSTRUCTS FROM BEREAVEMENT THEORY	AREAS EXPLORED IN CULTURAL BEREAVEMENT INTERVIEW	SUMMARY OF ITEMS IN CULTURAL BEREAVEMENT SCHEDULE
Thoughts and perceptions of the past	Memories of family	What is thought about? What triggered thoughts? What is response to memories?
Communication with the past	Continuing experiences of family and past	Is there sense of presence? What communication with dead? Does dead person exhort? What is emotional response to contact?
	Ghosts or spirits from the past	Do spirits exhort? What action is taken in response? Is there physical contact? What triggers contact? What is emotional response?
	Dreams	What is trigger? What is dream scene? Is there exhortation by actors in dream? What is outcome of dream? How does dreamer respond to dream?
Survivor guilt	Guilt	What were reasons for flight from homeland? Was it wrong to flee? How does person rationalize flight now?
	Clarity of recall of past	Does person have difficulty recalling images of family? Does person fear difficulty being recognized? What is response to these fears? Are there available souvenirs? What is response?
	Structuring of the past in the homeland	What contrast of memories before versus after revolution? How are memories structured? Does person transfer feelings to host country?
Violence of separation or death Absence of leave-taking	Experiences of death	Who died? What were causes of death? How certain is person that relatives died? Did person participate in the deaths? Whose fault was it that the deaths occurred? Were there leave-taking rituals? Is there any expectation of reunion? How does person yearn for the dead?
Anger/ambivalence	Response to separation from homeland	What understanding was there of flight? Who instigated it? Was there anger at time of separation? Does the anger persist now? What fear of violence/war? What is the political context for this fear?
Antidotes to cultural bereavement	Comfort from religious belief	Which beliefs (Buddhist or other) provide comfort? Is there permission to express these? What impact did war/revolution have on person's beliefs?
	Comfort from religious practise	Which religious practices are helpful? Why does person participate in ceremonies? How does person feel as a result?

triggered by anniversaries, and serious pathology can occur among the vulnerable.[33] By analogy, I expected that refugees would be preoccupied with thinking about their lost homeland and old way of life at many levels—the loved ones, such as parents, and the events of daily domestic life in the family and neighborhood, associated with wider scenes such as thoughts of the homeland, countryside, and nation.

The refugee is asked what he or she remembers or imagines when thinking about the family and about who and what is missed. He or she is asked if the family is missed more at certain times than at others and is probed for events that trigger memories or feelings, such as receiving mail, anniversaries, religious ceremonies, or climatic and weather conditions.

Continuing Experiences from the Past. Grief-stricken people protest, yearn, and search for the lost object. These searching behaviors are seen in the first stages of grief and can include hallucinations that decrease in intensity when the person fails to return.[1] Although they cannot bring back the dead, they may nonetheless have social efficacy, since they may prompt others (surviving relatives, kinsfolk, friends) to engage for a time in caring for the bereaved. Classic grief theory suggests that the bereft person's preoccupation with the past can be so intense that he or she can see or hear the dead person.[17,22,31] Although these perceptual distortions are recognized by the bereft person to be imaginary, they can be exquisitely intense. The culturally bereft person might "feel" significant people, or perhaps fragments of life in the homeland, as being alive in the here and now. Because pseudo-hallucinations are recognized in the "normal" state of personal bereavement, presumably these perceptions can also be experienced in cultural bereavement. Southeast Asian refugees in the study seemed to accept that it was natural to find a boundary between this world and the other. Some refugees might have such powerful perceptual "distortions" that they are led to believe that figures from the past are present or believe that they are being transported to the past. Others might be certain of visitations from the past and be terrified of what a supernatural visitation from their country might say or do. As far as they are concerned, the apparition is real.

There are marked cross-cultural variations in the duration of hallucinations. In the West, for example, hallucinating the dead for a month or so would be considered a normal part of grief. But among ethnic groups these hallucinations normally continue for many months, even years. Among the Hopi, for example, hallucinations have been described as commonplace among the bereaved long after death. A discourse is usually held with the hallucinated form of the deceased, "in which old annoyances may be reiterated or the reality of the apparition may be debated."[26]

The interviewer states that many refugees can feel that members

of their families they left behind (or those who died) in the homeland are still with them; that sometimes they can hear, see, feel, touch, or even smell them; that sometimes they can feel a "sense of presence" as if the person is present. The refugee is asked if he or she has had these experiences and, if so, what is said, in which ways the experiences make the refugee feel frightened, and how they give comfort.

