

# Grief and Healing



Benjamin Franklin described death as one of the only sure things in life; yet, it is often considered taboo to talk about death or process grief after a death. While some avoidance can be a healthy and normal reaction to loss, prolonged avoidance may lead to troubling symptoms or complicated grief (Shear, 2010). Refugees often experience war-related losses, including deaths of family members or those who have gone missing. In addition, refugees may experience cultural losses such as use of language, customs, and social supports (Bhugra & Becker, 2005). Refugees may also experience loss and grief through changes in family dynamics such as the relationship between parent and child (role reversal), husband and wife (female empowerment), and the role of the elder.

Considering the many reasons why refugees may grieve, they may need support in navigating these difficult transitions. Resettlement agencies, mental health professionals, and community partners can help facilitate these healing processes. The death of a loved one, for example, can be a time for honoring and remembering the deceased through clinical therapeutic modalities with a therapist and non-clinical interventions with their case manager. This Information Guide connects the grieving process to the healing process, resiliency, and the honoring of people and places which have passed. This can be done through utilizing innovative practices that facilitate healing, engaging traditional modes of grieving, and developing a strong community support system.

“Grief can be the garden of compassion. If you keep your heart open through everything, your pain can become your greatest ally in your life's search for love and wisdom.”  
—Rumi

## Grief vs. Bereavement

### Grief

Grief is a normal reaction to a loss, such as the death of a loved one, deterioration of health (or aspect of health), or the ending of employment.

### Bereavement

Bereavement is the process one goes through when experiencing a loss.

## Grief vs. Complicated Grief

An individual experiencing grief often has feelings of sadness or emptiness related to the loss. The intensity of these feelings are likely to decrease over time. Those experiencing complicated grief, however, may be unable to overcome these common symptoms of grief, even over an extended period of time. Complicated grief can include symptoms such as self-critical thoughts, feelings of worthlessness, and the belief that life is no longer worth living now that the loved one has passed away.

## Types of Losses

### Primary Loss

Initial death or loss of a loved one or one's health

### Secondary Loss

The ripple effect of a primary loss that results in other losses such as community, trust, safety, stability, or future plans. For some, secondary losses can be just as difficult to process and heal from as primary losses.

## Symptoms of Grief

- Feeling of emptiness and loss
- Depressed mood
- Recurrent thoughts about the deceased
- Decreased appetite
- Fatigue
- Aches and pains

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# Traditional Forms of Grieving

## Bhutanese

- Some Bhutanese who practice the Hindu faith ritualistically mourn for thirteen days. This period of mourning in Hinduism is contingent upon the traditions of that community and specific caste.
- Mourners may shave their heads and wear white clothing to signify they are grieving. They may also practice fasting during this time.
- Rituals performed for grieving, which may include chanting with a Hindu Priest, are meant to help the deceased person smoothly transition to the afterlife and cleanse their soul.

## Congolese

- Many Congolese integrate spiritual beliefs, such as ancestors continuing to play a role in one's daily life even after death, with traditional Christian practices, such as prayer and reading the Bible.
- Traditionally, small gifts may be placed around the deceased person's body to take to the afterlife.
- Seventy percent of Congolese follow the Christian faith; and, 95% of refugees from DRC resettled in the United States adhere to the Christian faith (Division of Global Migration and Quarantine, 2016).

## Somali

- Reading the Quran and participating in religious ceremonies are common practices during a time of grieving within the community.
- There is no set or required mourning time period, but widows may wear white clothing during their grieving process.
- Giving money to surviving family members is a common practice among Somalis when a loved one has passed.
- Traditionally, children under the age of 16 do not attend funeral ceremonies.

## Iraqi

- For those who practice the Islamic faith, turning the deceased to face Mecca, family members reciting the Quran near the time of death, and burying the deceased within 24 hours are all important rituals.
- For those who practice the Christian faith, the following rituals are commonly adhered to: holy bread is given by a priest when close to death; the mourning ceremonies, often at home and at a church, are held on the third day after death; and mourners will often fast.

