



Tackling Grief from a Cultural Perspective

Disclosure of Affiliations, Financial Support, and Mitigating Bias

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I have no relationships with for-profit or not-for-profit organizations.

Learning Objectives

- Recognize varying cultural views on death and dignity in dying
- Identify need for support and intervention
- Apply this learning to support individuals and families impacted by grief

GRIEF: is our *physical, emotional, mental* and *spiritual* reaction to loss. Because no two individuals are the same, no two people will grieve in the same way.

Grief is not a linear process. There are interconnecting circles that we journey back and forth through on our grief journey.

Grief is a process and not a problem or illness that needs to be fixed.

CULTURE: It's a quality of all communities of people identified by geographic location, common characteristics, or similar interests. This includes values, norms, beliefs, language, and traditions.

How would you describe your culture?

Culture impacts our grieving process!

Your Own Loss History

First Experience with Death:

- Do you remember your first experience related to loss?
- As a child, how was grief handled in your family?
- Do you remember feeling grief and how did the adults in your family deal with your feelings?

Types of Grief

- Simple Grief
- Ambiguous Grief
- Anticipatory Grief
- Compound Grief
- Delayed Grief
- Disenfranchised or Unrecognized Grief
- Vicarious Grief

Anticipatory Grief

We know that palliative care is an approach that improves the quality of life of patients, and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification, assessment, and treatment of pain and other problems, physical, psychosocial and spiritual.

This type of care is focused on providing relief from the symptoms and stress of the illness.

Cultural beliefs and practices are particularly salient within patient and family members' experiences of suffering.

Unfortunately, they are often poorly understood by clinicians, especially when the clinicians' backgrounds differ from those of their patients.

Lack of sufficient knowledge about how patients' cultural beliefs and practices inform the meaning of the disease and its salience for individual members may contribute to disparities in palliative care across the care continuum.

Cultural sensitivity in palliative care for patients and families can be illustrated in four areas:

1. Preferences for care
2. Communication patterns
3. Meaning of suffering
4. Decision-making processes

Regardless of how or where we are born, what unites people of all cultures is the fact that every one of us will eventually die.

However, cultures vary in how they conceptualize death and what happens when a person dies.

These different conceptions have a noticeable influence on their lifestyles, their readiness to die, the degree to which they fear death, their expressions of grief and mourning and the nature of funeral rituals.

There is a distinction between an “acceptable death” and a “good death” for the person who is dying.

How would you describe the difference between an *acceptable death* and a *good death*?

Acceptable death: is said to be non-dramatic, disciplined, and with very little emotion. This is the atmosphere that seems to exist in structured settings such as hospitals in North America where most people die.

Good death: is said to be one that allows for social adjustments and personal preparation by the dying person and his or her family. This is a time when the dying person attempts to complete unfinished tasks, to say farewells and for the family to begin to prepare for life without the dying.

Even though all humans may experience death, conception about death and how we respond to issues of death and dying vary widely across cultures.

How can we better prepare ourselves to respect and understand people from other cultures, and respond to them in ways that are meaningful to them and ourselves so that their lives and ours may be enriched in this process?

Cultural Perspective

CULTURAL SENSITIVITY is the integration of cultural knowledge and awareness into individual and institutional behaviour.

This sensitivity effects how a clinician interacts with each patient, and impacts communication choices, specific behaviours during treatment, and recommendations and options offered to patients.

CULTURAL COMPETENCE: is our ability to acquire and utilize extensive knowledge about a cultural group and more specifically, an individual member within a cultural group.

MULTICULTURAL COMPETENCE: is the ability to pull it all together, integrating cultural knowledge, values and skills into practice in order to relate to patients in culturally relevant and appropriate ways.



Stages of Cultural Sensitivity

DENIAL: Individuals who do not have any meaningful experience of cultures other than their own. Cultural avoidance is the norm and is achieved by strategies of isolation or separation.

An example of denial would be a religious group that strongly emphasizes socializing within the group, home schooling and avoidance of mainstream culture as expressed on television.

DEFENSE: The second stage is characterized by a very limited engagement with other cultures – an interaction that takes the form of a vigorous defense of the individual's culture as the only “true” culture.

An individual who can argue about the superiority of her culture by citing the ways in which her own culture is better than another culture is at the *defense stage.*

MINIMIZATION: When individuals relate to cultural difference by minimizing those differences, generally under the umbrella of “*We’re all the same on the inside,*” they’re at the minimization stage.

This seemingly positive worldview is, in reality, rooted in a refusal to explore the implications of cultural differences. A minimizer assumes that what's the "*same*" is generally in line with the individual's home culture.

ACCEPTANCE: This is the first stage of the ethno-relative worldview. Individuals at the acceptance stage acknowledge that cultural differences are real and should be respected.

Cross cultural knowledge is implicit at this stage.

ADAPTATION: The second stage of the ethno-relative worldview is adaptation. At this stage, individuals use their cross-cultural knowledge and skills in their interactions with members of other cultural groups.

INTEGRATION: The third ethno-relative stage, integration, is characterized by a high degree of fluency in more than one culture, to the point that an individual can fully adopt different worldviews, depending on the cultural setting.

“This stage is not necessarily better than adaptation in most situations that demand intercultural competence, but it is common among non-dominant minority groups, long-term expatriates, and global nomads” (Bennett & Hammer 1998)

Self-awareness of your cultural identity is a prerequisite to building cross-cultural knowledge and skills.

You can start by assessing the frame of reference you bring to the helping process.

KEY AREAS OF CULTURAL DIFFERENCE

- Whether the culture tends toward individualistic or collectivistic values
- Gender roles
- Religion and spirituality
- Orientation to authority/presence or relative absence of hierarchies
- Family structures
- Perceptions of time and space



How will we, as professionals, hold the sacred space for those that are grieving?

What frame of reference do we bring to the helping process?

Thank You

Gracias
Ci

Dziękuję

Miigwetch

Merci

Kiitos

Grazie

Mahadsanid

Kanine'kéha

The reality is that you will grieve forever.

*You will not “get over” the loss of a loved
one;*

You will learn to live with it.

*You will heal and you will rebuild yourself
around the loss you have suffered.*

*You will be whole again but you will never
be the same.*

*Nor should you be the same nor
would you want to.*