Ghosts or Spirits. Ghosts are a feature of bereavement in practically every cultural group.[21,37] Ghosts and spirits are the common medium through which the dead can communicate with the living[4] or ask the living to join them;[15] the fear of ghosts promotes tie-breaking with the deceased.[37] In many cultural groups, these supernatural forces can be threatening after an inauspicious death, such as a murder; and because refugees often witnessed or experienced unnatural deaths of kin, they can be very frightened that ghosts will come to hurt them.

The interview should give the refugee an opportunity to elaborate fully on their fears. The interviewer should comment that some refugees feel that sometimes ghosts or spirits of parents and of other people close to the refugee come to visit. In so doing, the interviewer should be alert to the content of conversations between these supernatural forces and the patient: Do they exhort the patient to reunite with them, to acculturate, or to make good? The interviewer should recognize the patient's response to such exhortations. It may be helpful to explore what triggers these encounters: Are they contemporary hardships in resettlement or are they trivial events that trigger waves of nostalgia? The refugee is asked in what ways the ghosts or spirits are frightening or comforting.

Dreams. Nostalgia for family and homeland can intensify during the night when the bereft person's defences are down and painful memories intrude. Again there may be a relatively permeable boundary between the dream of sleep and the continuing experience of being awake. The Khmer term *sramay*, for example, refers to a perceptual experience that can vary in intensity: the mildest is a sensation after waking from a dream. In a stronger form, the patient feels that the dream has flowed into the waking state.

The interviewer can orient the patient by commenting that many refugees from other countries have dreams about the family and country from which they were separated. Attention should be paid to the triggers: being worried, nostalgic, or envious, for example. The patient should be asked to describe the actors in the dream, its action and content, whether the refugee was exhorted to say or do anything, the outcome (for example, was there a loss of contact or a reunion, was the patient saved from death or was there a catastrophic end?), how the refugee felt when he woke, and his or her response to the dream.

Guilt. Grief-stricken individuals are known to experience guilt. When people as a group have survived a threat to their lives, those who

pull through are prone to suffer from survivor guilt, which can persist over years even while they get on with their new lives. The interviewer should explore why these survivors feel guilty and how this guilt is expressed. There is a commonly held assumption that grief and guilt are healed as survivors settle into their new lives. But clinical experience suggests that refugees do not necessarily feel better when traumatic memories are buried beneath daily preoccupations of surviving or succeeding in the new country. This failure of material security to salve the wounds seems to be linked to the wish to go back to the country and to a growing sense of regret for having fled.

Not all cultures explain guilt in the same way. Southeast Asian refugees, for example, tie experiences of separation, loss, and grief to Buddhist and folk cosmologies. Within a Buddhist framework, death is life in the other world, and the options for reunion are more direct than in Judeo-Christian cosmologies. Refugees may feel sorry to have left their land, worried to distraction about the welfare of relatives at home, and weighed with responsibility for getting those relatives to safety or returning to seek them out.

Bad action does not necessarily result in "guilt." It may be discarded as something that will be compensated for in time. What must be kept in mind, however, is that the "bad action" may command a large compensatory act by the individual, even when the responsibility for the bad action does not appear to Western eyes to lie with that person. So if a refugee says that he or she feels "guilty," it is necessary to probe carefully to clarify whether this "guilt" stems from a feeling that the refugee committed a demeriting act of badness (*kam*), from regret that life in the host society is wretched, from feeling that he or she violated personal filial responsibilities by abandoning family and homeland, or from shame and humiliation before the rest of the refugee community for placing personal welfare before that of kin. If the clinician is conversing with the patient through a bilingual worker, the clinician must ensure that the bilingual worker translates the patient's entire account rather than abbreviating the patient's account to, "He or she says he or she feels guilty, doctor."

The interviewer should mention that when refugees do not think about their families as much as before, they can feel guilty. The refugee is asked if this has happened. The interviewer comments that it must have been very hard to leave. The refugee is asked what made him or her decide to go. The interviewer comments that sometimes we are forced to do things against our heart. The refugee is asked if he or she regrets leaving, if he or she ever feels that it was wrong to leave both country and those whom he or she loved and cared about.

