

Cross Cultural Newsletter

“Case Studies in Grief and Grief management Across Cultures: A Panel Discussion”

Presenters: Dr Margaret Agee, Dr Hyeun Kim, Ms Candy Vong
23rd June, 2015

I am pleased to report that we had a most enlightening last evening. Over 60 of our members attended.

The topic for the evening was **CASE STUDIES IN GRIEF AND ITS MANAGEMENT ACROSS CULTURES: A PANEL DISCUSSION**. The panelists were Dr. Margaret Agee, Dr. Hyeun Kim and Ms Candy Vong. The presenters were Candy Vong and Sandy Yam. We must thank them for their preparation of the cases and the presentation. For reasons of confidentiality, the details had been highly modified and the audience was also asked to observe confidentiality, including the DVD that they might send for.

I reminded the audience about two issues regarding grief across the cultures. Whilst **grief** is commonly regarded as pertaining to loss through death of a person, as were the cases presented, the concept **is generalized to include any severe loss, be it of status, culture, material, esteem, health or jobs**. The second issue is that often, when dealing with a person from a different culture, one would often be distracted by and prioritise on culture effects but forgetting the **bio-psycho-social elements that interacts with culture to affect the presentation and management**. This was well demonstrated by the two cases this evening.

With this, Sandy presented the first case of “**the Grief Survivor**”. This is a case of a middle age woman who gave up an esteemed job to marry a dying person in order to nurse him, much against the objection of the family. When the person ultimately died, she experienced a big loss including the loss of support from her family. As a result, grief was expectedly severe with the individual becoming depressed and not willing to let go or involve in any counseling for several years. She embraced memories of the deceased as if he were still alive. Consensus from the panelists were that this case demonstrated how **often bio- psychosocial elements intertwined with cultural elements to delay the grief. She had experienced multiple losses** by dedicating herself to the care of the deceased.



The Huanglong Temple Fair takes place in one of the most scenic and wild areas of China, Huanglong National Park or Scenic Area, which has been compared to America's Yellowstone National Park.

Family dynamics will also need to be explored i.e. her previous relationship with her family and what caused her to give up her esteemed job and leave her family. In a collective environment where group support is crucial to the resolution of grief, the lack of such further complicated the loss. As to **management**, there was much discussion around whether **one should allow the bereaved not to let go of her prized memory**. All panelists agreed that both culturally and universally, individuals do not have to “let go” of the deceased, but instead by reintegrating and relocating the relationship with loss object into their own lives. This process can take months, years or sometimes decades to evolve. Whilst it is difficult to explore the complicated relationships in the person's past, the drawing of a life map might be useful for the bereaved to explore her relationship with her family and the deceased, and whether there had been conflicts involved, as such a relationship might make it difficult for the person to integrate the loss into her life. The consensus was that **in engaging the person, support (both financially and socially) is a key indispensable component. In this, patience on the part of the clinician and allowing the person to take her own time would be important, never to struggle with the person or coercing her to let go.**

Grief counseling apart, the concurrent **treatment of the depression is necessary**. In time, when the person is ready, one might apply special techniques such as “two chair techniques”, “life map” etc. to facilitate the reframing of the loss, and the ultimate renewal of a different relationship and bond with the deceased.

The second case was “The Unspoken Loss” This was about a case of an extended family on a tour around NZ when a **tragic car accident** took away the life of the grandmother. It was later found out that the **grandmother possibly sacrificed herself by embracing the grandchild thus saving his life**. This heroic act made the impact of the loss more severe on those bereaved. Whilst such are **not culturally unique**, this **sacrificial behavior interacted with another cultural component** to make the impact more felt. In this case, **the deceased performed multiple social roles** in the extended family:- to provide guidance, and more importantly responsible for the care of the young child. The loss is thus felt as a multiple one.



To rub salt into the wounds, the extended family back in the country of origin reacted in a more “blaming” fashion **putting pressure on the bereaved**, frequently **asking for clarification and whether and retribution has taken place against the perpetrators of the accident**. Such Pressure did not only **deprive the bereaved of cultural support (i.e. sharing of the grief)** but also **increased the pressure on the bereaved to take action**, frequently reiterating the traumatic experience and delaying the grief process. As a consequence, the bereaved also developed PTSD symptoms. In this case, the **Panel again reminded** the audience of **the importance of taking a biopsychosocial cultural view**. This applies also to management of the person bereaved. **Universal techniques** could be used to **help to deal with the PTSD**, such as **helping the person to re-write the story**. **Culturally**, it is also **appropriate** to help the

bereaved to enter into **“conversation with the grandmother”** and thus **reframing the relationship lost and rebuilding a new “spiritual” bond**.



When the pain of the loss begins to be assuaged, **family therapy with the whole extended family (including those from overseas) would bring back the collective sharing lost** because of “blames”. **One last often neglected issue is the effect the accident on the grandchild who the grandmother saved**. **The effect could be a double edge sword**. **On the**

one hand, the child could become the center of blame. **On the other, the position of the child could be made more important as he is considered as a heritage from the deceased or as grandmother’s continuity**. Reframing the loss in the latter light could not only reduce the blame on the child, but also, more importantly, **renew the**

relationship and bond of the surviving family members with the grandmother through the child ala “ the- phoenix- has –risen- from- the- ash” style. As usual, there were many discussions. The evening ended at 8.10 pm

A DVD would become available in a fortnight. Those who send for this should observe strict confidentiality and not circulate this to other non-members.

HIGHLIGHT FOR THE NEXT SESSION

We shall be taking a break in July. In **August, John Davison, Senior Clinical Psychologist** has promised to give our members a talk to share his experience working with Singaporean Asians.

Please note

Attendances: in the past year, we often have members not turning up for the meeting at the last minute. ***In order to assist with catering***, those of you who have enrolled but unable to come, ***please let us know , if at all possible, 24 hours in advance***.

Yours sincerely,

S Wong
For Cross Culture Interest Group

For a more accurate rendition of the presentation, **please request the DVD** from Diane Evans at dianee@adhb.govt.nz (please send \$2 stamps to help cover costs)

For ADHB staff, previous newsletters and flyers can be viewed on the Intranet – click on this link: [http://adhb.intranet/Mental Health/Resources/CrossCulture.htm](http://adhb.intranet/Mental_Health/Resources/CrossCulture.htm)