## Burma

### Chin

- The Chin people generally have a Christian funeral and burial for the dead, which can include prayers and reading of the Bible.
- The deceased's body is wrapped in a traditional Chin blanket, which may vary in color and design.
- In Burma, a common practice is to keep the deceased's body in the home for three days while receiving visitors.

Traditional Chin blanket



### Karen

- Traditions will vary depending on religious background of the individual (Christian, Animist, Buddhist, or other).
- A large meal is often prepared for those coming to honor the deceased.
- Chanting is a common practice.
- Spirits of the deceased are encouraged and helped to leave this world. There is a belief that the dead may stay as ghosts in the community without this assistance.
- Organ donation is not common due to the belief that the body should stay intact.

## How you can help

- Educate yourself on cultural traditions related to the grieving process for the population with which you are working.
- Offer to share common traditional mourning practices with an employer of a refugee client who has recently lost a family member or friend. As a refugee service provider, you may be viewed as the cultural broker between local community members and refugee populations regarding traditional grieving practices.
- Work with the larger refugee community to provide support to the grieving family. In many instances, the refugee community can offer culturally-appropriate and familiar methods of help. They can pull together resources and moral support for the family.



# Holistic Approach

Refugees resettling to the U.S. possess great strength not only as human beings beginning a new life in a new country, but also as individuals who have often witnessed atrocities and experienced trauma. Taking a strengths-based approach when working with refugees can assist case workers and clinicians alike to understand refugees from a holistic standpoint. This approach not only validates the client's experiences from pre- and post-resettlement stages of forced migration, but also celebrates aspects like inherent coping skills, persistence, and self-advocacy. Incorporating this into your work with grieving clients can help provide a more accurate picture of the client's healing process in the midst of troubling circumstances.

Incorporating a **strengths-based approach** moves beyond the commonly used deficit-based model to recognize the effectiveness of emphasizing an individual's inherent strengths and successes. A strengths-based approach acknowledges the challenges faced **and** the ability to survive and thrive.

One study found that those who were best able to cope with grief demonstrated resiliency. **Resiliency** can be characterized by the ability of an individual who has experienced hardship to be able to “bounce back” or find meaning despite (and sometimes through) the hardship.

“People who show a resilient outcome struggle initially with the pain of loss, as almost every one does, but they manage to deal with the sadness and distress with equanimity. Their pain is acute, ... but then begins to subside. It is not that they don't grieve, or that they didn't care; far from it. Rather, they are able to put the pain aside when they need to and they continue to meet the demands of their life. They work, they take care of loved ones. They even laugh and experience moments of joy. They accept the loss, readjust their sense of what is, and move on.”

Bonanno, 2009

Note: This quote offers one description of resiliency, but is not a comprehensive definition of the trait or process of resiliency. Moreover, as we work with refugee clients, resiliency may look different for each person and family. We ought to provide enough space and credit for clients finding their own resiliency and building off those strengths.

## Doaa Al-Zamel

Doaa Al-Zamel is the subject of the book by UNHCR spokesperson Melissa Fleming, *A Hope More Powerful than the Sea*. Doaa and her family fled Syria to Egypt when the situation became too dangerous for them to stay. She then fled Egypt; while crossing the Mediterranean Sea, her ship was intentionally captured by pirates. Though Doaa suffered immense losses during this journey, she maintained hope.

“There are many points in Doaa's journey when it would have been easier for her to give up. Many around her do. But Doaa presses on. She leans on her faith. In the face of devastating loss, she chooses to put her emotions on hold so she can save another's life. For all of us tempted to quit when things get hard, or to lose hope when the landscape seems terrifyingly bleak, Doaa's remarkable perseverance is a necessary and welcome rebuke. Her triumph proves that we are all capable of much more than we can imagine, and that our own commitment to courage can have an impact that reaches far beyond our individual lives.”