Clarity With Which Appearance of Relations is Recalled. Recognizing the dead assumes special importance. The wish for reunion with the past may be expressed as a hope that important people will be

recognized if there is an opportunity for reunion. The survivor may be anxious lest the opportunity for this precious junction is squandered through a failure of recognition. Most survivors believe in cycles of reincarnation to the extent that resettlement in the third country (especially under fundamentalist missionary influence) is termed "born again." For some, resettlement is associated with an inevitable change in appearance brought about by maturation, acculturation, physical disfigurement, and the ravages of fading recall of family members, particularly when there are no cues, such as photographs, to reinforce past images. The face of the loved one stands for the face of the culture, so if this is not handled correctly, guilt can intensify.

The interviewer can orient the patient by commenting that after being away from the homeland for a while, some refugees find it hard to recall what their family members looked like; the facial details, especially, may be hazy. The refugee is asked about difficulties in remembering, and is asked about ploys to conjure up fading recollections; what happens if refugee and family come across one another in this world or another and do not recognize each other; what are the differences between the refugee's failure to recollect the family and the family's failure to recollect the refugee; and does the refugee worry about war-caused scarring and disfigurement. The interviewer can introduce the question of whether or not the person managed to salvage tangible reminders of the past, such as souvenirs, photographs, or amulets.

The Structuring of the Past in the Homeland. The reactions to loss may include an idealization of the past or of certain periods in it. For uprooted refugees, cultural bereavement will be complicated because in many ways the "actual" past may have been a lot worse than the present, but the refugee may still idealize aspects of it. Just as bereft people retrospectively idealize, so refugees retrospectively idealize life in the homeland before the revolutionary régime.

Fieldwork has defined several possible ways in which the past could be divided retrospectively into "good" and "bad" time (e.g., prerevolution versus postrevolution); quality of past life (e.g., good versus past); morality (e.g., good and right society versus evil and wrong society); social regrouping (e.g., "us" or "new people" versus "them" or "old people"). These memories of the past may also be affected by the availability of personal objects such as photographs or other trinkets that put the refugee in touch with the past.

These ways of structuring the past can affect the survivor's outlook on life. Some refugees appear to transfer their "cognitive map" from the past to the present, particularly if they are fearful of danger. Southeast Asian refugees, for example, can fear other survivors (e.g., blame one as being "Pol Potist"); other refugee groups (some Cambodians, for example, blame local Vietnamese refugees for occupying

their homeland); other migrants (e.g., blacks or Mediterranean groups); or native to the host society.

The interviewer should comment that everybody thinks about what their lives were like in the homeland: who they played with, what they ate, how they behaved and played in their house, who were the neighbors, and who lived in the village or town. The refugee is asked about his or her memories. The interviewer comments that sometimes refugees are able to bring personal things with them from their families, like photographs, that remind them of their family and country. The refugee is asked about his or her memorabilia, and how it feels to have (or not to have) them. Finally, the refugee is asked to describe how he or she remembers life in the homeland. This question should be explored separately for the periods before and during the revolutionary régime. By now the interviewer should have sufficient rapport with the patient to explore the areas described in the following paragraph.

Personal Experience of Death, Funerals, and Graves. Classic grief theory suggests that grief is helped when there has been a culturally appropriate leave-taking ceremony and that time to say goodbye and to express love will help a person grieve by lessening their later feelings of anger and guilt.[30] The ceremonies provide psychologic support by allowing survivors to vent private grief through public displays of mourning. The ceremonies also help survivors to become separated from the group appropriately and then, after a time, to become reincorporated into it.[9, 10, 16] Grief theory also says that people deprived of opportunities for proper mourning may not be able to grieve effectively and may suffer "arrested grief" or "atypical grief reactions." Survivors of war and genocidal régimes can be prone to this, particularly if they do not really understand why their society was disrupted, if they wonder whether their culture and religion was morally bankrupt, or if they rue their failure to carry out leave-taking rituals with the deceased or with those they abandoned in the homeland. All these experiences with separation and death can give rise to guilt. The yearning to go back and rebuild the country or to be reunited with loved ones is one way to deal with chronic guilt.

The interviewer comments that many refugees lost their parents or relatives in the homeland. The refugee is asked which of his or her relatives died, whether they (or others) were sick, had an accident, or were killed. The refugee is asked how sure he or she is that his or her relations really are dead, and if he or she ever wonders whether they might still be alive. The refugee is asked if he or she witnessed these deaths or participated in them—passively or actively. The refugee is asked to say why they occurred, whose fault it was, and if he or she was with them when they died. The refugee is asked if he or she thinks of going back to the homeland, and the attitude explored. Finally, the refugee is asked if he or she ever feels like going back to his or her village or town. These questions are listed in detail in Table 2.

