HISPANIC/LATINO BEHAVIORAL HEALTH CENTER OF EXCELLENCE

Grief and Mental Health: Cultural Context, and Interventions in Hispanic and Latino Communities

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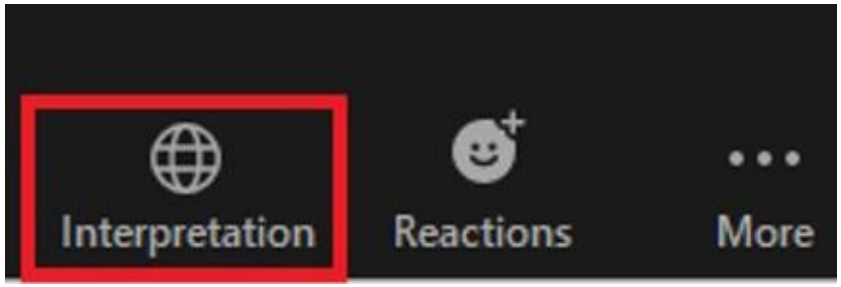

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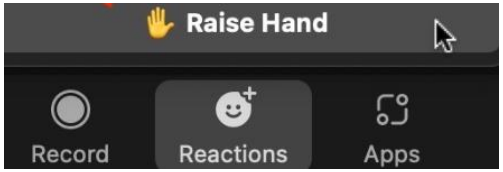

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Mission

Hispanic/Latino Behavioral Health Center of Excellence

To advance and support the sustainability of behavioral health by promoting community-driven, culturally grounded, and person-centered prevention, treatment, multiple pathways of recovery, and recovery support for Hispanic and Latino communities.

Objectives

- Analyze how grief impacts mental health within the Hispanic and Latino community.
- Identify the cultural and systemic challenges Hispanic and Latino individuals face in managing grief.
- Highlight opportunities for culturally responsive strategies to support healing and resilience in these communities.

Mental Health Prevalence

- 21.4% of Latino/Hispanic adults had a mental health condition in the past year; 5.3% had serious mental illness.
- Only 14.6% received treatment in the past year.
- Major Depression: 8.8% experienced a major depressive episode.
- Suicidal thoughts: 4.6% had serious thoughts of suicide; 1.4% made plans.
- From 2021 to 2023, the percentage of Hispanic students feeling persistently sad or hopeless dropped from 46% to 42%; suicidal ideation and planning also declined.

SAMHSA Quick Facts on Latino Mental Health (2023)

Grief and Prolonged Grief Disorder (PGD)

- PGD affects about 10% of bereaved individuals and includes symptoms like intense yearning, emotional numbness, and heightened suicide risk.
- PGD recognized in DSM-5-TR (2022) and ICD-11 (2022).
- Comorbidity with depression, anxiety, and somatic issues common.

PGD in DSM-5-TR & ICD-11 (2022)

Grief

Bereavement

- Refers to the death of a loved one and in its broadest terms
- Encompasses the entire experience of family members and friends (anticipation, death, and subsequent adjustment to living following the death of a loved one)

Grief is a natural response to loss, most often following the death of a loved one. It is multidimensional, involving physical, emotional, behavioral, social, and spiritual changes.

While grief is universal, its intensity, duration, and expression vary among individuals. Common experiences include distress, anxiety, yearning, sadness, and preoccupation with the loss.

Most people gradually adapt to bereavement without long-term health consequences, though the journey often involves a complex process of cognitive, emotional, and social adjustments.

Grief

Numbness, shock and denial

Sadness, longing and emptiness

Anguish, loss, anger, regret and guilt

Anxiety, fear, loneliness and depression

Acute Grief

Integrated grief

- Later phase where grief becomes part of ongoing life.
- Emotional pain softens; capacity for joy and purpose returns.
- Continued connection to deceased through memories and traditions.
- Renewed engagement in daily activities and relationships.
- In Hispanic/Latino cultures: honoring the deceased during “Día de los Muertos”, annual masses, storytelling, and family gatherings.

Theories of Bereavement and Grief

Theories of Bereavement and Grief

Breaking Attachment Bonds (Traditional view)

- Healthy adjustment means letting go of the emotional ties to the deceased.
- Focus is on “moving on” and forming new attachments.
- Risk: May overlook cultural and personal needs to keep connections alive.

Maintaining Bonds (Contemporary & cultural view)

- Healthy adjustment allows ongoing symbolic connection with the deceased.
- Integration of loss into one’s life narrative.
- In Hispanic/Latino cultures: rituals, altars, prayer, storytelling, and anniversaries help sustain bonds while adapting to life without the person physically present.

