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CROSS-CULTURAL ASPECTS OF BEREAVEMENT. I: A CONCEPTUAL FRAMEWORK FOR COMPARATIVE ANALYSIS

ABSTRACT. This paper reviews some key conceptual questions in the study of cross-cultural aspects of bereavement. Six questions are reviewed in cross-cultural perspective: whether individuals in all societies share the same private experience and public expression of grief; whether the stages of grief occur in the same sequence and at the same rate in all cultures; the nature of the relationship between the individual's private grief and his public mourning; the reactions of children to death, and the reactions of adults to the death of children; the role of religious belief; and the possibility that an ethnic group can experience collective grief in response to uprooting.

In the parish of St. Olave, in Tooley Street, London, the churchyard is detached from the church, and surrounded with high buildings, so as to be wholly inaccessible but by one large close gate. A poor tailor of this parish, dying, left a small cur-dog inconsolable for his loss. The little animal would not leave his dead master, even for food; and whatever he ate was obliged to be out in the same room with the coffin. When the body was removed for burial, this faithful attendant followed his master's remains. After the funeral he was hunted out of the churchard by the sexton. The next day he again found the animal, which had made its way, by some unaccountable means, into the inclosure, and had dug himself a bed on the grave of his master. Once more he was hunted out; and again he was found in the same situation on the following day. The minister of the parish, hearing of the circumstance, had him caught, taken home, and fed, and used every endeavour to win the animal's affections; but they were inseparately wedded to his late master, and he took the first opportunity to escape, and regain his lonely situation. With true benevolence, the worthy clergyman permitted him to follow the bent of his inclinations; but to soften the rigour of his fate, he caused a small kennel to be built on the grave, which was replenished once a day with food and water. Two years did this pattern of fidelity pass in this manner, till death put an end to his griefs.

Edward P. Thompson.
The Passions of Animals (1851)

All individuals and all societies can expect to experience some forms of loss. The response to this experience, by contrast, is not universal, and may be as varied as the different individuals and their cultures. Furthermore, the disruption of the appropriate response presents even more variations. Researchers have begun to recognize recently that each cultural group must be acknowledged to have its own appropriate response (Anderson, 1965; Lunceford, 1976; Rosenblatt et al. 1976; Rosenblatt, 1981). Although Western forms of grief and mourning have received the most attention in the recent literature (Clayton 1982; Forrest et al. 1982; Helsing et al. 1981a, b and c, 1982; Hodgkinson 1982; Horowitz et al. 1981; Klerman and Izen 1977; MacMahon and Pugh 1965;

Melson and Rynearson 1982; Raphael 1977 and 1983; Schneider 1980), interest in non-Western cultural forms is growing.

The ethnographic literature has always included rich accounts of grief and mourning practices (see, for example, Bendann 1970; Brandes 1981; Bynum 1973; Carter 1968; Counts 1977; Forde 1962; Goldschmidt 1973; Kracke 1971; and Tuzin 1975). Unfortunately, the psychological and psychiatric literature is characterized by its ethnocentric approach to the subject. For example, an extensive search of *Psychological Abstracts* from 1967 to 1982 retrieved 556 citations related to psychosocial aspects of bereavement. Of these, a mere 25 were related to social adjustment, 24 to racial and ethnic aspects, seven to social change, 19 to cross-cultural differences, 17 to sociocultural factors, one to cultural assimilation or deprivation, one to culture shock, and six to ethnic groups. There were few papers considering society or ethno-specific disorders. Nevertheless, there is evidence that this situation is changing, with more researchers concerned with establishing the norm for a particular cultural group before drawing any conclusions on the health of a particular member's response to a specific loss. I do not mean to imply here that clinicians are now able to review a body of literature on bereavement among Italians, Greeks, Chinese, or other groups before responding to the individual Italian, Greek, or Chinese patient, but rather that there is a growing recognition that there is an individual cultural pattern to be considered.

Recent research suggests six preliminary questions to define the issues. The questions concern the universality of grief, the sequential stages of grief, the relation between grief and mourning, the place of the child, the role of religious belief, and the concept of collective grief. We shall examine each question and the relevant literature independently. The first five questions direct the researcher to the most traditional understanding of grief and mourning — the death of a loved one. But the patterns of behavior discerned among groups dealing with individual or personal loss suggest the applicability of these definitions and patterns of grief and mourning to other experiences of loss, such as the loss of a homeland for a large group of people. This is explored at length in the sixth question.

SIX PRELIMINARY CONCEPTUAL QUESTIONS

1. *Do Individuals in All Societies Share the Same Private Experience and Public Expression of Grief?*

The popular view is that grief is universal: it is part of the human condition to make attachments, to have them torn through loss, and to deal with the pain caused by that loss. Most studies of grief, bereavement, and the associated effects

on health have been carried out on Western populations, but few attempts have been made to investigate the differences within the heterogeneous Western populations. Our psychological theories of grief invoke the "loss complex" and essential notions of guilt, shame, and other affects.

In considering whether grief is universal, one could start with the biological view that these ingredients of grief are constitutional givens and, as such, are common to all humans. Indeed, both Averill (1968 and 1979) and Bowlby (1960, 1961 and 1969) have argued compellingly that grief has a biological basis. All primates including humans are group-living, and survival depends on intact social relationships (Hamburg 1963; Jolly 1966). Averill (1968: 729) states

Grief is a biological reaction, the evolutionary function of which is to ensure group cohesiveness in species where a social form of existence is necessary for survival. This is accomplished by making separation from the group, or from specific members of the group, an extremely stressful event both psychologically and physiologically.

In cases where separation cannot be avoided, because of death or other real losses, the relevant reactions may nevertheless run their biological course, even if this results in acute distress and physical illness of the bereaved (Averill 1979: 347). Averill applies Bowlby's first two stages or reaction to separation: protest and despair.

