

## **AFRICAN AMERICANS IN BEREAVEMENT: GRIEF AS A FUNCTION OF ETHNICITY**

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### **ABSTRACT**

Few empirical studies have explored the grieving process among different ethnic groups within the United States, and very little is known about how African Americans and Caucasians may differ in their experience of loss. The purpose of this study was to examine the African-American experience of grief, with particular emphasis on issues of identity change, interpersonal dimensions of the loss, and continuing attachments with the deceased. Participants were 1,581 bereaved college students (940 Caucasians and 641 African Americans) attending classes at a large southern university. Each participant completed the Inventory of Complicated Grief-Revised, the Continuing Bonds Scale, and questions regarding the circumstances surrounding his or her loss. Results revealed that African Americans experienced more frequent bereavement by homicide, maintenance of a stronger continuing bond with the deceased, greater grief for the loss of extended kin beyond the immediate family, and a sense of support in their grief, despite their tendency to talk less with others about the loss or seek professional support for it. Overall, African Americans reported higher levels of complicated grief symptoms than Caucasians, especially when they spent less time speaking to others about their loss experience. Implications of these findings for bereavement support services for African Americans were briefly noted.

Grief is a common human experience, and the bereaved are often recognizable by their obvious anguish and by the symptoms and behaviors they exhibit. Grieving people the world over cry (Rosenblatt, Walsh, & Jackson, 1976), and they often experience depression and anxiety (Stroebe & Stroebe, 1976) as well as a host of other physical and psychological symptoms that may be debilitating or even life threatening (e.g., Burnett, Middleton, Raphael, & Martinek, 1997; Parkes, 1996). Although such symptomatology is often assumed to be universal, the experience and expression of grief may vary widely between individuals and across different cultural groups (Stroebe, Gergen, Gergen, & Stroebe, 1992). Researchers such as Rosenblatt (1988), Walter (1999), Neimeyer, Prigerson, and Davies (2002) maintain that grief is itself a social construction and vast differences exist between societies relative to how grief is shaped. Despite such claims, few studies have focused on how different cultural groups express grief (Eisenbruch, 1984; Rosenblatt, 1988). Accordingly, the study of cultural and subcultural differences in response to bereavement has recently been identified as a major priority for future research (Center for the Advancement of Health, 2004).

In the United States, grief theory has relied largely on the experience of the dominant white culture to explain how Americans grieve in general. Cultural sub-groups, most notably African Americans, have received little attention from grief theorists, though researchers have recurrently indicated the pitfalls of assuming that African-American grief mirrors that experienced by Caucasians. Rosenblatt and Wallace (2005a, p. xiii) suggest that although theories of bereavement that aim to define grief in general terms may apply in some ways to African Americans, such theories may be “mute, misleading, or unhelpful” in that they largely ignore the cultural differences that affect the ways in which African Americans grieve.

A host of factors may contribute to a distinct grieving process for African Americans. African Americans, for instance, have a substantially shorter life span than that of Caucasians. Nationally, African-American men and women live approximately six fewer years than Caucasian men and women, with a mean age of 72 years for African Americans of both sexes (National Center for Health Statistics, 2004). One consequence of a diminished lifespan is that in addition to expecting their own lives will be shorter, African Americans are also more likely to experience the premature loss of a loved one (e.g., a parent, spouse, sibling or child) (Rosenblatt & Wallace, 2005b). Additionally, African Americans are also more likely to experience the death of a close family member or relative, particularly through homicide (Center for the Advancement of Health, 2004; Kochanek, Murphy, Anderson, & Scott, 2004). According to year 2000 U.S. census data, African Americans are victims of homicide at a rate of 22.3 per 100,000 and Caucasian death due to homicide occurs at a rate of 2.3 per 100,000 (Kochanek et al., 2004). A unique history of poverty, racism, and oppression has likewise placed untold stresses on African Americans that may well contribute to

the unique ways in which African Americans experience death and dying (Holloway, 2003; Rosenblatt & Wallace, 2005b).

Despite the prevalence of these life stressors that adversely affect health and well-being, African Americans are less likely to receive medical and mental health care (Diala et al., 2000). It has been noted, however, that the African-American community has historically demonstrated remarkable resilience by turning inward (Boyd-Franklin, 2003; Hines & Boyd-Franklin, 1996). Rather than seeking the help of professionals, in times of distress African-American families often rely on a social support system that includes family, friends, and others who act as fictive kin; indeed, the term *family* often extends beyond the so-called nuclear family to include other households (Stack, 1974; Sudarkasa, 1997). The role of “play family”—those members of the fictive kin network who are held as closely as immediate family but who are not related by blood or marriage—is distinct to African-American culture (Nobles, 2004; Rosenblatt & Wallace, 2005a). Members of this complex family system exchange jobs and roles in times of need, and such flexibility is a source of strength as the family contends with difficult circumstances (Hines, 1991; Rogers, 1998). African-American women have in particular been noted for their ability to fulfill whatever role is called for in guiding the family through crisis. Though this coping strategy has been shown to transcend cultural lines—Caucasian women, too, rely on extended social support in times of crisis (Salahu-Din, 1996)—researchers have recognized the unique importance of this network of supportive relationships to the African-American family (e.g., Hines, 1991; Sudarkasa, 1997).