Attachment Theory

Secure Attachment

- Generally, facilitates adaptive grieving.
- Loss is painful but tends to move toward *integrated grief*.
- Support systems are used effectively.
- Anxious/Preoccupied Attachment
- Heightened distress and persistent yearning.
- Difficulty accepting the loss.
- Risk of *prolonged grief disorder* due to dependency on the deceased.

Avoidant/Dismissive Attachment

- Suppression of emotional expression.
- Tendency to avoid reminders of the loss.
- Risk of unresolved grief emerging later as depression or somatic symptoms.
- Disorganized Attachment
- History of trauma or inconsistent caregiving.
- Loss may trigger intense emotional dysregulation.
- Greater vulnerability to complicated or traumatic grief.

Meaning Making or Meaning Reconstruction:

The process of organizing life events, especially losses, into a coherent narrative that helps the bereaved understand and integrate the experience. It's less about "getting over" grief and more about finding meaning and continuity in life after loss.

- Narrative Organization: Transforming fragmented, painful experiences into a story that connects past, present, and future.
- Identity Reconstruction: Understanding how the loss reshapes one's self-concept.
- Worldview Adjustment: Integrating the loss into existing beliefs, values, and cultural frameworks.
- Purpose Renewal: Finding new ways to engage with life and honor the deceased.

Cognitive Stress Theory

Recovery after loss is supported when individuals can activate positive emotions and reduce excessive distress, helping them regain balance and resilience.

Concepts:

- Stress Appraisal: How we interpret the loss determines emotional impact.

- Coping Strategies: Active coping (problem-solving, reframing) vs. avoidance.

- Positive Emotion Activation: Seeking moments of joy, gratitude, and connection even while grieving helps regulate the nervous system.

- Distress Minimization: Reducing rumination and emotional overwhelm through mindfulness, social support, and self-care.

Application in Grief

- Encouraging brief, intentional breaks from grief-related distress fosters recovery.

- Positive memories and meaningful activities can coexist with the sadness of loss.

- Hispanic/Latino Cultural Examples: Music, communal meals, religious ceremonies, and humor as tools for emotional regulation.

Dual Process Model of Coping with Bereavement

:

The bereaved oscillate between two types of stressors:

1. Loss-Oriented Stressors – directly related to the death and its emotional impact.
2. Restoration-Oriented Stressors – focused on adapting to life changes and new roles after the loss.

Loss-Oriented Coping

- Confronting and processing grief-related emotions.
- Remembering, yearning, crying, talking about the deceased.
- In Hispanic/Latino cultures: attending memorial masses, keeping altars, collective mourning rituals.

Restoration-Oriented Coping

- Focusing on rebuilding life: practical tasks, new routines, new relationships.
- Managing financial, legal, or household responsibilities.
- In Hispanic/Latino cultures: community work, caregiving, resuming cultural celebrations.

Stroebe & Schut (1999)

Stages of Grief (Kubler-Ross)

Denial

Anger

Bargaining

Depression

Acceptance

Stages of Grief (Maciejewski et al, 2007)

- Disbelief
- Yearning
- Anger
- Depression
- Acceptance

Higher risk of following disorders during acute bereavement

Major Depressive Episode

- Persistent low mood, loss of interest, feelings of worthlessness.
- Risk increases when grief is complicated or prolonged.

Prolonged Grief Disorder (PGD)

- Intense yearning, preoccupation, and difficulty accepting the death beyond culturally expected timeframes.

Post-Traumatic Stress Disorder (PTSD)

- Especially if the loss was sudden, violent, or witnessed directly.

Anxiety Disorders

- Generalized anxiety, panic attacks, and health anxiety are common.

Substance Use Disorders

- Increased alcohol or drug use as a coping mechanism.

Suicidal Ideation & Behavior

- Elevated short-term risk, especially in individuals with prior psychiatric history or when the deceased was a close dependent relationship (e.g., spouse, child).

Persistent Complex Bereavement Disorder (DSM-V)

Persistent yearning/longing for the deceased.

Intense sorrow and emotional pain in response to the death.

Preoccupation with the deceased.

Preoccupation with the circumstances of the death.

Persistent Complex Bereavement Disorder (DSM-V)

REACTIVE DISTRESS TO THE DEATH

Marked difficulty accepting the death.

Experiencing disbelief or emotional numbness over the loss.

Difficulty with positive reminiscing about the deceased.

Bitterness or anger related to the loss.