Grief cannot occur without a preceding attachment. The need for attachment is universal and according to Averill, provides the biological basis for a variety of different emotions. Bowlby regards attachment as a biologically based behavioral control system designed to search in order to maintain a relationship with the goal-object. Protest, yearning, and searching behaviors are evoked in the absence of the goal-object, and may help bring about reunion with the deceased, 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.

It is more difficult to explain the symptoms of the second stage of grief from a biological point of view. The best summary is given by Averill (1979: 349–50)

This is a time not only to intense mental anguish but also of reduced resistence to stress and disease. Moreover, the apathy, the tendency to withdraw, and the inability to initiate new actions tend to hinder any break with the past.

In attempting to explain these symptoms, Averill draws upon the work of Engel (1962) and Schmale (1973), which describes the biological response systems to stress. Engel proposed the two opposing response systems as (1) a mobilizing fight-flight system (the biological basis for anxiety), and (2) a conservation-withdrawal system (the biological basis for depression). It is worth noting that the many studies showing the impact of separation on primates of

different ages and different species are directly relevant (cf., Harlow and Suomi 1974; Kaufman and Rosenblum 1967 and 1969; Lewis et al. 1976; Preston et al. 1970; Schlottman and Seay 1972; Suomi et al. 1975). When separated from their mothers, infants pass through these two phases of protest and despair. Under conditions of extreme stress, a massive but temporary conservative social "shut down" of the stressed individual could be adaptive — a sort of social hibernation. Nevertheless, in the case of the bereaved, the teleologically inclined psychiatrist would find it difficult to interpret the occasionally pernicious symptoms of unresolving grief — symptoms that can include organ breakdown leading to death — as adaptive. Yet despite his misgivings, research indicates that grief probably has a biological basis.

Much of the debate between those who favor a biological emphasis and those who prefer a cultural emphasis arises because of a misunderstanding of the nature of "diversity" in nature. Clearly there are fundamental cross-cultural differences in bereavement, which are taken by some cultural relativists to "prove" that biology cannot play a major role in determining the structure of bereavement. At the same time, some biological determinists deny the cross-cultural differences, arguing instead that all peoples grieve in essentially the same way. The broad dilemma is addressed by Ernst Mayr (1982) in his work *The Growth of Biological Thought*. According to Mayr, diversity is everywhere in biological systems: "Diversity is one of the two great aspects of organic nature" (p. 246). The implications for our purposes are twofold. First, diversity changed the approach to social research, and population ecology developed. Second, it helped form the new approach of essentialism in philosophy, and behavioral scientists could focus on individual differences. Again, the implications are twofold. First, cross-cultural differences in bereavement are entirely consistent with bereavement having a biological basis. Second, the teleological "non"-sense of pathological grief does not undermine this position.

If grief has a biological basis, then by implication grief is indeed universal. There is evidence that different cultures have biological differences in response to stress. Bereavement, with its disruption of social relationships and its challenge to the ontological beliefs of a culture, can be regarded as a stressor. It follows that there may be a biological component to the observed cross-cultural differences in the behaviors seen in normal grief, and in the behaviors and adverse health consequences seen in pathological grief.

Superimposed onto these biological factors, there are cultural differences. The cultural relativist could argue that an individual's emotional experience of grief is a product of his idiomatic social and cultural experience; that culture shapes nature. Even if we could assume that the "meaning of life and death" is universal, and that the biological responses to stressors such as bereavement are universal as well, we cannot then assume that grief will be expressed publicly in the same way by all individuals.

The suffering of grief will be eased by the ways in which the person can explain to himself the "cause" and "consequences for his system of values" of his loss. There is a human need to justify human inequalities or suffering; such a legitimation or set of beliefs was termed "theodicy" by Max Weber in the early part of this century (1958: 271). The Christian ethic explains loss and suffering in one way, the Buddhist ethic in another. It makes little difference whether the bereaved person is religious in a formal sense. What matters is how he was socialized to reconcile the pain of loss. The challenge to the bereaved person's system of values is also shaped by culture. In a recent study, Vandewiele (1982) compared the aspects of death relevant to 360 Senegalese students and 197 American students by administering Diggory and Rothman's list of values destroyed by death. Senegalese students placed insecurity following death at the top of their list, whereas American students placed it next to last. The agony of death incurred less unpleasant reaction among Senegalese than American students.

2. *Do the States of Grief Occur in the Same Sequence and at the Same Rate in All Cultures?*

The differences of opinion about the number of stages traversed by the grieving person (three, four, or five) attest to the difficulty of assessing these stages, even within a given culture. As for variations in the rate of grief work, evidence comes from data on the length of postfuneral ritual. It is usually claimed that much of the work of grief is completed within 12 months of the death. But, as first demonstrated by Van Gennep (1908/60), ethnographies of a variety of societies demonstrate that public expression of bereavement (mourning) can continue for many years, or, conversely, that mourning can cease very quickly. Among the Ostyak of the Salekhard, for example, the female relatives of the deceased make a doll in the image of the deceased, and they dress, wash, and feed it every day for two and a half years if the dead person was a man, or for two years if a woman. Indeed, a widow in traditional Italian society will wear black for the rest of her days. On the other extreme, among the Ifaluk the duration of bereavement is extremely brief, though intense (Sprio 1949). Averill (1979) cites a possible primate model for inter-ethnic differences in the intensity of mourning. Rhesus macaque monkeys show more profound separation grief than do bonnett macaque monkeys. It is argued that this difference occurs because rhesus macaque monkeys form close, one-to-one mother-infant attachments, while mothering among the bonnett macaque monkeys is widely shared among the female members of the clan.

There are also marked variations in the duration of private bereavement (grief). For example, in the West, hallucinating the dead for a month or so would be considered a normal part of the grief reaction. But among other

ethnic groups these hallucinations may continue for many months or even years. Among the Hopi, for example, hallucinations have been described as commonplace for a long period after the death (Matchett 1972). 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".