Anxieties, Morbid Thoughts, and Anger in Response to Separation from the Homeland. Bereft people can continue to feel anger toward the lost object or toward others.[37] People deprived of their history and culture may feel ambivalent or angry about it, particularly if they were exposed to missionary pressures in the refugee camp. It is most confusing for refugees who lived through and were victims of violence and war perpetrated by their own countrymen. Survivors can transfer their sense that there is no such thing as a safe world and that danger lurks. They may be understandably immersed in violent or nihilistic thoughts, which may continue even in a safe haven. It is well known that bereaved people can engage in risk-taking behavior especially if the person experienced danger before the death.[30] The refugee as a victim of war is compelled to flirt with death and may continue this pattern even after safe resettlement. This section of the interview taps these areas.

The interviewer comments that when refugees have lost their family and homeland, they can think a lot about life and death. The refugee is asked if this has happened and in what ways. The question is then put another way. The comment is made that, compared with the way they felt in the homeland, some refugees feel strongly that something terrible will hapen to them, that they might die. Others feel progressively less scared of dying. The refugee's feelings about death are explored in detail (see item 6 in Table 3). The refugee is asked if there was enough time for him or her to understand what was going to happen before fleeing home and country. He or she is asked what was happening at the time. The interviewer comments that very often refugees leaving the homeland feel angry. The refugee is asked how true this was for him or her, and if so, how, with whom, and what he or she did about it. The interviewer comments that sometimes survivors still feel angry because they were separated from their families. The refugee is asked if this is true for him or her. The refugee is asked who he or she still feels angry with, in what ways, and what he or she does about it. Finally, the comment is made that many refugees wish they had been able to say or do certain things with their families before they left them, that they regret this omission. The refugee is asked how much this has been the case for him or her and what sorts of things he or she wishes could have been done. These questions are listed in detail in Table 3.

Comfort Derived from Religious Belief. Grief theory suggests that religion can provide comfort to a bereft person. Had survivors stayed in their own culture, they would have had direct access to the support provided by the Great Tradition (Buddhist in the case of many

Table 2. *Personal Experience of Death: Which Relatives Died*

- *Probe: Causes of Death: Sickness/Starvation/Accidental Death/Violence*
  - How sure that relations dead: Does he/she wonder if they're still alive, or did person witness with own eyes?
  - Did he/she participate actively in their death(s)?
- *Probe: Why Did These Deaths Occur?*
  - Whose fault was it?
    - Religious or animist frameworks: Western or Christian sin, or traditional religious fate, or animist force
    - Political framework, e.g., Communists
  - Affective response to the "unnatural" death (i.e., execution/starvation)
    - Great fear of avenging soul of deceased
    - Behavioral response (e.g., protection rituals at night)
  - Feeling that refugee contributed to death
    - By active overt collaboration, e.g., committing atrocities
    - By passive failure to sacrifice him/herself instead of victims
    - By "wrong thinking," e.g., refugee accepted without resistance indoctrination
  - Construction of "guilt" in culturally relevant terms (e.g., Buddhist)
    - Bad action in past incarnation
    - Regret/realization
    - Evaluation leading to remorse
    - Overt culpability and need to do compensation
  - The perceived origins of guilt
    - Having committed demeriting act of badness
    - Sense that life in host country is wretched
    - Feeling that refugee violated filial responsibilities by flight and by abandoning relations/homeland
    - Shame/humiliation before rest of local community for placing own welfare before kin in homeland
  - Motive for restitution
  - What to do with guilty feelings (e.g., in Buddhist terms counter-karma, merit transfer, death wish)
- *Probe: Leave-Taking Ritual/Funeral*
  - Specify: Buried relative by self/heard about burial/communal pit/trench/cremation/unknown
  - Functionaries at burial/funeral (where applicable): traditional ceremony/Western ceremony
  - Involvement on the part of the survivor/exile?
  - Opportunity to visit grave/bones?
    - Was it possible to visit remains/grave
      - Don't know whereabouts of remains
      - Prohibited
      - Could visit
    - Effect of access when still in homeland:
    - Wish in new country to return to find grave/remains
      - Return to remains/grave: bury or cremate the remains/make merit/take the bones or ashes
      - Avenge death
  - Would have preferred burial/cremation ceremony
- *Probe: Expectation to Return to Homeland Sometime in Future?*
  - Duration of return
    - Just for a visit
    - To stay
  - What is reason for wanting to return or visit
    - Search for relatives: To be with them/to bring them to safety
    - Die in homeland (i.e., peacefully, not by fighting for it)
    - Free homeland from occupation (e.g., from occupying force army)
    - Rebuild homeland
  - What is return contingent upon?
  - Is there a reason for not wanting to return or visit homeland?
    - Fear of death/retribution
    - Homeland is now "spoiled" by occupying force
    - Focus on benefits of present life in third country and achievements here
  - Yearning to return to homeland in future?