Persistent Complex Bereavement Disorder (DSM-V)

REACTIVE DISTRESS TO THE DEATH:

Maladaptive appraisals about oneself in relation to the deceased or the death (e.g. self-blame).

Excessive avoidance of reminders of the loss (eg., avoidance of individuals, places, or situations associated with the deceased.

Persistent Complex Bereavement Disorder (DSM-V)

SOCIAL IDENTITY DISRUPTION:

A desire to die in order to be with the deceased.

Difficulty trusting other individuals since the death.

Feeling alone or detached from other individuals since the death.

Feeling that life is meaningless or empty without the deceased, or the belief that one cannot function without the deceased.

Persistent Complex Bereavement Disorder (DSM-V)

SOCIAL IDENTITY DISRUPTION:

Confusion about one's role in life, or a diminished sense of one's identity (e.g., feeling that a part of oneself died with the deceased).

Difficulty or reluctance to pursue interests since the loss or to plan for the future (e.g., friendships, activities).

Prevalence of Complicated Grief

- Most studies find that ~10% of bereaved individuals develop Complicated Grief (PGD) when using established diagnostic criteria (Prigerson et al., 2009; Shear, 2015).

- Rates can rise to 20–30% in cases of:
  - Loss of a child or spouse
  - Violent, sudden, or traumatic deaths
  - Pre-existing mental health conditions
  - Low social support

- Among psychiatric outpatients with major depression or PTSD, 30–50% may meet criteria for PGD.

Cultural Considerations:

- Prevalence can vary across cultures due to differences in mourning rituals, expressions of grief, and diagnostic thresholds.

- In Hispanic/Latino communities, strong family bonds and cultural mourning practices may both buffer against and sometimes prolong intense grief, affecting measured prevalence.

Lundorff, M., et al. (2017).

Complicated Grief is Associated with…

Clinically significant distress and impairment in work and social functioning

Sleep disturbance

Disruption in daily activities

Suicidal thinking and behavior

Impairment in relationship functioning

Increased us of tobacco and alcohol

Risk Factors for Suicide During Bereavement

Relationship to the Deceased

- Loss of a **spouse, child, or romantic partner** significantly increases short-term suicide risk.
- Suicide or violent death of the loved one can elevate both trauma and risk.

2. Nature of the Death

- **Sudden, violent, or traumatic deaths** (accidents, homicide, suicide) have higher association with suicidal ideation.
- Deaths with elements of perceived preventability can increase guilt and self-blame.

3. Psychiatric and Psychological Factors

- **Pre-existing mental illness** (major depression, bipolar disorder, anxiety disorders, PTSD).
- **History of suicide attempts** or self-harm.
- Co-occurring **substance use disorders**.

Risk Factors for Suicide During Bereavement

Social and Environmental Factors

- **Social isolation** or lack of a supportive network.
- **Stigma** (e.g., in deaths by suicide, overdose, or HIV/AIDS).
- Economic hardship triggered or worsened by the loss.

Grief-Related Complications

- **Complicated/Prolonged Grief Disorder** — persistent yearning, hopelessness, and inability to imagine life without the deceased.
- Intense guilt, shame, or identification with the deceased (e.g., “I should be with them”).

Cultural Considerations

- In some Hispanic/Latino contexts, strong family and religious values can **buffer** against suicide, but stigma around mental illness may **reduce help-seeking**.
- Relocation -related separation from extended family may worsen isolation during bereavement.

Maintenance of Complicated Grief

Persistent Maladaptive Thoughts

- **Rumination** about the death ("Why did this happen?", "What if I had…") prolongs distress.
- Over-idealization of the deceased or inability to reframe the loss.
- Self-blame and guilt preventing adaptation.

2. Avoidance Behaviors

- **Loss-oriented avoidance:** Avoiding reminders of the deceased, places, or memories to prevent emotional pain.
- **Restoration-oriented avoidance:** Avoiding new activities, relationships, or roles to protect from further loss.
- Both reduce opportunities for emotional processing and adaptation.

3. Disrupted Attachment System

- Strong, unresolved attachment bond leads to ongoing yearning.
- Difficulty integrating the loss into the self-narrative.

Maintenance of Complicated Grief

Co-occurring Disorders

- Untreated depression, PTSD, or substance use can reinforce grief-related impairment.

5. Social and Cultural Factors

- Isolation or lack of supportive social network.
- Cultural norms that discourage emotional expression or professional help-seeking.
- In Hispanic/Latino contexts: while cultural mourning rituals can offer support, they may also, if extended without integration, reinforce ongoing preoccupation with the loss.