3. *What Is the Relationship Between the Individual's Private Grief and His Public Mourning?*

Van Gennep (1908/60) surveyed death rituals throughout both the ancient and modern worlds, and was the first to notice the underlying and organized similarities in structure of funeral rituals within different societies: the Habe of the Niger, the Betsileos of Madagascar, the Ostyak Salekhard in the Arctic, the Kol of India, and the funeral rites of ancient Egypt and Greece, to name but a few of his many examples. Mourning is seen as a transitional state for the survivors, and they enter it through rites of separation and emerge from it through rites of reintegration into society.

During mourning, the living mourners and the deceased constitute a special group, situated between the world of the living and the world of the dead, and how soon living individuals leave that group depends on the closeness of their relationship with the dead person. Mourning requirements are based on degrees of kinship and are systematized by each people according to their special way of calculating that kinship ... During mourning, social life is suspended for all those affected by it, and the length of the period increases with the closeness of social ties to the deceased, and with a higher social standing of the dead person. If the dead man was a chief, the suspension affects the entire society.

Van Gennep describes the cross-cultural variations in detail of this basic theme: variations in the rites of separation (transporting the corpse, burning the deceased's house or possessions, putting to death the deceased's wives or animals, washings and other rites of purification, and taboos); variations in the subdivisions into several parts of the transition stage; variations in the rites of incorporation into the other world (meals shared after funerals and at commemorations); and variations in the systematized extensions of the postliminal period in the form of periodic anniversary commemorations.

Van Gennep showed that contrary to what might have been expected, the rites of separation are few in number and very simple, while the transition rites have an extraordinarily great duration and complexity. The theme of regeneration and growth expressed in symbols of agricultural and human fertility is common. This last point has been taken up recently by Bloch and Parry (1982).

Durkheim (1915/65) was interested in the role of funeral rituals in helping the bereaved individual become integrated into the society, and he drew upon the graphic descriptions of funeral rites among various Australian aboriginal

tribes. In all cases, there seemed to be precise and minutely organized rules of behavior, with specific obligations for certain categories of kin. There is ferocious self-mutilation: face gouging, high slashing, and breast burning, particularly on the part of women. For Durkheim, the emotions of sorrow and anger are intensified by participation in the funeral rite.

The third pioneering contribution was made by Hertz (1907/60), who drew upon practises of secondary burial in Borneo to propose the "intermediary period" during the slow decomposition of the body. For Hertz, the problem faced by the bereaved was that the deceased was not only a biological individual but "a social being grafted upon the physical individual" whose "destruction is tantamount to a sacrilege against the social order" (p. 77). As noted by Bloch and Parry (1982), Hertz was preoccupied with the social construction of emotion and with the relationship between the biological individual and the social collectivity.

Van Gennep, Durkheim, and Hertz all viewed the ritual expression of sentiments, particularly in mourning obligations of kin, as serving the function of enhancing the solidarity of the group, which has come under threat by the death of one of its members. Emotions that develop within the group include sorrow and anger.

More recently, several groups of anthropologists have begun to take up some of these questions. Acknowledging with reverence their debt to Hertz, Huntington and Metcalf (1979) have taken up the theme of double burial. Huntington has worked in South Madagascar, and Metcalf in Borneo. Their survey draws upon these two societies in detail, and also includes many references to others, from the simplest acephalous societies to complex states, mainly from Africa and Southeast Asia. Huntington and Metcalf then turn to apply their insights to the problems in the study of Western deathways, by identifying an apparent paradox — "ritual uniformity and indeterminate ideology".

Given the myriad variety of death rites throughout the world, and the cultural heterogeneity of American society, the expectation is that funeral practices will vary widely from one region, or social class, or ethnic group, to another. The odd fact is that they do not. The overall form of funerals is remarkably uniform ... rapid removal of the corpse to a funeral parlor, embalming, institutionalized "viewing," and disposal by burial. (p. 187).

Huntington and Metcalf are struck by this uniformity, especially when compared with the variety in practices among small tribal units such as the Berawan of Borneo. The uniformity is deceptive, in that Americans claim adherence to several different denominations, whose formal doctrines on the fate of the soul in death are dissimilar. Huntington and Metcalf account in part for the uniformity in practice on two levels: the economic and the psychological. First, the uniformity in American deathways is "a product of ruthless capitalism and their content as expressing only materialist values" (p. 190). As evidence,

they cite studies that demonstrate how the majority of immigrants to the United States from many different ethnic backgrounds have adopted American deathways, just as they have absorbed other aspects of American culture. The psychological level of explanation deals directly with the content of the rituals. Today there is an endless shying away from confrontation with mortality, from the moment that the corpse in the hospital is whisked away to the time that it is laid to rest, embalmed against the corruption of putrescence (or so the mourners may believe) in its "casket". Huntington and Metcalf rightly point out that private fears of death do not provide us with an adequate explanation and theory of this "uniform" American public ritual; that it would have to be proved that Americans fear death more than other people.

The influence of Heetz's writings can be found in two other groups of researchers. In *Death, Property and the Ancestors*, Goody (1962) has extended Hertz's analysis. Goody discusses the transformation of economic, social, and emotional relationships of the La Dagaa in West Africa, brought about by the funeral rituals determining how the roles and property of the deceased are redistributed.

Bloch and Parry (1982), in thier concern with the social implications of mortuary practices, have also drawn upon Hertz, but they differ from him in regarding the reassertion of the social order at the time of death as a *product* of rituals rather than their cause.

In other words, it is not so much a question of Hertz's reified "society" responding to the "sacrilege" of death, as of the mortuary rituals themselves being an occasion for *creating* that "society" as an apparently external force.

The psychological horror of death, the anxiety aroused, and the denial of the reality of death's ravages on the corpse, which were alluded to by Huntington and Metcalf, are taken up in a more original and intriguing form by Bloch (1982). Bloch suggests that in classes of society focussed on traditional authority, the negation of individuality and of death seems to be acted out by linking it with the horror of the pollution of decomposition of the body. The individual aspect of the deceased is the part that decomposes and is thrown out.