Table 3. *Anxieties, Morbid Thoughts, and Anger in Response to Separation from Homeland*

- *More or less Frightened of Death than Before Coming to US/Australia*
- *Comprehension of the Flight at the Time*
- *Who Instigated Departure?*
  - Self
  - Care-giver
  - Simply followed others
- *Understanding of the Flight/Escape from Homeland*
  - Time to think about departure
  - Understanding of technical realities of refugeehood
- *Anger in the Past at Separation*
  - Statement
  - How much anger was experienced because of being separated from family/country?
  - Who is separation anger focused on?
  - What is response to this anger?
    - Powerlessness/helplessness
    - Repression of anger
    - Desire for revenge/retribution
    - Uncertainty for action
    - Practise traditional customs
    - Try to learn and study
  - Who is the anger referring to?
    - Separation from family
    - Genocide of the original culture's people
- *Anger in the Present at Separation and Associated Thoughts About Death*
  - Unresolved fears, morbid thoughts, and danger projected into the present
    - Thoughts about death
      - Rumination about death
      - Primed to sense danger lurking everywhere in host country
      - Don't think about it
      - Safer in homeland
      - Less safe than homeland
      - Attempted mastery through action, e.g., watching violence on TV
      - Fear of neighborhood or community violence/death
        - Origin
          - Own cultural group
          - Occupying force
          - Migrants
          - Native born in host country
        - Response
          - Risk-taking behavior, e.g., fast driving or unsafe sex
      - Outlook for life/death
        - When will death occur?
          - Expect to die soon
          - Expect to die prematurely due to illness/catastrophe
          - Expect to die of old age
        - What sort of death is feared or anticipated—accident/robbery/murder/rape?
        - What death is not feared?
      - Fear of general violence and war
        - Specific fears regarding war in homeland
        - General fears that war would engulf local country (i.e., US or Australia)
        - Fear of nuclear holocaust
      - Political context
        - Hunger for knowledge about current political affairs concerning homeland
        - Revanchist sentiments/action (wish to join freedom fighters)
        - Attitudes/prejudices towards other refugee groups
        - Exhort Western governments/care-givers
        - Explanation for war and loss
- *Rate: How Much Anger is Experienced now Because of Continued Separation From Relations/Country?*

Southeast Asian refugees) and by the popular or folk Lesser Tradition. But when refugees are thrust into a vortex of acculturation, a new Western way of dealing with spirituality is substituted for the old. The interview was designed to explore the values of these competing religious systems without privileging the Buddhist over the animist or Christian beliefs and to help establish what the refugee found helpful about each of the competing systems.

Refugees are asked whether Buddha, spirits, or Jesus helped make them less upset about losing family and homeland. They are probed on which beliefs have been helpful, to what extent, and when. The refugees are asked when they believe in Buddha and in what ways, when they believe in Jesus and in what ways, and whether they changed beliefs, either in the refugee camps or after coming to America. They are asked what influence, if any, the missionaries had in the country of asylum and, finally, the refugee rates how much help these beliefs have been.