Complicated grief is maintained by an interaction of:

Maladaptive beliefs ↔ Avoidance ↔ Emotional dysregulation ↔ Social and cultural reinforcement

Troebe, M., Schut, H., & Boerner, K. (2017)

Pandemic-Related PGD Among People of Latino Origin

Study: *COVID-19 Deaths in Transnational Settings: Disrupted Bereavement and Pandemic-Related Prolonged Grief Disorder in the Latino origin* (2024)

Findings: Latino origin people experienced notably higher rates of PGD after COVID-19 deaths, partly due to:

- Disrupted mourning practices
- Reduced social support
- Relocation -related trauma and stress

These factors created significant barriers to grief adaptation and heightened PGD risk.

Shaulis, K., & Garcia, V. (2024)

Greater Physiological Grief Reactions in Latino/a Bereaved Students

Study: Narrative synthesis in *Grief and Bereavement in the Latino/a Community* (2022)

Findings:

- Latino/a individuals often display heightened grief intensity and physiological responses compared to white counterparts.
- Disruption of cultural rituals and acculturation differences may exacerbate risk for unresolved or complicated grief.

Falzarano, F., et al. (2022).

Traumatic Grief and PTSD: Similarities

Shared Trigger: Exposure to Trauma

- Both can be triggered by a **sudden, violent, or unexpected death** of a loved one.
- The death is experienced as a traumatic event, activating the body's stress and fear systems.

2. Overlapping Symptoms

- **Intrusive thoughts/images** related to the loss or traumatic event.
- **Avoidance** of reminders (places, conversations, activities) linked to the person or event.
- **Hyperarousal**: heightened startle response, irritability, difficulty sleeping.
- **Emotional numbing**: reduced capacity for positive emotions.

3. Cognitive and Emotional Themes

- Persistent **guilt**, self-blame, or sense of injustice.
- Preoccupation with the circumstances of the death.
- Feeling unsafe or that the world is unpredictable.

MELHAN ET AL., 2004

Insecure Attachment Styles

Anxious / Preoccupied Attachment

- Core Features: Fear of abandonment, hypervigilance to relationship threats, dependency on close others for validation.
- In Grief:
  - Heightened distress, intense yearning for the deceased.
  - Difficulty accepting the reality of loss.
  - Prolonged searching and rumination.
  - Higher risk of Complicated Grief because the attachment system remains chronically activated.

Meier, M. A., et al. (2013).

Insecure Attachment Styles

Avoidant / Dismissive Attachment

- Core Features: Preference for emotional distance, discomfort with dependence, suppression of attachment needs.
- In Grief:
  - May minimize or downplay loss outwardly.
  - Avoids emotional processing and social support.
  - Risk of unresolved grief resurfacing later, often through depression, somatic symptoms, or relational issues.

Disorganized / Fearful-Avoidant Attachment

- **Core Features:** Combination of anxious and avoidant patterns, often linked to early trauma or inconsistent caregiving.
- **In Grief:**
  - Loss can trigger extreme emotional dysregulation.
  - Experiences both intense yearning and avoidance of reminders.
  - Strong predictor of **traumatic grief** and comorbid PTSD.

DSM-V PTSD Criterion A

Exposure to actual or threatened death, serious injury, or sexual violence in one (or more) of the following ways:

1. Directly experiencing the traumatic event(s)

2. Witnessing, in person, the event(s) as it occurred to others.

4. Experiencing repeated or extreme exposure to aversive details of the traumatic event(s) (e.g., first responders collecting human remain, police officers repeatedly exposed to details of child abuse).

DSM-V PTSD Criterion A (cont.):

4.Learning that the traumatic event(s) occurred to a close family member or close friend. In cases of actual or threatened death of a family member or friend, the event(s) must have been violent or accidental.

Persistent Complex Bereavement Disorder

Criterion A:

The individual experienced the death of someone with whom he or she had a close relationship.

Perceptions of the Death

(Barry, LC, Kasl SV, Prigerson HG, 2002)

Perception of the death as more violent was associated with major depressive disorder at baseline.

Perception of lack of preparedness for the death was associated with complicated grief at baseline and at follow-up.

These preliminary results suggest that perceptions of the death and feelings of lack of preparedness for it may be indicators of persons at risk of developing psychiatric morbidity secondary to bereavement.

ASSESSMENT INSTRUMENTS

Complicated/ Prolonged Grief–Specific Instruments

Prigerson et al., 1995.

Prigerson et al., 2009.

Inventory of Complicated Grief (ICG)

- Purpose: Measures maladaptive symptoms of grief.
- Scoring: Higher scores = greater severity of complicated grief.