—Jenny Sawyer, 2017



The [National Partnership for Community Training](#) is a program of Gulf Coast Jewish Family & Community Services (GCJFCS). For more information on this document and for research purposes, please contact [partnership@gcjfcs.org](mailto:partnership@gcjfcs.org) or call (305) 349-1220. For more details about assisting refugees coping with grief please see our webinar on [How Communities Can Respond to Grief](#), as well as our case study on [Loss and Healing](#). GCJFCS received \$225,000 in funding through the U.S. Department of Health and Human Services, Administration for Children and Families, Grant #90XR0027. The project will be financed with 97% of Federal funds and 3% by non-governmental sources. The contents of this resource are solely the responsibility of the authors and do not necessarily represent the official views of the U.S. Department of Health and Human Services, Administration for Children and Families.



## Assessment and Treatment

### Assessment Tools

When administering these assessments, keep cultural considerations in mind. For instance, hallucinations are often construed as pathological in the United States healthcare system; whereas, hallucinations or visions, such as seeing a relative who has passed away, may be familiar and even expected in cultures that believe ancestors and loved ones stay with them for generations.

**Cultural Bereavement Interview** takes a culturally sensitive approach to grief and bereavement. The interview was designed for refugees from Southeast Asia whose grief symptoms were often diagnosed as PTSD. The interview includes exploration around the following concepts to gauge cultural significance and nuance:

- 1) Memories of family
- 2) Continuing experiences of family and the past, such as ghosts or spirits
- 3) Experiences of death
- 4) Response to separation from homeland

- **Brief Grief Questionnaire** measures symptom severity of five grief symptoms on a three-point scale.

- **Texas Revised Inventory of Grief** asks patients to respond to 13 statements about grief-related thoughts and behaviors and uses a five-point scale.

- **Inventory of Complicated Grief** asks patients to respond to 19 statements concerning immediate bereavement-related thoughts/behaviors using a five-point scale.

### Therapeutic Modalities for Treating Complicated Grief

- **Solution Focused:** This therapy draws from the internal strengths of the individual, under the belief that the necessary resources to resolve issues are already within the client. This is a strengths-based, empowering therapy that may work well for refugee clientele.
- **Exposure Therapy:** Various types of exposure therapy exist that can help clients process traumatic events, including the loss of a loved one. Exposure therapies have also been shown to reduce symptoms of PTSD and the emotional charge of the traumatic event.
- **Group Therapy:** Group therapy or group activities can be an effective method of therapeutic engagement with refugee populations. See the Resources section for a literature review on this topic that NPCT co-authored.
- **Cognitive Behavioral Therapy (CBT):** A possibility for treating refugees experiencing grief who are open to a traditional “talk therapy approach.”

### Narrative Exposure Therapy

- Includes psychoeducation, documentation of biography, and use of narration
- Widely used across various refugee camps and with individuals and families seeking asylum in European countries
- Clients often keep a written copy of their narrative with the hope of sharing it with their children
- One activity includes representing life events as objects, such as stones and flowers
- Effective with adult and youth refugee populations

### Community Gardening

Community gardening is being utilized as an alternative modality for bolstering mental health in refugee communities, especially in addressing a loss of livelihood (secondary grief). By engaging in community gardens, refugees can use their existing skills to connect with the earth, contribute financially to their households, eat familiar and nutritious foods, engage in healthy physical activities, and socialize with community members.

In Pittsburgh, PA, the Mt. Oliver Community Garden was established in an area where many Bhutanese refugees reside. Bhutanese participants have saved hundreds of dollars a month on groceries through the food they grow in the garden. The Bhutanese Community Association of Pittsburgh now leads the garden’s programs based on the successful participation and ongoing interest from the Bhutanese community members. Community gardening is a healing, strengths-based approach to fostering good mental health.