Research has identified other inherent strengths of the African-American community. For instance, African Americans are more likely than other cultural groups to give and receive intergenerational support (Mutran, 1985) and commonly offer assistance to others outside the bounds of the nuclear family (Sudarkasa, 1997). African Americans also report a high degree of religious participation, religious coping, and spirituality (Taylor, Chatters, & Jackson, 2007). Particularly among older African Americans, a link has been established between religious belief and psychological well-being (Frazier, Mintz, & Mobley, 2005).

Given that African-American life in general is distinctly different than that of the dominant culture (Rosenblatt & Wallace, 2005a), it is reasonable to hypothesize that the African-American expression and experience of grief will likewise be unique. Little research, however, has focused on the topic, with Kalish and Reynolds' (1981) study standing out as the most extensive to date. In that study, the authors described differences in death attitudes and behaviors among African Americans and three other cultural groups—Mexican Americans, Japanese Americans, and Caucasians. Findings of this study include group differences in suicide and homicide rates, in expectations related to death and lifespan, and in religiosity. African Americans reported greater experience of homicide and less experience of suicide, yet expected to live longer and showed

greater acceptance of death than other groups. African-American participants also reported the belief that they were more religious than other groups. Though this landmark study was the first of its kind to explore differences between African-American grief and that of other cultural groups, it is not without its limitations. Foremost among these is the fact that the study was conducted more than a quarter of a century ago. Positive demographic changes in the African-American population over the past 25 years alone make the subject worthy of revisiting. African Americans, for example, are now a larger and more affluent group than in the early 1980s. Furthermore, the Kalish and Reynolds (1981) study did not have the advantage of the current, standardized measures of grief (Neimeyer, Hogan, & Laurie, 2008) and instead relied mostly on single-item questions devised by the authors.

Although no single study can adequately speak to the diversity within a given cultural group, we believe with Rosenblatt and Wallace (2005a) that exploration of African-American grief is important in “raising questions about theories that might be inappropriately applied to African Americans” (p. xv). With this in mind, then, it is the purpose of this study to expand on past research by exploring the distinctive features of African-American grief. Overall, it is hypothesized that in a large sample of Caucasians and African Americans, the grief experience of the two groups will differ in several respects. Of particular interest in this study are cause of death, continuing bonds with the deceased, change in self-identity following the death of a loved one, the intensity of grief relative to the relationship with the deceased, the use of professional services and the perception of support following a loss.

### **Continuing Bonds**

One of the ways that African-American grief might differ involves the experience of an ongoing spiritual connection with the deceased. Broadly-speaking, African-American religion has been described as a melding of African and Christian traditions (Barrett, 1998; Black, 1999; Sofola, 1973), and it is well documented that religious and spiritual faith provides strong support for grieving African Americans (E.g., Boyd-Franklin & Lockwood, 1999; Mattis, 2002).

Primary to African-American religious convictions regarding death is the belief that death is not a final ending but instead is part of the continuum of life, a transition between one world and the next (Barrett, 1998). Death is an end of a physical presence, but it does not preclude a sense of connectedness (Harrison, Kahn, & Hsu, 2005). The strong sense of family prevalent in the African-American community does not end with death, then, but endures and encompasses family members who have already died (Sullivan, 1995).

African Americans may maintain ties to deceased loved ones in a variety of ways, such as through marking the occasion of a birth or death (Winston, 2003) as well as through dreams and conversations (Sullivan, 1995). Contrary to

traditional grief models that suggest that relinquishing bonds with the deceased enables the bereaved to “move on” (e.g., Bowlby, 1973; Freud, 1957), recent research suggests that when construed within a religious framework, an ongoing relationship with the deceased may be a functional rather than a pathological reaction. In a qualitative study of 30 middle-aged African-American daughters coping with the death of their mothers, Smith (2002) found that religion not only provided a means for understanding and accepting loss but also allowed for a transformed, enduring connection to the deceased. Recruiting a much larger sample and using quantitative methods, it is an aim of this study to expand on Smith’s findings and explore whether a continued bond with the deceased is indeed more prevalent in an African-American population.

