

Healing with Haven

August 2007

Ethnicity In Loss

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By Mary-Beth Muskin, Ph.D., NCC Omaha, Nebraska.

The loss of someone significant is always difficult, but it can become complicated when those grieving are from a variety of cultures and religious backgrounds.

In the late seventies, I had the opportunity to begin working with Southeast Asian refugees. Their culture, religious beliefs and heritage have enriched my life and the life of my family over the past twenty-five years. Over this period of time, many life-cycle events have occurred, and as our lives have continued to grow from the merging of our cultures (European Jews and Southeast Asian Buddhist), so has our understanding of how to respectfully work through everything from funeral arrangements to grieving.

Having degrees in education and counseling gave me the opportunity to get involved with Southeast Asian community in a unique way. Initially, I worked to receive grants to assist in gaining the resources needed for education. Having a counseling background offered the opportunity for a listening ear, appropriate community resources and counseling on an as-needed basis. Often lessons that started as English lessons became comprehensive guidance lessons providing learning opportunities for prevention in a variety of areas. Additionally, I was called on to assist with a host of community life-cycle issues.

The first funeral experienced by our small ethnic Lao community in America was the death of a baby. The family



was sponsored by a Catholic church, so a young priest met with the family. We worked together to understand what the family would need for closure. The baby's body was cleansed by family and community leaders so that the baby could have a smooth journey and good luck in heaven. Mourners in this Buddhist community dressed in white, the hearse pulled up to the cemetery and stopped at the outside

gate. All mourners parked and a procession line formed behind the casket. The procession walked silently in the still, cold day to the grave where the priest said a few words before the casket was lowered into the ground.

Following the ceremony, the mourners returned to the family home for a Baci ceremony. The Buddhist community might be viewed by the general community as superstitious. As all gathered for the Buddhist ceremony to remove the evil and replace it with good, envelopes containing cash donations were given to the family. The elder males of the community prayed for hours while the children played

and the women cooked. Praying during the early years of the ethnic Lao's arrival to the country was complicated by the fact that there were few Buddhist monks available for the usual rituals.

Many years and many deaths later, we lost our beloved grandmother. Several of the ethnic Lao children that we raised were close to Gram and wanted to be part of our Jewish ceremony. One of our Lao daughters was pregnant

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at the time, and she came to us with a dilemma. She believed that if she entered the cemetery pregnant that it would harm the baby, but she, too, loved Gram and wanted to be part of the funeral. Eventually, she decided that she would stand outside the gate on the sidewalk of a busy street. After much discussion, we shared that in our tradition we felt it important to have someone at home to insure that the meal after the ceremony was prepared for the mourners after the service. Our Lao daughter felt comfortable with the idea and stayed home to complete preparation for what would be a Jewish/Lao meal. Several months later, her brother died of cancer. Our extended daughter, still pregnant, and her sister who was also pregnant stayed home to look after all the children and prepare the meal for the family and community of mourners.

As we view death and dying issues across cultures, we find that one's world view and sense of reality is based on a combination of cultural background and religious beliefs. It is through that window that life and death are viewed. Some guidelines we followed to insure that we were successful in meeting each other's grieving needs included: maintaining an open, inquisitive mind, learning about each other's cultures, figuring out what was needed for closure, understanding where there was room for compromise/negotiation, and listening with an open heart and mind.

In death, as in life, the respectful merging of cultures can provide meaningful opportunities for sharing and understanding when dealing with death and ways of grieving across cultures. 🏠

Denial: Friend or Foe?

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We humans use denial to keep out or soften terrible news. Too often the use of denial is criticized as “running away from reality” and we may be perceived as weak and lacking the ability to face the painful truth of what has or is going to happen. Families with a very sick loved one in the hospital may overhear the staff saying, “They really don’t get how serious this is; they’re in denial.” However, unless denial creates medical problems or family dysfunction, it serves as a very important and useful shock absorber. Denial allows us to absorb the horrible reality in small doses or push pain away — at least for a while. It provides us with the freedom to *not totally deal* with a grief reaction right away so that we can take care of other needs.

We also use denial when we avoid grieving people. I was told a story about a man in a bereaved parents support group that demonstrates one way that people react to the grief of a neighbor:



After his son was killed, he noticed that people he knew in the community would play what he called the “Safeway Samba.” When he went shopping for example, a neighbor spotted would quickly slip into the next aisle. As the father called out and tried to catch up with the neighbor, the person would pop back to the first aisle. After a period of aisle hopping he realized that neighbors were avoiding him. People in the group nodded, smiled, and recalled similar experiences.

The “Safeway Samba” became those bereaved parent’s code word for being avoided by others who were not able to make contact.

Such avoidance is actually

typical and understandable on the part of the bereaved as well as their friends and neighbors. People who can’t cope with other people’s grief aren’t “bad.” Contact with grieving people can eat away at a person’s own normal denial system and avoidance serves the function of keeping away the painful reality of what could happen to me. Sadly, this can often result in painful isolation for grieving people.

