

## The Cuban-American Grieving Process

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### Introduction

#### *The Grief of Mothers and Daughters*

Doka (1998) urged practitioners to understand the relevance of culture as a central component of counseling. Defining this aspect of human interaction as “a way of life,” encompassing elements as diverse as spirituality, class, gender, and age, Doka suggested that cultural sensitivity is vital throughout the negotiation of the bereaved’s complex relationship with his or her own loss. In creating culturally sensitive interventions, the main role of the counselor is to demonstrate the utmost flexibility and permeability. Counselors “assist clients in understanding the ways their own worldview can provide strength, comfort, and meaning rather than attempting to impose another worldview on them” (Doka, 1998). Furthering these evaluations on the importance of understanding the disparate elements that aid in the construction of one’s cultural matrix, Neimeyer and Keesee (1998) suggested that cultural competence is an imperative objective for counselors, who need to serve as advocates for minority and immigrant populations whose normative patterns of grieving may be denied, ignored, or pathologized.

Janice Heller’s (2001) interview, published through Kathleen Gilbert’s ongoing *Death, Culture, and Family Grief* project at Indiana University, explores the impact of cultural and ethnic identity on the grieving process. The interview, conducted with two generations of a Cuban-American family shortly after the death of the matriarch of

that family, offers several perspectives on the similarities and differences evident between the two respondents in the bereavement process. Described as “two very strong and wise women,” the interviewees discuss not only their opinions on the burial of their recently lost family member, but also the way in which this loss has come to affect their sense of tradition, ritual, and cultural identity.

Currently 71 years old, N. is the daughter of the deceased and offers a bicultural worldview on the practices of burial and bereavement. Arriving in the United States at the age of 25, N. retains memories of viewing the deceased in the living room of her home in Cuba. Members of the funeral party would distribute rounds of coffee and avoid food even days after burial, not as ritual, but as a sign of the depth of their grief. For N., the grieving process transforms into an act of physical abnegation. The refusal to eat also serves the purpose of maintaining the tradition of not leaving the body alone, a belief common to N.’s time in Cuba and in exile. Staying near the body, as well as avoiding the indecorousness of eating near the body, establishes an important connection to H., N.’s daughter.

However, the younger interviewee, H., born in Yonkers, New York, feels no such loss of appetite, an experience that is central to her mother’s framework of bereavement. In fact, she jokingly refers to necessary midwake “food runs” to ensure that the members of the funeral party would receive adequate nourishment. Despite commenting that the “focus on food during the time of her mother’s funeral bothered her” (Heller, 2001), N. explains the physical anguish inherent in the Cuban community’s near-marathon wakes. It is a test of endurance not wholly appeased by espresso: “We would go in shifts. We couldn’t leave her alone, so certain shifts went and ate and came back; the other shift would go and eat and come back—somebody was always there keeping her company” (Heller 2001).

This focus on family and tradition marks how Cuban American wakes not only offer an opportunity to honor the life of the recently deceased, but also how they become a site of exile reconnection. They become public spaces where members of the extended family are able to recount the life stories of the one who has passed as well as share their own narratives via informal conversation. Perhaps

feeling culturally and geographically dispossessed, especially with regard to first-generation exiles, wakes resuscitate feelings of ethnic kinship that is underscored by a fictive notion of cultural homogeneity. Surrounded by other members of the broader exile community, wakes temporarily become micro enclaves where traditions and rituals are not only reified but also encouraged.

Ironically, given the close connection between mother and daughter in Heller's interview, these traditions are continually intersected, if not altogether undermined, by the recent acquisition of what N. considers "American beliefs." After the burial is over, N. wishes to return to the house to grieve quietly and pursue her course of "no sleeping, no eating, no nothing." Culturally, the conflict is exemplified by the nuance of language. The translation of *grief* in Spanish is *aflicción*, a term that supports N.'s beliefs about loss as a wound incurred from an outside source and one that is to be suffered passively. Her hopes of absolute physical negation, sleep deprivation, and continued fasting, executed in the privacy of her home, are interrupted, however, by a tradition upheld by her American-born daughter. Her daughter practices the more semantically active—grieving. Acquiescing to the pressure to "be more American," N. opens her house to mourners after her mother's burial.

However, her own understanding of the proceedings underscores the fact that it is more gesture than adoption: "So you know a few people came to the house, and my brother had food and they had sandwiches and stuff like that. So that was it" (Heller, 2001). The markedly brief dismissal of the proceedings at the conclusion of this recollection underscores the difficult nature of tradition interruption. As a member of the first generation of Cuban exiles, N. seems literally caught between long-established bereavement rituals and generationally informed acts of cultural appeasement. Although N. defines the parameters of the discussion as a competition between Cuban and American values, one notices how the truer competition is between private and public expressions of grief.

One of the primary obstacles for crafting a suitable intervention aimed at the first generation Cuban exile population is due, in large part, to the very public nature of grief counseling. The grief, an

intensely private circumstance, must be voiced, given a language, and expressed before the therapist. This sharing of memories and loss, one of the foundations of Theresa Rando's model of the grief process is, in N.'s experience, an act that is limited exclusively to the familial circle. Although her daughter sought various forms of help after the burial, ranging from private counseling to weekly group meetings, N. chose to "talk" herself through her grief in the privacy of her home. After the loss of her mother, she found support exclusively within herself: "I'm a very strong person and every time I have a problem . . . I would sit down and talk to myself . . . I said I gotta deal with it . . . I have a problem, I have to deal with it. All I have to do is wake up and smell the coffee" (Heller, 2001).