Prolonged Grief Scale (PG-12, PG-13-Revised)

- Updated to align with ICD-11 definitions of PGD.
- Available in multiple languages, including Spanish.

Broader Bereavement and Grief Measures

Texas Revised Inventory of Grief (TRIG)

- Purpose: Measures past and current grief intensity.
- Structure: Two subscales – "Past Behaviors" & "Present Feelings."

Grief Experience Questionnaire (GEQ)

- Purpose: Examines specific themes like guilt, somatic reactions, and search for meaning.
- Use: Research on sudden or traumatic loss.

Bereavement Phenomenology Questionnaire (BPQ)

- Focuses on subjective experiences, including spiritual and existential dimensions.

Related Constructs in Bereavement

Beck Depression Inventory–II (BDI-II)

- Depression screening, helps differentiate grief from clinical depression.

Posttraumatic Stress Disorder Checklist for DSM-5 (PCL-5)

- Screens for PTSD symptoms often overlapping with traumatic grief.

Hospital Anxiety and Depression Scale (HADS)

- Brief tool for anxiety and depression in medical and bereavement populations.

Treatment

Complicated Grief Therapy (CGT)

Complicated Grief Therapy (CGT)

- **Evidence-based, manualized therapy** specifically for Prolonged Grief Disorder.
- Combines:
  - **Exposure-based techniques** (loss-focused work, revisiting memories)
  - **Restoration-focused work** (goal setting, re-engaging in life)
  - Motivational interviewing and CBT elements.
- 16–20 weekly sessions; adapted versions available in Spanish. Shear, M. K., et al. (2005). *JAMA*.

Cognitive Behavioral Therapy (CBT) for Grief

Cognitive Behavioral Therapy (CBT) for Grief

- Focuses on:
  - Challenging maladaptive beliefs (e.g., guilt, self-blame)
  - Reducing avoidance behaviors
  - Problem-solving life changes after loss

- Effective for **traumatic grief** and grief with depression/PTSD.

Boelen, P. A., et al. (2006).

Group and Family Interventions

- Peer and family support reduce isolation and normalize grief.
- Latino/Hispanic adaptations:
  - Integration of religious leaders and community elders
  - Bilingual facilitators
  - Inclusion of cultural mourning rituals

Kissane, D. W., et al. (2006)

Self-Care and Cultural Rituals

Encourage ongoing rituals and community participation.

Examples: memorial masses, altars, storytelling, music, cooking traditional dishes.

Promote physical health: sleep, nutrition, activity.

Case Study: María

Grief and Mental Health in a Hispanic/Latino Context

Background

- 48-year-old Puerto Rican woman in Philadelphia for 15 years
- Married, works part-time at community center
- Bilingual, active in church community
- Presents 10 months after sudden death of 21-year-old son in car accident
- Persistent yearning, inability to accept loss, disrupted sleep and appetite

Clinical & Cultural Context

- Attachment style: Anxious, preoccupied; strong dependency on son
- Cultural factors: strong family bonds, Catholic faith
- Disrupted rituals due to COVID-19 restrictions
- Risk factors: sudden traumatic death, loss of child, pre-existing anxiety, social isolation

Assessment Instruments

- PG-13: Above clinical cutoff for Prolonged Grief Disorder
- Inventory of Complicated Grief (ICG): High severity
- PCL-5: Moderate PTSD symptoms
- BDI-II: Moderate depression

Diagnosis & Formulation

Primary: Prolonged Grief Disorder (PGD)

Comorbid: PTSD and Major Depressive Episode

Formulation:

- Attachment Theory: Anxious style → difficulty accepting separation
- Dual Process Model: Stuck in loss-oriented coping
- Meaning-Making: Loss not integrated into life narrative
- Cognitive Stress Theory: Minimal positive emotion activation
- Maintenance factors: Rumination, avoidance, isolation, disrupted rituals

Treatment Plan

• Normalize grief responses; explain PGD

• Adapt rituals (virtual rosary gatherings)

Evidence-Based Interventions

• Complicated Grief Therapy (CGT)

• CBT to challenge maladaptive beliefs

• Meaning Reconstruction (legacy projects)

Support Systems

• Church, family involvement, bilingual support groups

Adjunctive Treatments

• SSRI for depression/anxiety
• Sleep hygiene coaching

Points for Group Discussion

- Identify suicide risk factors in this case
- How do cultural practices protect or prolong grief?
- Which tools help differentiate PGD from depression/PTSD?
- How to adapt interventions for Hispanic/Latino clients with limited access?

Questions

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