Comfort Derived from Participation in Religious Gatherings. Death is a threat to group solidarity[18,35] and the death of an individual places a strain on a group's social cohesion, which is minimized by ritual ceremonies.[14] When refugees attend religious gatherings, they can participate in ceremonies that are *rites de passage*, helping the bereaved to complete unfinished obligations with the deceased, to channel and regulate anger, and to resolve guilt. The group can use ritual to make exchanges with ancestors, allowing the completion of leave-taking and, by coming together, the group can re-establish its identity and social cohesion. In refugee communities, many people have suffered personal losses, and the community may not have access to the very religious gatherings it so desperately needs. If refugees can freely maintain traditional religious practices, they have a repertoire of actions that can be used to relieve many of the causes of suffering. Refugees suffering survivor guilt because they abandoned family and homeland can expiate that guilt by "paying back" or canceling the debt. A Buddhist refugee, for example, has the option to transfer merit to his or her ancestors, a ceremony known to almost every person with a Buddhist background. But not every refugee feels better after participating; sometimes the experience can bring painful losses to the surface. The cultural bereavement interview can elicit and explore these buried feelings, thus promoting the working through of grief.

The interviewer comments that refugees sometimes feel better when the community is gathered together. The example is given of the homeland New Year festival. The refugee is asked to say what he or she enjoys about these gatherings and if they make him or her feel bad in any way. He or she rates the extent to which participation helps.

DISCUSSION

The mental health of refugees demands a new approach to diagnosis and management. In addition to the usual difficulties of clinical work across cultures, the experiences of many refugees are out of proportion to "normal" life. Even with culturally sensitive interviewers, there can be dangers in applying usual Western psychiatric diagnoses. This article argues that cultural bereavement is the key to the refugee experience and offers a framework for the clinical interview. The cultural bereavement interview can help in the clinical care of refugees in several ways.

The interview can guide the physician to explore critical areas for each of the patients. Victims of trauma should not be pushed into revealing the origins of their traumatic memories, and the cultural bereavement interview can facilitate the uncovering of the patient's hurt. The patient can discuss traumatic memories not merely as isolated events but as part of a wider experience of loss. Thus, although the patient may find it painful to talk about personal and cultural loss, the interview can be therapeutic, particularly if the physician provides further interviews to sustain the grief work.

The interview can clarify the "structure" of the patient's reactions to loss. It would be tempting to apply the principles of Western grief counseling to *all* refugee groups irrespective of their cultural backgrounds; but such a "recipe" is based on stereotypes. Consider for example "survivor guilt," which is so fundamental to Western grief theory. Even if one succeeds in translating the word, the concept of guilt is a cultural construction that varies greatly across cultures. Taking the Cambodian example, the cultural bereavement interview allows for degrees of "guilt" on a continuum. The Khmer phrase *khoh haoy* translates as "having committed a mistake and feeling guilty." But feeling guilty is one of four stages in a process: *tweu kam* (bad action or sin in a past life or incarnation), *saoksday* (regret or realization), *vippatisaari* (evaluation leading to remorse), and *khoh haoy* (feeling of guilt and the need to take compensatory action). In merit transfer, the transfer of merit to the dead relatives helps both the living and the dead. And the death wish is a desire to cross the brief gap between death and speedy rebirth.[29] As discussed, this immersion in death explains behavior such as the link between the death wish and risk-taking behavior and suggests therapeutic solutions (e.g., the link between merit transfer and opportunities for attending traditional ceremonies). By careful exploration of the patient's beliefs, the physician can learn how the patient's culture "tells" him or her to explain guilt and what to do about it.

The interview can complement the psychiatric diagnostic categories in use (such as PTSD). Clinicians who rely solely on Western

diagnostic criteria in multicultural settings can fail to recognize the full extent of a patient's loss and grief, and cultural bereavement may be overlooked. Some patients' beliefs and actions suggest that they are psychotic. It is not unusual to see cases, for example, where the patient feels possessed by spirits, troubled by visitations of ghosts from the homeland, hears voices commanding him or her to make merit to ancestors, and feels that he or she is being punished for having survived. These culturally normal signs of cultural bereavement can mislead the uninformed clinician. It can be difficult to distinguish those patients who may be expressing normal or natural grief from those who may be suffering from a psychotic condition; it is essential not to wrongly diagnose a psychotic disorder and to initiate an inappropriate treatment régime when the patient may have responded quickly to social and cultural intervention. Grief can become pathologic, and some authorities, such as Engel,[13] have suggested that any grief should be regarded as illness. At the very least, cultural bereavement exercises a profound effect on the uprooted patient's state of mind, and the clinician needs to take it into account when making a psychiatric diagnosis.

If clinicians accept the authenticity of even the seemingly bizarre aspects of patient grief, patients will feel that they are comfortable with their story, their culturally shaped symptoms, and their solutions to their cultural bereavement—that they do not need to "protect" the Western doctors. Patient-practitioner relationships will be improved, and patients can combine elements of Western psychiatry with additional therapeutic techniques.