Although the correspondent's keen self-reliance may be viewed as a sign of acute psychological strength, the repetitive nature of her response reveals perhaps an uncertainty about her own strength. Her reluctance to seek counseling, to bring her private pain into a public space, stems from the unstated belief that mourning is a sign of weakness, a symptom of the bereaved's inability to, as Rando (1984) suggested, "readjust and re-invest." According to Domokos-Cheng (2000), "Immigrant families may be able to express concern about their basic needs such as food and shelter but may be less certain how to convey their distress about social isolation, adjustment difficulties related to relocation, and cultural-language differences." The inability to convey distress, a central element of Domokos-Cheng's analysis, is also evident in the Heller case study. Unwilling to display her weakness and lose her children's view of her as "The Sergeant," N. prefers the company of God and her television to see her through her loss.

Her reluctance to seek counseling may also be due, in large part, to the potential lack of awareness and understanding, on the counselor's part, of a secondary loss, the loss of home. For the first-generation Cuban exile population, death signals the absolute inability to ever return to Cuba. Even for those whose American experience may be several decades long, death outside of the island still signifies one of the more brutal realities of the exile condition—burial in foreign soil. The pain caused by the loss is amplified by the certainty that

one's family plot will forever be a scattered gravesite where the generations, due to political conditions, will never attain closure. To die outside of Cuba is, for this generation of exiles, to suffer the final punishment meted out by the process of migration. It is, despite creating family, community, and home in American soil, to die homeless. The failure of the counseling community to recognize this cultural component promotes the lack of social sanction to grieve this loss, thus creating disenfranchised grief (Doka, 1989). Consequently, disenfranchised grief, left unexpressed, may lead to chronic, delayed, exaggerated or masked grief (Worden, 2001).

One potential barrier to mental health care is the reluctance of the grieving party to seek outside counseling due to a variety of cultural and/or social taboos against therapy. During the intensely private process of understanding and eventually reconciling the loss of a loved one, numerous ethnic minorities abstain from exploring healing alternatives outside of the family and community. As Heller's case study of Cuban American grieving practices suggests, some members of exile communities view grief as an intimate act negotiated within the family circle, but ultimately negotiated alone. A careful analysis of her study reveals the need to find methods for helping the first-generation of Cuban-American exiles cope with loss while maintaining sensitivity toward long-established, culturally-inscribed value systems.

## **Summary**

Understanding of the universal experience of death and loss is complicated by the complexity of culture, a construct that includes all of the habits acquired by humans as members of a society. By adding to this coalescence multiple cultural sanctions concerning death and accompanying expressions of grief, the understanding of others and ourselves seems virtually impossible. Yet such understanding is vital to the construction of a space where culture intersects with daily lived experience and where grief and loss are responded to in a way that promotes human connection and honors cardinal cultural values. Furthermore, the impact of culture, especially

in relation to grief, merits further investigation insofar as multiple political, historical, socioeconomic, and generational perspectives serve to undermine potentially monolithic analyses of the phases within the grief process. This study focuses on the prevalent generational differences that tend to arise during a Cuban American mother's and daughter's negotiation of loss by examining the role of tradition, ritual, and tolerance. Ideally, through this analysis, counselors may better benefit underserved populations, who are perhaps resistant to grief counseling, by maintaining a level of sensitivity towards sometimes overlooked extenuating cultural and/or political circumstances.

### **Conclusion**

The case of N. and her daughter points to the need for cultural competence in grief counseling. Hispanic adults who are immigrants have lower prevalence rates of mental disorders than those born in the United States. One of the explanations for this resiliency, posited by researchers (Suarez-Orozco & Suarez-Orozco, 1995), is the expressed value of *familismo*, the priority given to the needs of the family beyond personal benefit. This culture of caring appears to provide resilient strength by crafting and maintaining relationships that support healing. These are often found in the community through religious advisors, teachers, pharmacists, and health care providers, who are trusted because of cultural and ethnic affinities.

Furthermore, the consciousness that shapes the attitudes and beliefs of N. deserve recognition. By permitting Heller's questioning, she may begin to work through her grief outside of isolation. According to Bachay & Cingel (1999), caring relationships within the family and community can help promote resilience and health. The role of the counselor becomes that of facilitator of relational care, providing hope and health for the grieving that is unique to the individual's specific cultural and family constellation. The caring and support are not medicalized or placed in the hands of "the professional"; care is normalized and facilitated by a community supported by the professional counselor.

In N.'s case, as in the case of many immigrant populations with distinct memories and traditions originating in the country left behind, the counselor could help family members who are willing to undergo counseling to identify resources both culturally appropriate and readily available. Family meetings within the home, a practice that demonstrates the value of personal contact, could promote the cultural value of mutual dependence, *personalismo*, that is vital to the healing process. Listening in new ways, counselors can help grievers and individuals who form their support systems acquire the human connections necessary to handle loss within disparate cultural contexts.

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