### **Change in Self-Identity**

Although the relationship with the deceased might endure over time at higher rates for African Americans, this does not preclude the possibility that the bereaved will experience important changes in self-identity. As Neimeyer (1998, p. 50) points out, “only the most peripheral of losses leave us substantially unchanged.” Indeed, current grief theory asserts that loss often fosters a transition in the bereaved person’s sense of self, for better or worse (Gillies & Neimeyer, 2006; Neimeyer, 2001). Reliance upon a support system can be heightened at this time, when the bereaved person is coping with the loss of a loved one and seeking validation for a consistent sense of self in a changed world (Catlin, 1992; Neimeyer, 2006). Importantly, in the African-American community, the range of persons who can be described as “loved ones” may be much broader than that found in the dominant culture. Members of other households and church families may be as important to the family unit as blood relatives (Boyd-Franklin, 2003; Boyd-Franklin & Lockwood, 1999). Ties among urban families of kin and non-kin who are regarded as kin have shown to be multigenerational, lifelong, elastic, and adaptive to changing conditions arising from poverty (Stack, 1974; Stack & Burton, 1993).

Given the interconnectedness of the African-American community, it is reasonable to expect that the death of a community member will have a significant impact on a grieving person’s self-identity. Such a supposition is supported by research suggesting that death in a close-knit community is more detrimental to a bereaved person’s sense of self than in other cultural groups. In a study of bereaved Spanish and American students (Catlin, 1992), those from the tightly woven Spanish culture were more likely to experience the death of a friend or relative as a greater blow to their sense of personal well-being than students from the more individualistic American culture. Given the findings of this study, exploring the possibility that African Americans, too, may experience greater injury to their sense of self-identity compared to Caucasians is of particular interest.

### **Grief Relative to the Relationship with the Deceased**

Recent research has examined the bereaved individual's relationship to the deceased. Not surprisingly, according to Weiss (1988), the loss of "primary relationships" (e.g., parent, spouse, child) typically involves more intense grieving compared to "secondary" losses (e.g., extended family members, acquaintances). Many studies since have found evidence that losses of primary relationships are felt severely (Bohannon, 1991; Cleiren, Diekstra, Kerkhof, & Van der Wal, 1994; Lehman, Wortman, & Williams, 1987; Zisook & Lyons, 1988). However, because the great majority of these studies' participants were white (for example, 82% of participants in the Zisook study and 89% of participants in the Lehman study were Caucasian), these studies have little power to determine whether this finding holds true in an African-American population. As Hines (1991) points out, in African-American culture the relationship between members of the extended family may be as significant or even more significant than that found between members of a nuclear family. Though such relationships might be described as of secondary importance in Caucasian culture, both theory and research on African-American grief suggests that in such a closely knit system, the loss of one member may profoundly affect other members, regardless of the degree of the formal kinship relationship between the deceased and the bereaved. A further purpose of this study is to explore in a large sample the role of kinship relationship to the deceased in predicting grief symptoms for African Americans and Caucasians.

### **Professional and Post-Loss Support**

A large body of research in both the medical and mental health fields indicates that African Americans do not use professional services at the same rate as other cultural groups (e.g., Bouleware, Cooper, Ratner, LaVeist, & Powe, 2003; Neighbors, Musick, & Williams, 1988; Washington, 1997). Barrett (1998) notes the underutilization of mental health services by grieving African Americans in particular, and attributes the cause to a cultural mistrust of institutionalized healthcare. Boyd-Franklin and Lockwood (1999) describe cultural mistrust as arising from the racism and discrimination endured by African Americans, which has ultimately led to reservations to disclose private information publicly, even in the context of a professional or therapeutic relationship. Given that African Americans have a history of being impinged upon by the welfare, legal, school and housing systems, a disinclination to use public mental health services is to be expected (Bouleware et al., 2003; Hines & Boyd-Franklin, 1996).

However, other factors might also account for this underutilization of services. Within the African-American community, problems are likely to be dealt with informally or through a pastor or minister, or indirectly with no action being taken, as between a married couple who may be separated but do not dissolve their marriage, sometimes for years (Hines & Boyd-Franklin, 1982). Also, a common

perception that the use of mental health services marks a person as “crazy” further discourages African Americans from seeking formal therapy (Boyd-Franklin & Lockwood, 1999; Hines & Boyd-Franklin, 1996). Even within the community itself, speaking about one’s problems in public is sometimes discouraged and is considered tantamount to “airing one’s dirty laundry” (Hines & Boyd-Franklin, 1982).

Stoicism, too, may affect a bereaved African American’s likelihood to self-disclose. Sorrow and suffering are often part of the African-American worldview; trouble is to be expected (Black, 1999). Such a notion is embedded in a strong religious orientation that suggests that difficulties and hardships in life are to be anticipated and borne (Sullivan, 1995). Consequently, African Americans may tolerate difficult circumstances rather than seek help (Hines & Boyd-Franklin, 1982).