## Self-Care

When working in grief or within social services in general, it can be easy to take work home after hours. Many of us often want to invest all of our energy into facilitating the healing process for clients. This may be particularly true when helping those who have experienced loss. However, it is important that we prioritize care for ourselves and maintain the long-term capacity to help others. **Self-care is crucial to maintain mental health and overall wellness.** Furthermore, the following recommendations around self-care and mindfulness-based practices can be incorporated into your therapeutic sessions or home visits. Clients will benefit from mindfulness, too, and may already be using some of these techniques.

### Taking Breaks

Neuroscientist Daniel Levitin discusses the difficulty of turning our minds off “work mode.” This is due in part to our minds being overwhelmed with a constant barrage of information. Dr. Levitin suggests dedicating certain blocks of time for particular activities, such as reading email. He explains the brain has two modes that orient our attention: task-positive and task-negative. Task-positive consists of working on a specific task, while task-negative is activated when you are daydreaming or unfocused. When entering into task-negative mode, perhaps through listening to music or taking a nature walk, your mind can re-set:

“**Taking breaks is biologically restorative.** Naps are even better. In several studies, a nap of even 10 minutes improved cognitive function and vigor, and decreased sleepiness and fatigue. If we can train ourselves to take regular vacations—true vacations without work—and to set aside time for naps and contemplation, we will be in a more powerful position to start solving some of the world’s biggest problems. And to be happier and well rested while we’re doing it.”

—Levitin, 2014

### Self-Compassion

Self-compassion is a key element to practicing mindfulness and can include taking regular lunch breaks, recognizing mistakes as opportunities for growth, and being patient with yourself in learning new skills. Self-compassion can be challenging, but is important to maintaining good mental health.

### Recommended Reading on Mindfulness

- *Full Catastrophe Living* by Jon Kabat-Zinn
- *The Heart of the Buddha’s Teaching: Transforming Suffering into Peace, Joy and Liberation* by Thich Nhat Hanh
- *Radical Acceptance* by Tara Brach
- *How to Meditate* by Pema Chodron
- *Meditation for Beginners* by Jack Kornfield

### Incorporating Mindfulness

Jon Kabat-Zinn, who popularized the concept of mindfulness through his program *Mindfulness-Based Stress Reduction* at the University of Massachusetts Medical Center, defines mindfulness as “awareness that arises through **paying attention, on purpose, in the present moment, non-judgmentally**...It’s about knowing what is on your mind.”

The benefits of mindfulness have been widely studied and shown to decrease depression and anxiety, increase cognitive abilities and focus, and help one to be less emotionally reactive.

- **Practice breathing.** Focus your attention on your breath for a few minutes. When thoughts or feelings distract you, simply and gently return your attention to your breath.
- **Mindful eating.** When you are eating, do so without other distractions. Take a moment to enjoy the taste, smell, and feel of the food.
- **Mindful walking.** Take a short walk during your day where you are simply taking in the sights, sounds, and feel of the environment.

### Recommendations for Resettlement Staff

- For case workers, take a moment to practice mindful breathing before and after meeting with a client. This can help regulate the autonomic nervous system and make you feel calmer, which can further assist your work.
- For therapists, practice self-care by utilizing regular supervision to process the complex work you are doing, and debriefing with a colleague after difficult sessions.
- For the office, incorporate mindfulness practices into the office culture. Designate a quiet space for staff to use for a few minutes to recharge in order to be more present for clients and one another. Though time is limited for most staff in resettlement, prioritizing mindfulness even for few minutes, can make a difference.

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## Resources

Check out this [Ted Talk](#) on funeral traditions throughout the world to learn more about different cultural approaches to death and grieving.

This publication from [SAMHSA](#) discusses the difference between grief and depression and offers additional resources, including various mental health services across the country.

[Tara Brach's](#) site offers many free meditations and mindfulness activities that you can incorporate into your own life or use with clients.

[Group Treatment for Survivors of Torture and Severe Violence: A literature review](#) provides an excellent overview of common group methods and their efficacy with various populations.

Use [Dr. Andrew Weil's](#) mindful breathing exercises as a relaxation tool for yourself or with clients.