The cultural bereavement interview may identify cases where clinical intervention may need to be extended by active intercession from traditional hierarchies of resort within the patient's local community. The psychiatrist can collaborate with religious functionaries or with traditional healers who apply familiar treatments to the patient, who in turn master the representations (such as ghosts or spirits) from the past and negotiate a healthier "separation" from them; and instead of feeling guilt-ridden and vulnerable to persecution by vengeful spirits, the refugee can assuage the supernatural.

Participation in traditional ceremonies does more than simply "treat" the individual's grief. Any treatment of the patient at an individual level (even if the treatment seems culturally appropriate) can be frustrating because the person returns to a local community that is itself in a state of collective grief. The group parpticipation promotes a restoration of the patient's old culture and acts as an antidote not only to his or her cultural bereavement but also to that of the entire community. Successful treatment will ultimately depend upon community intervention to arrest and reverse the group's cultural bereavement. If, for example, the community is encouraged to re-establish traditional religious institutions (such as the Buddhist *wat*), patients will have a

place to gather and worship. The patients can commune appropriately with the dead, if that is their wish, and absolve their guilt. Furthermore, they can become re-incorporated into their social community and fill the need for acceptable social supports. All this goes toward resolution of grief. This use of cultural maintenance illustrates the contention first made by Geoffrey Gorer[16] that the contemporary decline in accepted ritual guidance after bereavement causes illness.

The interview can provide information that can be used in planning social supports or interventions. An earlier article suggested that resettled refugees may need a moratorium during which they are under less pressure to acculturate.[10] The cultural bereavement of many refugees (especially the more traditional or those who were older when they arrived), however, will not be alleviated simply by a slowed rate of Westernization; a more substantial cultural maintenance is required. Here one can see how classic grief theory is inadequate when considering cultural bereavement. It suggests that patients will "work through" the loss when they accept the loss and acquire new attachments and relationships, but many exiles do not want to abandon their attachments to homeland and nurture a hope of return. Although they cannot go back, they must retain their attachment to their homeland.

Policy makers, program providers, and clinicians need proper criteria by which to judge the impact of their interventions on refugees. But when policy makers and researchers begin with the belief that refugee health lies in rapid acculturation, that "living in the past" is a signal of illness, and that speedy acculturation is the remedy for sadness, the result can be self-fulfilling. By systematically measuring that which is "good" about prevailing policies on refugee resettlement (e.g., acquisition of acculturation skills), and by systematically failing to measure that which is "not good" (e.g., the suppression of traditional social structures and cultural meanings), they are confirmed as successful. The absence of recognizable sadness is regarded as a sign of good adaptation; too much nostalgic "living in the past" is regarded as an illness (perhaps a depressive disorder) that impedes rapid acculturation and adaptation. The cluster of nostalgia and sadness is managed with Western treatments (such as antidepressants), so that the refugee can get on with acculturation. The use of exclusively Western psychiatric instrument scales as criteria of "wellness" then confirm the "success" of intervention. But the failure to measure the refugee's cultural construction of his experiences allows the continuation of therapies, policies, and programs that are potentially iatrogenic.

Cultural bereavement interviews are now being applied in further studies of the mental health of Southeast Asian refugees in Australia. The cultural bereavement schedule is also being applied in other clinical research, for example, in a study of Ethiopian refugees (with

translation-backtranslation into Amharit). As modifications of the cultural bereavement schedule are used with various uprooted cultural groups, we will learn more about the salient experiences of uprooted peoples and will be able to identify crucial areas of need, whether the durable solution for the uprooted people is permanent resettlement or ultimately voluntary repatriation to their homeland. The probe questions cannot be suitable for every ethnic group and may need to be tailored to the particular circumstances and cultural beliefs of each group. Eventually it is hoped that clinicians can use cultural bereavement interviews as both diagnostic and therapeutic aides with a range of affected groups: refugees, victims of disaster, those subjected to rapid modernization, and others profoundly affected by a rapid loss of their past. In the end, a greater understanding of cultural bereavement can help refugee policy and program development.

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Address reprint requests to

Maurice Eisenbruch, MD, MPhil
Department of Child and Family Psychiatry
Royal Children's Hospital
Flemington Road
Parkville, Melbourne, Victoria 3052
Australia