It remains to be seen, however, whether past research trends will be replicated in a large sample. Using a much larger sample than previous research, this study will explore whether grieving African Americans are indeed less likely to seek professional help after a loss and more likely to report having the support of non-professional others. In addition, differences in level of self-disclosure about a loss will be examined.

### **Aims of the Study**

Though theorists such as Barrett (1998, p. 85) have described the African-American experience of death and dying as “fundamentally different from the white experience,” few empirical studies have tested this claim. Of the few that exist, the vast majority are qualitative investigations that rely on small sample sizes. With the exception of the Kalish and Reynolds’ (1981) study, no other quantitative study has attempted to investigate a sizeable sample of grieving African Americans. Therefore, using a large sample size, current data, and well-established measures, we sought to test the following hypotheses:

1. Research indicates that African Americans are more likely than Caucasians to experience losing a loved one to homicide or accident (Kochanek et al., 2004). Thus, it is hypothesized that a similar pattern will be reflected in the current sample of predominantly young adults.
2. Because African Americans emphasize an ongoing spiritual connection with the deceased, they will be likely to maintain stronger continuing bonds than Caucasian peers.
3. Given the high interconnectedness of the African-American community, the loss of relationships could have a greater negative impact for African Americans’ sense of identity. Thus, it is predicted that African Americans will report a heightened sense of identity change in bereavement, relative to that experienced by Caucasians, and will also be more likely to report that change as being for the worse.

4. Because African-American families often operate as units within an extended kinship network, the relationship to the deceased will differentially predict levels of grief for Caucasians and African Americans in such a way that the loss of a “secondary” relationship outside the nuclear family (e.g., a grandparent, aunt, or friend) will be more distressing for African Americans.
5. Consistent with past research, it is hypothesized that African Americans will be less likely to seek professional help after a loss and more likely to report having other sources of support. However, it is also predicted that African Americans will tend to place a high value on their privacy and spend less time talking about the loss.

In addition to examining simple differences between African Americans and Caucasians, a predictive model will be tested to explore the joint role of these variables of interest in predicting grief symptoms and to uncover how they might interact with ethnicity.

## METHODS

### Participants

Following institutional review and approval of the project, a sample of 1,670 bereaved students was recruited from undergraduate psychology courses at the University of Memphis over a period of four years. Two screening questions determined whether participants met criteria for age and bereavement. Participants who were 18 years or older were included in the study, as were those who had experienced bereavement within the past 24 months, a period over which research suggests that grief phenomena may be observed (Prigerson & Jacobs, 2001). The sample ranged in age from 18 to 60 years with a mean of 20.8 years ( $SD = 4.73$ ). Seventy-five percent of participants were women and 25% were men. Approximately 77% of the sample was between 18 and 21 years old, and 94% of the sample was under 30 years old. Of the original 1,670 participants, a total of 1,581 participants were selected for the study, 641 African American (39% of the sample) and 940 Caucasians (56.3% of the sample); the remainder of the respondents screened represented other ethnicities that were not the focus of the present study.

### Procedure

Eligible participants completed the Inventory of Complicated Grief-Revised (Prigerson & Jacobs, 2001) and the Continuing Bonds Scale (Field, Gal-Oz, & Bonnano, 2003) as well as multiple choice questions relating to demographic information and the nature of the participant’s loss (e.g., How would you describe the nature of your relationship with this person? How did this person die?).

## Measures

### *Inventory of Complicated Grief-Revised*

The Inventory of Complicated Grief (ICG-R; Prigerson & Jacobs, 2001) contains 30 questions assessing the severity of grief symptoms. Using a Likert-type scale (1 = “almost never,” 5 = “always”), participants respond to questions such as “I feel disbelief over \_\_\_\_\_’s death” and “I feel like the future holds no meaning or purpose without \_\_\_\_\_.” In addition, the ICG-R contains three questions regarding the duration of symptoms as well as one question instructing the participant to describe how feelings of grief may have changed over time.

Both the ICG-R and a previous version of the instrument have demonstrated strong psychometric properties (Neimeyer & Hogan, 2001; Prigerson et al., 1995), including high internal consistency ( $\alpha = .94$ ), a six month test-retest reliability of  $r = .80$ , and good concurrent validity with the commonly used Texas Revised Inventory of Grief (TRIG; Faschingbauer, 1981; Prigerson, 1995). A Dutch version of the ICG-R was also demonstrated to have high internal consistency ( $\alpha = .94$ ) and a temporal stability of .92 (Boelen, Bout, & Keijsjer, 2003).