There will, as Hertz had noted, always be a double aspect to funerals. One side will focus on pollution and on sorrow, something which in the end has to be removed and the other side will always assert the continuity of something else. This reassertion is what necessitates the negation of the processes of death (and therefore of birth) and the reaffirmation of the eternal order where birth and death are overcome by representing them as the same thing (p. 224).

In Christian and Hindu traditions, the body is seen as decaying while the soul is immortal. Bloch and Parry explain the common cross-cultural observation that the task falls on the woman to remove the pollution of death: the flesh is regarded as the female part, while the bones that remain are regarded as

the male part, bestowing their power of fertility and blessing to the next generation.

The question remains: do bereaved people express sorrow because they feel grief, or do they feel grief because they express sorrow? In his investigation of ceremonial weeping among the Andaman Islanders, Radcliffe-Brown (1964) identified seven different occasions when Andamanese are required to sit down and, at will, publicly express sorrow. Radcliffe-Brown regarded this ritual weeping as an expression of the feeling of attachment between persons, which affirmed the existence of a social bond between them. He observed two varieties of weeping. First, one kind of weeping is reciprocal: for example, at the end of a period of mourning, friends of the mourner weep with him. The end of the period of mourning marks the reunion of the bereaved with the rest of the community. Mutual weeping publicly affirms the renewal of this bond with the community of the living. The second variety of weeping is one-sided and applies to most aspects of bereavement behavior. Here, the weeping serves to express the continued sentiment of attachment, even though the social bonds are being altered and lessened (Huntington and Metcalf 1979: 26).

Radcliffe-Brown's analysis is crucial: he demonstrates that the sentiment of grief does not lead directly to the performance of mourning. Rather, there is a strong interplay between the prescription to mourn and the developing experience of grief.

The details of ritual wailing in other societies vary, but the link between these practices is the prescription for a group experience in which the whole society, not only the bereaved individual, is expected to perform a collective act around the death of the deceased. Recognizing the role of group behavior is crucial in understanding bereavement's effects on health in contemporary Western society. And evaluation of the mental health of a bereaved person must include the "total social fact" of bereavement, and not focus merely on the behavior of the bereaved individual, separate from his social group.

Perhaps this section should be closed with the cogent teleological inventory offered by Kleinman (1984) of the relationship between private and public aspects of bereavement:

Bereavement rituals viewed in cultural perspective serve several key purposes: (1) the sanctioned public articulation of private distress; (2) the reordering of disrupted social relationahsips; (3) the reassertion of threatened core cultural code of meaning that addresses existential human questions concerning bafflement, suffering and evil; (4) the remoralization of thoe demoralized and made desperate by loss; (5) and both the reincorporation of the bereaved back into the social fabric and the reaffirmation of their solidarity with the group.

4. *How Does the Child React to Death and the Adult to the Death of a Child?*

Although there is a growing literature on the development of children's con-
ceptions of death (see Anthony 1940; Freud and Burlingham 1942, 1943;
Gartley and Bernasconi 1967; Lewis 1982; Mahler 1961; Nagera 1981) I am
unaware that anything has been written on cross-cultural aspects. The child's
developing concept of death is formed as a combination of two processes. First,
there are innate cognitive developmental processes; from Piagetian studies, we
now know that there are significant cultural variations in these processes. Second,
there are acquired notions conveyed by the family; these will also vary a great
deal, according to the cultural beliefs about death held by the family in ques-
tion. Thus, it is unsafe to assume that all children, regardless of their family's
ethnicity, will develop parallel concepts of, and reactions to, death.

The most immediate and obvious experience for learning of death is the death
of a family member. Because of the vast reductions in childhood mortality and
the delay in adult mortality, Western children are less exposed to a family
death than they were in the past. But there are additional reasons for the current
exclusion of children from death. In the nineteenth century, European children

not only attended funerals but were put into mourning dress and observed the correct
periods of mourning in the same way as adults. Children mourned the death of a parent for
twelve months – the first six in the dull black and heavy crape of deepest mourning. For the
next three months of Ordinary mourning they wore black silk without crape. The final
three months were spent in half mourning colours. Children wore mourning for all relatives
and for periods of General Court mourning (Taylor 1983).

There was then a relaxation in the mourning practices to be followed by
children. Why this relaxation should have happened is unclear.

The current lack of direct exposure of children to death in contemporary
Western society is both a class phenomenon and a cultural one: children from
deprived backgrounds will have a view of death very different from that of
privileged children. Moreover, children from many non-Anglo cultures have
always been familiar with death: they were not excluded from mourning rituals
regardless of social class. These children might not continue to receive the same
exposure after they settle in Western host societies (Raphael 1984).

We have two related main questions. First, how do children in different
societies deal with death? There is the direct impact of the death on the child,
and there are secondary consequences, such as the effect of the death on other
family members (for example, the remaining parent), which in their turn can
influence the child's general level of functioning within the family.

The second part of our question is how children are mourned in different
societies. This also presents problems. Again, there are no controlled studies,
and researchers are only now comparing different cultural practices and their

implications. For a long time there has been a widely circulated popular mythol-
ogy, no doubt invented in the West, that runs as follows. In the West, children
are precious, valued, vulnerable, and are therefore protected. They are the first
to be saved in emergency situations like shipwrecks and other natural disasters.
The corollary, according to the myth, is that in underdeveloped societies, where
there is a vey high rate of infant mortality and parents cannot expect to see most
of their children grow into adulthood, life is cheap. This myth is a tendentious
distortion of a complex human reality.