Humor is another common way to soften, cover up, and

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avoid the full impact of the reality of our own mortality and that of our loved ones. Death and injury are the basis for many comic strips and stand up comedian jokes.

Another way to keep the painful reality of death and loss away is simply not to talk about it or avoid the subject. I have heard the following ancient Persian folk tale in many different versions. It illustrates the very human need to run away from death.

A wealthy prince in ancient times was preparing for a magnificent banquet and sent a servant out into the garden to gather flowers for the tables. The young man entered the garden to gather flowers for the tables. When the Young man entered the garden he shrieked with horror for there stood Death. It raised its hands. He raced back into the palace and begged his master to save him from Death. The prince said, "Run to the stables and take my fastest horse and flee to Samara. It is far from this place, you will be safe there!" The prince watched as the servant boy disappeared towards Samara. The prince then angrily strode into the garden where Death stood and demanded, "How dare you enter my grounds and frighten my servant?" "But Sire," Death replied, "I was only expressing my surprise at seeing him here, for I have an appointment with him tonight — in Samara.

When patients and doctors avoid talking about the gravity of an illness; when families do not want the loved one to know how serious things are; or when death, grief, and painful change

are simply avoided topics, we hear the word *denial* used. However, as mentioned earlier some avoidance and use of humor are healthy responses to loss. We need our denial systems to allow ourselves time to get used to the idea that the loss is irreversible, or that the biopsy is malignant, or that life as we have known it will never be the same.

If denial is the shock absorber for painful loss and crisis, the question still remains — *how much denial is healthy?* When is joking helpful and when is it not? While we must respect the rights of a grieving person or family or a workplace group to formulate some form of denial system — *denial can be problematic.* This occurs when there is failure to: get medical attention and follow medical advice, take needed safety precautions, make necessary legal arrangements, complete unfinished business and say goodbye or maintain vigilance against suicidal or other harmful behaviors.

If a seriously ill person doesn't want to "talk about it" or even have a conversation about Advanced Directives, these

wishes need to be respected. Loved ones should gently re-introduce the topic during a later conversation. For many in our society, especially health care providers, death represents failure and defeat. It can result in guilt and self-reproach as part of their grief response. It is easier simply not to talk about it, distract ourselves, and get to it later. Some people hold on to the hope that a very sick and/or dying person is going to be okay in the face of medical information to the contrary and obvious worsening of the patient's condition.

In a family where a man was rapidly losing ground to cancer, his wife and children were able to continually adjust their expectations about his decreasing level of participation in family activities. Yet, his own parents and siblings steadily maintained that he would be fine and that there was no cause for concern. The unfortunate result of this strong resistance to the reality of the man's medical condition was that his wife and children received little or no support from those relatives. The lack of support left this family with continuing major conflicts in aftermath of this man's death.

People who lose a loved one require their own timing as to when and to what extent they accept that the deceased is gone and is not coming back. It is not unusual for a family member to return home after the burial and pick up a ringing phone with the hope that it "might be Mom." "But we just buried Mom!" "I know, I just thought maybe it was a mistake."

This is not crazy or unusual. *The head knows but the heart is not ready to let go yet.*

Holding on in the face of reality may take the form of keeping the room, house, clothing and other personal effects exactly as they had been. *Denial of the terrible truth is what we humans do.* Adults as well as children can engage in *fantasy thinking* — "She's just on a long trip." "He's still away at school." This is made even more difficult when there is no body recovered as in war, explosions, or air and sea disasters. The denial may last a lifetime. The lack of a physical body and the inability to know that life has truly ceased for the loved one leaves the survivors with an eternal question that may never be answered.

Please remember that some denial and humor are healthy responses to loss. We need our denial systems to allow us time to get used to the idea that our loved one is gone forever, that the X-ray contains bad news that the physical disability is permanent or ... that prayers were not answered. 🏠



Grief & Loss Seminar Series

The next seminar will be held on September 20th from 3pm-4:30pm @ 2895 Temple Ave, Signal Hill. Light refreshments will be served. For more information please contact Tina Stephenitch at 562-426-7500 ext 406.

Individual/Group Support

As many of you may already know, Haven Hospice offers individual support and group support to all people in the community who are going through the difficult journey of bereavement. For more information on our groups or to make an appointment for individual support please contact Tina Stephenitch, Bereavement Coordinator at (562) 426-7500 ext 406

Make a Difference in Someone's life

Do you have a few hours a week to listen, give support, or assist in the office? Haven Hospice is seeking people who would like to give some of their time visiting patients, helping in the office or doing community outreach. If you are interested in this rewarding opportunity, or know anyone who maybe interested in volunteering their time, please contact Tina Stephenitch, Volunteer Coordinator (562) 426-7500 ext 406 for more information.

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