### *Continuing Bonds Scale*

The Continuing Bonds Scale (CBS; Field, Gal-Oz, & Bonanno, 2003) consists of 11 questions that explore to what extent the bereaved person feels the deceased loved one remains a part of his or her life. Responses to questions such as “I seek out things to remind me of \_\_\_\_\_” and “I have inner conversations with my spouse where I turn to him or her for comfort or advice” are rated using a Likert-type scale that ranges from 1 = “not true at all” to 5 = “very true.” The CBS has shown good internal consistency ( $\alpha = .87$ ) and is positively related to ratings of satisfaction with the relationship and negatively related to the degree of blame in a role-played conversation with the deceased (Field et al., 2003).

### *Demographic and Contextual Variables*

Each participant in this study provided information regarding age, gender, and ethnicity. Other information supplied by participants described the nature of their loss. These items included the participant’s relationship to the deceased (e.g., mother, father, grandparent), the amount of contact the participant had with the deceased in the months prior to the loss, the cause of death, how long ago the death occurred, the amount of time the participant spent talking about the loss, and whether mental health services were received prior to or after the loss.

## RESULTS

In total, 1,581 African-American and Caucasian participants were administered the ICG-R, and 1,496 participants fully completed the surveys. In order to reduce the number of missing cases, individual items for the 1,581 participants were summed and averaged to obtain overall scores. When a participant gave partial information, the mean of the values was used to estimate an overall score. Because the sample contained a high proportion of young adults, two items contained in the ICG-R concerned with spousal loss (#13 and #13a) were omitted from statistical analysis. Of the 85 participants who did not respond to all items of the ICG-R, on average 25 of the 29 items were completed ( $M = 24.56$ ,  $SD = 5.0$ ). Given the high reliability of the measure in the study ( $\alpha = .95$ ) ( $\alpha = .87$  for African Americans,  $\alpha = .85$  for Caucasians), it is reasonable to assume that these estimates represent close approximations of the total score for each of the participants. Missing cases within the CBS were handled in a similar manner, and the CBS likewise demonstrated good reliability ( $\alpha = .89$ ) ( $\alpha = .90$  for African Americans,  $\alpha = .89$  for Caucasians).

In addition, although responses by African-American and Caucasian participants to the ICG-R and the CBS showed similar levels of internal consistency, it is possible that cultural bias could exist among individual items, causing African-American participants to respond at a lesser rate than Caucasians or vice versa. In order to evaluate this possibility, a series of 40 chi-square tests was performed for each item of the two measures. No significant differences were found for items on either measure, which fails to support the idea that individual items are culturally biased.

### Prevalence of Loss Due to Violent Death

As a way of examining whether African-American and Caucasian participants differed in the frequency of bereavement by violent death (that is due to homicide, suicide, or accident), a chi-square test was performed with the proportion of violent deaths as the dependent variable and ethnicity as the independent variable. Overall, this analysis revealed a significant difference in the occurrence of violent loss between the groups,  $\chi^2(1, N = 1451) = 13.85$ ,  $p < .01$ , with Caucasians having a greater likelihood (33.6%) than African Americans (24.5%) of losing a loved one to violent death. Upon further inspection, however, this overall trend did not hold for each type of violent death. Although Caucasian participants were more likely to experience the loss of a loved one due to accident,  $\chi^2(1, N = 1451) = 38.94$ ,  $p < .01$  or suicide,  $\chi^2(1, N = 1451) = 19.74$ ,  $p < .01$ , African Americans were far more likely to lose a loved one to homicide,  $\chi^2(1, N = 1451) = 50.65$ ,  $p < .01$ . Table 1 indicates the percentages of African Americans and Caucasians in the sample who experienced loss due to homicide, suicide, and accident.

Table 1. Percentages of Violent Death by Ethnicity

	African American	Caucasian
Homicide	11.6	2.4
Suicide	2.0	7.3
Accident	10.9	23.9

### Continuing Bonds

To examine the hypothesis that African Americans would be more likely to report continuing bonds than Caucasians in this sample, a one-way analysis of variance was performed. As predicted, African-American participants reported significantly stronger bonds with the deceased ( $M = 28.55$ ,  $SD = 11.34$ ) than the Caucasians in this sample ( $M = 25.87$ ,  $SD = 9.57$ ),  $F(1, 453) = 7.32$ ,  $p < .01$ .

### Degree and Direction of Identity Change

Contrary to our third hypothesis, bereaved African Americans did not appear to experience greater identity change ( $M = 2.29$ ,  $SD = 1.33$ ) than Caucasian participants ( $M = 2.38$ ,  $SD = 1.24$ ;  $F(1, 958) = 1.46$ ,  $p = .23$ ). Also contrary to our initial hypothesis, chi-square tests showed no significant differences ( $\chi^2(1, N = 849) = 5.85$ ,  $p = .12$ ) in the proportion of African Americans and Caucasians who described the direction of their identity change as being “mostly for the better,” “mixed,” or “mostly for the worse.”