   In some societies, children are not given names for a finite period after birth,
and should they succumb during this time, the funeral rituals may be attenuated.
For example, Johnson (1921) observed that up until the 1920s, the Yoruba
of Nigeria simply threw their dead babies into the bush outside the villages,
where they were prey for jackals. After this time, the babies were buried in the
forest or village, but still without the ritual bathing, head shaving, or dressing
that would normally be part of a funeral. One presumes, though it is not stated,
that these changes were a result of some colonial response to the indigenous
"barbaric practices". Yet to the bereaved parents, their dead baby was highly
dangerous. In parts of West Africa, no baby can be buried below the earth lest
the Earth shrines, who bring fertility to humans and animals and ward off death,
would be offended (Taylor 1983). The Yoruba call these children *abiku*, "born
to die", and believe that abiku demons roam around in gangs at night, leaving
their homes in the great Iroko trees in the forest" (Taylor 1983). These children
can be born over and over again to the same mother, but will always leave to
rejoin their demon brethren at a predetermined time. If a woman loses several
babies, she can adopt certain rituals and thereby persuade her *abiku* infant to
stay with her; the baby is protected with charms, and periodic feasts are held to
appease these *abiku* spirits (Johnson 1921).

   The LoDagaa in Ghana bury their unweaned babies by the roadside, at
crossroads, beneath a pile of earth with their cradles above. The cradles are
held in place with stakes to prevent the children returning to plague their parents
(Goody 1962).

   Now let us contrast these perceptions of the dead child with some from
Western societies. For many years, in a range of European and other societies
the death of a young girl was regarded as a special threat to the solidarity of
the community. Her spirit, denied entry to paradise, might seek revenge upon
relatives still living. Ritual weddings were held in attempts to deceive the spirits
into believing that the dead girl had really been married. These ceremonies were
carried out in ancient Greece (Kurtz and Boardman 1971), in England (Baker
1974; Booth 1902), Sweden, Finland, France, Germany, and Hungary (Domotor
1972) as recently as this century, and in Italy and Austria as recently as the
1950s. These ceremonies are still taking place in Romania (Taylor 1983).

Complex death-wedding ceremonies for young children also survive in some peasant communities, for example, in Mexico (Covarrubias 1946).

The observations of non-Western societies have been taken by some to demonstrate that the death of a child is less of a psychological blow to non-Western parents than it is to Western parents. But the details of a funeral are only a reflection of the culture's eschatology, and cannot also define the personal experience of bereavement. The question is not whether one society shows greater sensitivity to children than another, but rather that each has a special view of the significance of the child and his death for the bereaved family and for the whole community.

The examples also illustrate that despite the impact of externally imposed modernization on the behavior of mourning, people tend to follow the code of their bereavement as long as possible.

The treatment of children suggests areas for further research, such as the *hierarchy* of kin losses in different societies. Primate studies can provide a biological model for grief occasioned by the loss of varying "family" members. Grief-like behavior has been observed among primate mothers on the loss of their children (Carpenter 1942, and Schaller 1965). Adult primates have also been observed to display grief-like behavior for other adults (Suomi et al. 1975).

5. What Role Does Religious Belief Play in Bereavement?

Let us assume that we are considering death in a Buddhist family. The Western observer, armed with a smattering of information about Buddhism, might conclude that death was little more than a transition from "this world," associated with suffering, to "the other world," associated with freedom from suffering; that through death suffering is transcended and overcome. The partially informed Western interpreter might see the Buddhist's acceptance of both his fate and the fate of the deceased as determined entirely by *karma*, good or bad. But when we look at how the individual actually feels and deals with his predicament, the theological Great Tradition is far from the forefront of his experience. The suffering individual cannot be content with a philosophical explanation; he seeks to act on his immediate environment, to feel that he has some control and can make things better. In Buddhist society, we see evidence of this in the side-by-side existence of doctrinally acceptable Buddhist healers and doctrinally unacceptable animistic and spiritualistic cult healers. This need to deal with suffering, when Western medical explanations will not do, forces researchers to confront the issue of religion. The position is nicely summarized by Keyes (in press)

An illness perspective constitutes at best, only a partial way of viewing the experience of pain and affliction ... any powerfully painful experience may still lead the afflicted person

... to bring to consciousness the question of why it is that humans must suffer. The break one makes from the commonsensical world when one becomes aware ... that one is a being who cannot escape suffering through means at the disposal of mere mortals, typically leads one to turn toward a mode of practical understanding that is quite different to that which serves to restore him or her to health. Such a model of understanding comes from adopting a religious perspective on the world. This perspective, drawn from distinctive texts and often communicated through rituals, serves to situate problems of suffering within a cosmic framework and to orient those who know suffering towards a course of action that conduces not toward the control but the transcendence of suffering.

The point at which religion enters the process will vary between groups and even within groups, and it is hazardous to generalize about heterogeneous groups. Even within any "one" religious denomination, there can be many different explanations of the meaning of death that will be mirrored by that group's characteristic ways of grieving. Since many of the ethnic groups considered in this paper are categorized as Christian, we can use this category to illustrate the variety that exists within a religious group.

Protestant traditions range from the fundamentalist groups (for example, Baptists, Pentecostals and other evangelical sects) to more liberal groups (for example, Unitarians-Universalists). Fundamentalists usually believe in the actual physical resurrection of the deceased on the Day of Judgment. Sometimes, autopsy permission is refused because it is believed that the body that is resurrected should not be disfigured. Even so, mourning appears to be intense and open, with loud expressions of weeping and even shouting (Hollingsworth and Pasnau 1977: 120). It can be comforting for the bereaved to know that Jesus died on the cross to atone for one's sins, and that the deceased, through accepting Jesus, has been saved by vicarious atonement. By contrast, non-fundamentalist Protestants do not have so literal a belief in the hereafter and in resurrection. Nor is grief expressed so openly.

Several ethnic groups discussed in this paper are fervently Roman Catholic, and believe that the sacrament of burial will release the soul into heaven. This well-known ritual helps to organize the behavior of family members during the phase of acute grief. But there is no elaborate ritual for the mourning that follows the wake; this is left up to individual and close family members (Hollingsworth and Pasnau 1977: 121—2).

In contrast to both Protestants and Catholics, Mormons view death as a temporary separation. Family units and relationships go on as if the death had not occurred. Hollingsworth and Pasnau (ibid.) note:

Since the separation at death is a temporary thing, the funeral is designed to be emotionally uplifting. At the funeral, there are two or three brief sermons about the impermanence of death, stressing that death is insignificant, that life goes on forever, that every being has always existed ... Death is a passage from one state to another, and friendships and relationships that are formed in this life will continue through all time and existence.

This can place the bereaved in a difficult position, since his social network may not support him if he feels the need to grieve for a long time. The belief that bereavement should be mastered is most clearly displayed by Christian Scientists. They believe that Jesus was a positive thinker, and that the bereaved person also can will himself from his suffering. Hollingsworth and Pasnau suggest that members of these groups may be at special risk for the development of pathological grief reactions. To the best of my knowledge, neither this nor any other prediction of adverse health consequences based on the religious belief of the bereaved has been empirically tested.

These contrasts in Christian beliefs regarding death can be nicely compared with the traditional Jewish view of death. According to tradition, there are three forms of spirit. The *neshamah* (soul) leaves behind the *nefesh* and the *ruah*, which can perform the earthly functions (Trachtenberg 1939).

> The *neshamah* departs for heaven as soon as the body is interred. The *nefesh* wanders forlornly back and forth between its former home and the grave during the week after burial and then also departs, but not for good — its longing for the body that formerly housed it brings it back to the grave many times, until after a year or so it is completely weaned away; the *ruah* never forsakes its corporeal shell, even in death, but forever remains within the body (Trachtenberg 1939: 61).

Jewish lore abounds with accounts of the intrusion of disturbed spirits upon the living. They often appear in dreams, especially when the grave has been tampered with (*ibid.*). As with the beliefs held by many African tribal groups and the Chinese, among whom the ancestor cult is prominent, the spirits are believed to help as well as harm the living, and until recent times this belief persisted in the form of visits to the grave, with entreaties for intercession on the survivor's behalf. These old eschatological beliefs have their counterparts in traditional funeral and bereavement prescriptions and proscriptions, which continue to be observed by Orthodox Jews.

According to Kalish and Reynolds (1981), age is a factor in determining the role of religious belief: older people are more likely to rely on religious ritual or turn to the traditional and sacred for comfort during mourning. They are also more accepting of grief and allow a longer period of mourning than younger people do.

Nevertheless, these findings raise questions. Do older people consistently depend on religion and accept grief more readily because they have aged, or because they were socialized in a relatively traditional religious community (as is often the case for older "ethnic" Americans)?

6. *Can an Ethnic Group Experience Collective Grief?*

So far, we have considered grief and bereavement in relation to the death of

an individual. There are, however, instances which some of the immigrants of an ethnic group have sustained massive personal lossess. This is so for refugees from Southeast Asia, particularly Kampuchean refugees. The Pol Pot regime put to death one-third of the entire population; there is scarcely a Kampuchean refugee who has not lost a family member. Others, having suffered a catastrophic and irreversible loss of their past, are in which can be regarded as a general state of grief. Single persons are especially isolated, not only from the host society, but even within their own communities. Postarrival somatic complaints appear to be endemic, and adults present to primary-care clinics with bewildering and intractable physical symptoms. It is difficult to determine the prevalence of distress among children, because Indochinese parents do not regard such symptoms as indications that their children need medical help. But some refugee children openly describe their yearning for the past in Southeast Asia, their sense of profound alienation from Western society, and their cherished hope of returning to their homeland some time in the future (Eisenbruch 1983a and b).

Munoz (1980) also found a parallel between personal and group loss. She describes a parallel between the clinical features presented by Chilean exiles in Great Britain, resulting from the rupture in their social, cultural, and geographic environment, and the dynamics of grief caused by personal bereavement. After the Chileans arrived in England in the mid-1970s, they underwent an initial period of high psychological stress that lasted several years. There was a profound sense of loss of security and emotional support, family, friends, and culture.

The key contribution to this field was made by Murray Parkes (1971), who drew together the results from stress research, crisis studies, and loss research, and developed the concept of Psychosocial Transitions. Parkes saw that losses and gains of any sort are two ways of classifying changes in state. Whenever a major change in state occurs, the individual must then restructure his ways of looking at the world in which he lives.

Whether or not changes in the life space are important depends upon their influence upon what Parkes termed our "Assumptive World", by which Parkes meant that which we create out of "the total set of assumptions which we build up on the basis of past experience in carrying out our purposes". Psychosocial Transitions are defined as "those major changes in life space [people, places, things] which are *lasting in their effects*, which *take place over a relatively short period of time*, and which *affect large areas of the assumptive world*.

With this model, one can see how many seemingly unrelated types of loss can lead to grief. There are changes in personal relationships, familiar environment, possessions, physical and mental capacities, roles, and status. Changes in personal relationships, such as divorce, are a direct extension of the type of

losses already described. Then there are losses of loved possessions, that are valued for their own sake, losses that can lead to a sense of physical integrity. Third, there are changes in the broader familiar environment, for example, after urban renewal projects, emigration, and imprisonment. Fourth, there are changes in physical capacities and body image, caused, for example, by surgery. Equally as important are cases where the individual's competence is shown to be lacking, for example, in the "catastrophic reaction" that occurs when organically impaired individuals, confronted in a mental performance test, find themselves unable to conceal their intellectual deficits.

This concept of abrupt changes in a person's Assumptive World leading to a Psychosocial Transition might seem obvious. Yet it is crucial that in expanding our understanding of the category "bereavement," we take note that our conventional usage of the term, confined as it is to the sort of actual losses perceived by ourselves and given above as examples, is a Western culture-bound category. Our assumptions about the valence of a particular life-event may not necessarily be those of people from other societies.