### Grief Relative to Relationship to the Deceased

In the fourth hypothesis we explored whether differences might exist between African-American and Caucasian participants related to their kinship relationship to the deceased. To this end, we performed a factorial ANOVA with ethnicity and the relationship to the deceased as the independent variables and grief (CG) as the dependent variable. Overall, this analysis showed statistically significant main effects for the relationship to the deceased factor ( $F(2, 884) = 50.30$ ,  $p < .01$ ) with participants who lost immediate family members having higher scores than those who lost extended family and friends. In contrast, the main effect of ethnicity was not shown to account for a significant portion of the variance in ICG scores ( $F(1, 884) = .74$ ,  $p = .39$ ). Importantly, however, the relationship to the deceased  $\times$  ethnicity interaction also showed statistical significance with  $F(2, 884) = 3.12$ ,  $p = .05$ .

In view of the statistically significant interaction, we next used a Least Significant Difference (LSD) post-hoc test to tease out the nature of the relationship. Specific comparisons between the three levels of the relationship to the deceased factor (immediate family vs. extended family vs. friends) and the two levels of the ethnicity factor (Caucasian and African American) showed that African Americans seemed to grieve the loss of extended family members more than Caucasian participants (Mean Difference =  $-.124$ ,  $p = .02$ ). However, follow-up analyses did not show any further differences between African Americans and Caucasians on other levels of the relationship to the deceased factor; namely, the two ethnic groups seemed to have very similar grief reactions to the loss of friends and immediate family members.

### **Use of Professional Services and Perceived Post-Loss Support**

Chi square tests were performed to test the connections between ethnicity and: a) use of professional services; b) perceived level of post-loss support; and c) time spent talking about a loss. Two of the three tests yielded statistically significant results in the proposed directions. As predicted, African Americans reported making less use of professional services (3.8%) than Caucasians (14.6%) ( $\chi^2(1, N = 1529) = 46.50, p < .01$ ), and spent fewer hours talking about a loss overall ( $\chi^2(4, N = 944) = 39.16, p < .01$ ). A break-down of the hours spent talking about a loss showed statistical significance at three of four levels. About 46% of African Americans spent less than two hours talking about a loss compared to 26.8% of Caucasians,  $\chi^2(1, N = 943) = 37.90, p < .01$ . African Americans were also less likely to spend time talking about a loss at a level of between 2-5 hours (28.8%) compared to Caucasians (36.6%),  $\chi^2(1, N = 943) = 7.25, p < .01$ . Finally, a statistically significant difference was found for the level of 10 or more hours spent talking about a loss,  $\chi^2(1, N = 943) = 8.55, p < .01$ . About 15% of African Americans reported sharing at this level, compared to about 23% of Caucasians. However, no statistically significant difference was found for perceived levels of post-loss support between African Americans (40.6%) and Caucasians (59.4%),  $\chi^2(1, N = 940) = 3.47, p = .07$ .

### **Predictive Model of Grief**

As a sixth and final comprehensive analysis, we conducted a two-step hierarchical linear regression procedure with grief as the outcome variable and contextual and demographic variables as the predictors. In the first step, ethnicity, cause of death (dichotomized into homicide vs. other types of loss), continuing bonds, level and direction of identity change, use of professional services, time spent talking about the loss and perceived social support were entered into the regression equation. Of these six predictor variables, a significant main effect was found only for ethnicity, even after controlling for all other variables ( $B = .07$ ,

$t = 2.80, p < .01$ ). In step two of the regression, because ethnicity was already shown to significantly predict grief, interaction terms were created between ethnicity and all other variables of interest. In this second step, a significant interaction effect was found between the time spent talking about the loss and ethnicity, as predictive of levels of grief ( $B = .06, t = 2.31, p = .02$ ). Based on the model, an African American who spent little time talking about the loss would be expected to show the poorest grief outcome.

## DISCUSSION

The results of this study provide empirical support for the uniqueness of the grief process for African Americans. For instance, the complexity and resilience of kinship ties so remarked on by grief researchers are apparent in the present sample. African-American participants indicated that they often maintained some sort of contact with the deceased. Harrison, Kahn, and Hsu (2005) found a similar result in their study of African-American widows. These women felt their husband's presence after death and described an ongoing sense of togetherness, of remaining a couple. Other studies have noted that grieving African Americans keep the spiritual bond between the living and the dead strong through cemetery visits, talking with the deceased, and having a clear sense of the deceased's presence (Rosenblatt & Wallace, 2005a).

African-American participants of this study also reported higher levels of distress over the loss of an extended family member—an aunt, cousin, uncle, or grandparent. This finding lends support to the idea that distinctions between primary and extended family and other kin are less pronounced in African-American culture (Sudarkasa, 1997). Historically, the African-American family has adapted to threats from slavery, racism, and poverty by expanding kin networks that may include aunts, cousins, grandparents, uncles, and kin who are unrelated by blood (Gutman, 1976; Stack, 1974). Indeed, from post-slavery days women community leaders have actively fostered kinship bonds in order to strengthen the community and effect social change (Martin & Martin, 2002).

Perhaps because the ties between kinship members tend to be strong and supportive, African Americans of this sample were less likely to turn to professional sources of support following the loss of a loved one. This finding, too, is consistent with past research on healthcare utilization among marginalized groups (e.g., National Center for Health Statistics, 2004; Neighbors & Jackson, 1984; Salahu-Din, 1996). A reluctance to use health services, including mental health services, may be at least partially explained by a cultural bias against services that are perceived to be discriminatory. Researchers report a widespread mistrust of medical care within the African-American community that stems from a history of unethical and racist practice and experimentation (e.g. the Tuskegee Syphilis Project) (Bouleware et al., 2003; Washington, 1997). Similarly, a widespread belief in the African-American community holds that professional mental health

care is yet another untrustworthy institution, and that to seek out mental health care can be in itself a shameful act attempted only by “crazy people” (Hines & Boyd-Franklin, 1982). Though African Americans are more likely today to use professional mental health services than in the past (Satcher, 1999), participants in the current sample were significantly less likely than Caucasian participants to use professional services following bereavement.

Despite lower rates of professional consultation, African-American participants reported levels of perceived post-loss support at the same rate as their Caucasian counterparts. Respondents indicated that in their bereavement there were other people they could rely on. Though participants did not specifically state from whom they received support, reliance on kinship connections seems likely. Many studies have noted the strength of kinship bonds in times of crisis (e.g., Barrett, 2001; Ellis & Granger, 2002; Harrison et al., 2005; Winston, 2003). Rosenblatt and Wallace (2005a) found that the deeply emotional experience of bereavement emphasized the importance of kinship bonds. One participant described the connectedness between bereaved African Americans, stating “I think we are a little more dependent on one another . . . we’re used to consoling one another and having a huddle every day or once a week . . .” (p. 161).

Given that African-American participants reported having others they could rely on following a loss, it seems almost paradoxical that they were also less likely to talk about a loss, whether the context in which the confidence took place was personal or professional. It may be that in the African-American community, talking about a loss is not a primary form of support either offered by family and friends wishing to give their condolences or solicited by the bereaved. Other forms of support may be more common among grieving African Americans. Researchers such as Barrett (1998) have noted that reactions to death in the African-American community tend to be “active and responsive” (p. 86). When a death occurs, friends, family, kin, and community gather to support the bereaved. Clergy members are likely to be in attendance. At this time, bereaved people are surrounded by loved ones (Sullivan, 1995). They may not talk about their loss, but may take strength and comfort from practical support, such as bringing food to the bereaved family, religious rituals, and spiritual faith and from the simple presence of people around them. In addition, later opportunities to talk about a loss may actually be discouraged. Traditionally, expressions of grief such as crying or wailing at the funeral or wake are considered to be important and helpful to the bereaved (Hines, 1991). However, once the funeral is over, it is expected that life will return to normal as quickly as possible. As Hines and Boyd-Franklin (1996, p. 188) observe, in African-American communities “prolonged reactions of sadness beyond the funeral are not easily tolerated,” as “the cultural value is ‘to be strong.’” However, such stoicism may come at a cost, as less time spent talking about the loss was associated with greater intensity of grief symptomatology in the present sample. However, this correlational finding is open to other interpretations, as it might be that individuals suffering more grief complications

inhibit self-disclosure, or that both inability to speak of the experience and complicated grief symptomatology result from other factors, such as the higher incidence of homicide in the African-American sample. At least some of these factors could be amenable to more definitive study in research designs that, for example, fostered greater degrees of self-disclosure and discussion of losses in an experimental group than in a control group, but this would require a future study.