As we focus on broader social and cultural aspects, we can see that an increasing number of patients, within Western settings, experience grief in response to massive social losses, such as those caused by uprooting. Any review of bereavement would be incomplete if it failed to include this category. It is especially pertinent in the consideration of health consequences, for two reasons. First, practitioners may be unaware that uprooted individuals are experiencing massive grief reactions, which may therefore remain undetected. Second, a major protective factor for bereavement is the availability to the bereaved of emotional and social support groups; yet this is precisely what is often unavailable to the uprooted.

One experience responsible for massive social change among ethnic groups is uprooting, which has been considered by Coelho and Ahmed (1980). The World Health Organization defines uprooting as

the common factor in a number of psychological high-risk situations, such as migration, urbanization, resettlement, and rapid social change. Uprooting occurs in most countries of the world and is often associated with . . . reactive mental disorders (World Health Organization 1979).

An important contribution to the literature has been made by Peter Marris, who has studied the effects of widowhood in the East End of London, slum clearance in Nigeria and America, and colonization in Kenya. Marris began to notice that each transition involved similar themes: the anxieties of change centered upon the struggle to defend or recover a meaningful pattern of relationships (Marris 1974: 1). He argued that the concept of grieving could be applied to many situations of change that we would not ordinarily think of as bereavement

and that given this fresh view, health professionals could help uprooted people with their difficulties.

Uprooting cannot be understood merely as a phenomenon of physical relocation. It disrupts the continuity of an individual's concept of selfhood (Coelho and Ahmed 1980: 97). In particular, it disrupts the "structure of meaning," defined by Marris as the conceptual organization of understanding of one's surroundings. The structure is highly specific, because it is based upon unique emotional attachments to persons, places, and political entities. When endured in conjunction with, or as part of a series of major life changes and losses, uprooting, with its accompanying alterations in the Assumptive World, can make the expression of grief for these losses difficult.

There are two types of massive social change. Continuous changes are predictable developments in the course of the life cycle. By contrast, there are catastrophic, disastrous crises (Back 1980: 117). Even when these crises are predictable, the victim remains helpless and cannot avoid the consequences. The plight of the refugees is but one example.

The long-term sequelae of uprooting have been described in terms of *culture clash* and *culture shock* (Pfister-Ammenede 1980: 167; Coelho 1982: 101; Hoshino 1982: 109; Nann 1982). The psychiatric sequelae have been considered by Pfister-Ammende (1980: 169) as "flight reactions." On reaching "safety," the survivor's fear of the original persecutor may be transformed into pervasive anxiety. At the same time, the ethical values of the survivor may change: configuring daily events as a threat to survival may make the survivor feel unrestrained in coping alternatives (Bergmann and Jucovy 1982).

Some refugees cling fixedly to the culture of the society they have left behind, idealizing the values of the lost culture. Others, in contrast, idealize the host society and hasten to discard the values of their past. In the case of some Chilean political refugees to England, Liliana Munoz describes anxiety at the possibility of contamination by the values of the "new" host society. Some exiles, in anticipation of their flight from their homeland, perform rituals specifically aimed at presevation of the world images about to be lost. This anxiety, when coupled with the lack of a community of supportive compatriots, led to intense guilt, withdrawal and social isolation, and depression (Munoz 1980).

Clearly, there are parallels between these reactions to catastrophic loss and the pathological outcomes of bereavement due to death. For example, excessive clinging to the past culture, with an inability to move on to form new attachments, is similar to the mummification and overidealization of the deceased spouse, seen in atypical grief. The opposite reaction, with a rapid and apparently smooth assimilation into the host society, is similar to the manic reckless flight into new relationships and marriage that is part of the pathological grief reaction

of some bereaved widows. Just as these coping strategies eventually fail in the case of bereavement due to death, so also there is evidence that there are long-term breakdowns in the health of refugees who incompletely grieve the loss of their past and their self-identity, whether they do so too slowly, or too quickly.

Uprooting need not automatically lead to physical and mental breakdown. On the contrary, even the most catastrophic experiences can lead to growth. In his paper "Identity and Uprootedness in Our Time," Erikson noted that "transmigrations, like all catastrophes and collective crises, produce new and traumatic world images, and seem to demand the sudden assumption of new and often transitory identities" (Erikson 1964: 87). Similarly, his student Robert Coles (1970: 272) sees the optimistic side, commenting that whole new lives can be made out of these new identities:

> Those who have suffered, who have become terribly brutalized or victimized, can find fresh initiatives in new countries, and turn a state of passive suffering into the active conquest of inner sadness and outer uncertainty.

This ideal may apply to many uprooted individuals, but the fact remains that there will be some who will be unable to cope.

At one level, it is the uprooted individual who is considered to be at risk; this is the conventional approach of Western psychiatry. But it may be appropriate to shift the focus of attention from the individual members of an uprooted people to the entire group *qua* group. Lyman Wynne (1975) has argued forcefully that

> crisis theory needs to give greater attention to disequilibrium of social systems in their own right. Earlier formulations . . . emphasized individual disequilibrium. These two conceptual vantage points are necessary supplements to one another.

In this broader perspective, an entire social group may experience a group grief reaction and may even experience group pathological and atypical grief reactions. This hypothesis is very consistent with what is known, in social anthropology, about shared meaning of individuals in social groups.

Let us look at three reports on the bereavement processes occurring in entire groups of dispossessed persons. The first, by Baskauskas (1981), concerns the Lithuanian refugee experience.

Baskasuskas analyzes the acculturation and adjustment of those Lithuanians who came to the United States as a result of the 1948 Displaced Persons Act. Her study is unique in several ways. First, this study examines the role of grief over a time span of some thirty years. Second, this study illustrates the parallels between bereavement in entire social groups, and in the individuals who form those groups. Third, this study demonstrates that there are clear parallels, at the group level of bereavement, with all the vicissitudes of normal and abnormal grief (delayed, inhibited, and chronic grief) that have been well recognized in the case of the bereaved individual.