In spite of the resiliency noted by researchers of the African-American community (e.g., Hill, 1972), it is not surprising that African Americans of this sample experienced somewhat higher levels of complicated grief symptoms. This finding is reinforced by the recent research of Goldsmith, Morrison, Vanderwerker, and Prigerson (2008), which also reports a higher rate of complicated grief for this ethnic group compared to Caucasians. Though further investigation is necessary to determine the underlying causes of this finding, current research suggests several risk factors. In the general population, African Americans continue to suffer economic disadvantages, higher homicide rates, and lower life expectancies, and the devastation of drug and alcohol abuse (Hines & Boyd-Franklin, 1996). Bereaved African Americans may also be acutely aware of the ways in which discrimination both denied their loved ones opportunities and contributed to their deaths. In coping with death, African Americans may experience a range of emotions engendered by the racism experienced by the deceased, including anger and resentment (Rosenblatt & Wallace, 2005b). Grief over the loss of a loved one, then, may often be compounded by the realization that the deceased should have had a better, longer life. The interaction of ethnicity with time spent talking about a loss, such that African Americans who bore their grief silently experienced the greatest symptomatology, suggests the value of fostering safe and selective disclosure of what may in fact be a shared loss within their families or communities. However, the correlational character of the results leaves this finding open to other interpretations, such as the possibility that those African Americans whose grief is most complicated may tend to silence themselves or withdraw from interactions with others who seem unable to understand empathically the severity of their loss (Neimeyer & Jordan, 2002). Examining the social dynamics of grieving, especially in its more complicated and intense forms, would seem to be a high priority.

### **Limitations of the Study**

Of course, no picture of bereavement is descriptive of all individuals within a cultural group. Individuals mourn in unique ways and the present study is not meant to sum up the experience of African Americans. Rather, it is meant to help illuminate the ways in which African-American grief may be different than that of a Caucasian comparison sample. Indeed, the term *African American* is an inclusive term that applies to people from distinctly different cultures. It includes people of West African descent who were born in the United States as well as people who

immigrated to the United States from the Caribbean, the West Indies, and South America (Brooks, Haskins, & Kehe, 2004). To assume that grief is uniform among people who identify as African American does a disservice to the distinct traits, values, and uniqueness of the African-American community.

Despite its strength as one of the largest known studies of grief among African Americans, this study is not without limitations. This sample consisted of primarily college-aged students, with 78% of the sample between 18 and 21 years old. Additionally, about 75% of the participants were women. Restrictions related to age and sex call into question how representative this sample is of the greater population. Further research should include a wider age range as well as greater representation of men. In addition, the data did not contain information related to socioeconomic status (SES), although it is probable that sampling students of both ethnicities at a state university attenuated the range of SES, producing more economically comparable samples than would be found in the general population.

Another limitation of this study may be that our survey used a single item to question participants about how much time they spent talking about their loss. However, the survey did not enquire about other forms of support for the bereaved, specifically time spent in a supportive environment. Future studies might explore the effects of time spent with friends and loved ones following the loss, as opposed to time spent talking about a loss, and consider the phenomenon of social support (or its absence) in a more multidimensional fashion. A further limitation related to methodology concerns the Inventory of Complicated Grief-Revised (ICG-R), which in its original form was derived from a sample of 97 participants who were primarily Caucasian, with only 4% described themselves as "nonwhite" (Prigerson et al., 1995). It may be that the construct being measured by the ICG-R has more to do with the way Caucasians experience grief than with the way African Americans and other cultural sub-groups experience grief, although it appears to be used meaningfully in studies including substantial African-American samples (e.g., Goldsmith et al., 2008; Shear, Frank, Houck, & Reynolds, 2005). Finally, although the focus on continuing bonds with the deceased was amenable to a spiritual interpretation, the fact that the study did not include an explicit measure of religious coping could be considered a limitation, insofar as this is a resource on which many grieving African Americans rely. Future studies would do well, then, to assess spirituality as a potentially adaptive factor in adjusting to bereavement, particularly with this population.

### **Clinical Implications**

Mental health and palliative care professionals who work with bereaved African Americans should consider several points suggested by the present study. In studies of grief in the dominant culture, the loss of a primary relationship is generally expected to be more difficult than the loss of extended others (e.g.,

Weiss, 1988). However, in the African-American community, the death of an extended family member may cause higher levels of distress than is seen in Caucasian culture. Therefore, placing too much importance on whether the loss is of a primary family relationship can be a mistake made by professionals who work with bereaved African Americans (Hines, 1991).

Additionally, clinicians should be aware that African Americans are less likely to seek out professional help when a loved one dies. In seeking professional mental health services, grieving African Americans may be going against the values of the community, possibly indicating heightened levels of bereavement distress. Clinicians should be sensitive to what African-American clients overcome when seeking treatment and should be prepared to discuss misunderstandings about the mental health system (Hines & Boyd-Franklin, 1996). Also, when appropriate, clinicians may do well to expand the focus of the intervention beyond the individual client to the family system or institutions in the larger community (e.g., church community).

However, no matter what differences of culture or ethnicity may exist between the professional and the client, it is our belief that there is also much common ground from which to draw. As Barrett (2001) states, "Both my professional and personal experience tell me that in times of crisis or need, people care most about being comforted by people whom they believe genuinely care" (p. 5). In addition to prompting further research in this neglected area, we hope that this study will help mental health professionals to attune themselves to cultural differences in bereavement experiences, and to recognize factors associated with complication and resilience that are more universal.

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