Baskasuskas describes the reactions of the Lithuanian refugees as unfolding over three sequential stages. During the first stage of grief, which she termed "conservatism", the refugees continued for years to deny that their exile from their homeland was final. They struggled vigorously to restore and preserve the totality of the torn cultural fabric of their past lives. They explained their uprooting in terms of Divine Purpose. The difficulties of this first phase of grief were compounded by the alienation experienced by the refugees as they tried in vain to communicate with their Americanized Lithuanian brethren who had arrived a generation or more earlier. Because they could not communicate their grief, either to the members of the host society or to their assimilated brethren, and because they were pitched into the tasks of material survival, the refugees often were forced to contain and petrify their grief.

Baskauskas points out that refugee resettlement did not allow for any specific transition process; there was no period of institutionalized time-out of formal mourning. As a result, the confusion of identity provoked by the life pattern disruption became displaced into collective expressions of a common dilemma. The person inhabited two worlds — the new contemporary world, and the old world. In this latter world, he continued to hold his roles and statuses of former times. There were enormous pressures of group conformity, not only upon the survivors but also upon their American-born children, children bestowed the "mission" of replicating the old social order.

Sooner or later, the second stage of grief — bereavement proper — was collectively entered. Baskauskas suggests that once the pattern for God-given loyalty to the group had been set in motion, individuals had little choice but to carry on with this collective grief. Denial gave way, however, to a shattered Assumptive World, and more and more individuals experienced pangs of despair, anguish, and the pain of irretrievable loss. Yet disturbingly, Baskauskas claims to observe all of the manifestations of pathological grief among this community (delayed, inhibited, and chronic grief) more than thirty years after apparently successful acculturation.

Delayed grief took either of two forms. In the first pattern, survivors plunge themselves into the acquisition of material wealth. These people were viewed with hostility and ridicule by their fellows. In the second pattern, survivors became compulsively involved in the affairs of the Lithuanian community, and were certainly regarded as virtuous citizens and patriots. In either form, these people were noted for their hairtrigger vulnerability to the slightest "losses", when acute and massive grief reactions would then be unmasked.

Inhibited grief took the form of chronic ill health, associated in these individuals with a high mortality rate. Baskauskas comments: "These untimely deaths are frequently explained by folk categories at elaborate funerals noting that the person was a true patriot who 'pined away' for his country". One is reminded

of Childe's historical review of archeological material of burials, as a result of which he concluded that funerary rituals are elaborated at times that a community's existence comes under threat (Childe 1945).

The third variant of atypical grief, pathological grief, was also observed, and took the form of an unremitting depression associated with obsessional memories of the homeland. Baskauskas (1981) notes:

> their homeland becomes a shrine, a place where if only good resides and a place where if only they could return to it they would be forever happy. Every item having to do with that native land becomes a holy object. The peson 'mummifies' (Gorer 1963) the homeland experience and gradually replays and embellishes the specific details of former times, so that gradually, no bad event have ever occurred to him in his native land, no evil person has ever lived there.

The group's concerns at the loss of their former Assumptive World were expressed is three ways: by maintaining a separate gene pool through prevailing on their American-born children not to "marry out", by teaching their children "pure" forms of their language, and eventually by making collective contact with those still residing in Lithuania.

For some, the third phase of grief — innovation — eventually occurred as a result of some tangible contact — for example, individual brief visits to the homeland by members of the refugee community. According to Baskauskas,

> shock of these brief visits is so intense, especially for those who have managed to delay, inhibit or chronically displace their grief, that it takes fully a year to reestablish some equilibrium upon returning. During that year, there is a marked loss of appetite, inability to sleep, deep depression, isolation and a reocurrence of the intense grief of the initial conservation period.

Baskauskas has provided the only detailed longitudinal description of collective grief among uprooted people. The findings are supported by a second study: reference has already been made to the study by Munoz (1980) of the bereavement processes among Chilean exiles. Her key point is easily overlooked: by recovery from the bereavement caused by exile, we should refer not to the adaptation, integration, or assimilation into the host society, but to the gradual healing of the loss. Munoz describes the development of a "ghost reality," which not only prevents the exiles from accepting the world of the host society, but which also prevents the exiles from accepting their present Chilean identity. They are stuck in limbo between these two worlds.

A third study by Volkan (1977) examined the psychological processes taking place among Cypriot Turks as an example of the effects of war and its consequences on the victors. The Turkish population underwent sequential steps of a mourning process before attaining "psychological adaptation" to their new conditions. This mourning was both for their dead and for the loss of their former, poorer homes. These findings fit in with what we have already said

concerning the loss of an Assumptive World. The most intriguing finding was that the victorious Turks also mourned on behalf of the Greeks they had vanquished, whose houses and possessions they had acquired for themselves.

Unfortunately, however, there are as yet no empirical studies that support these interpretations of the descriptive studies mentioned. Such studies should be set up so that uprooted social groups who are thereby at risk can be more effectively understood in terms of collective experiences of bereavement, and that the ethnic community as a unit can then be helped to resolve their grief.

If an entire social group experiences chronic unresolved grief for a long time, the potential consequences for identity and for health are rather awesome. There is a large range of possible outcomes, depending upon both the inherent vulnerability of the uprooted individual and the environmental risk situations that confront him. In the case of bereavement due to death, it is necessary to construct screening categories for the early identification of which spouse or child or parent is at risk of adverse health consequences. The same applies in the case of the uprooted. There are no data on who is at risk. Indeed, some studies suggest that even after apparently successful early adjustment, there may be a high rate of subsequent physical and mental breakdown. For example, Hitch (1981) and Jagucki (1981) describe the breakdown of well-adjusted Polish immigrants to Bradford, England, forty years after their arrival.

The role of methods of grieving in helping ethnic groups adjust to their new environments is only now attracting the attention of researchers, and their interest is timely. Large numbers of uprooted peoples are now struggling with their new situations, confusion over their group identify, and their feelings of alienation and grief. Medical anthropology can make a contribution to the understanding that clinicians have of the problems experienced by these uprooted people.

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