SOCIO-CULTURAL CONTEXTS SURROUNDING AFRICAN AMERICAN GRIEF MANAGEMENT AFTER HOMICIDE

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by

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ABSTRACT OF THESIS

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Despite the numerous studies examining the death rate and behaviors of African Americans, there seems to be a scarce amount of research regarding these individuals’ grief and subsequent coping after the traumatic event of homicide. African American individuals identifying as survivors of homicide have been shown to be vastly more susceptible to mental health issues associated with a maladaptive grieving process such as depression, Post-Traumatic Stress Disorder (PTSD), and Prolonged Grief Disorder (PGD) as compared to their Caucasian counterparts (Burke, Neimeyer, & McDevitt-Murphy, 2010). As violence has been shown to be more pervasive within these disadvantaged communities, it is imperative to understand how African Americans determine which coping strategies are most apt. Moreover, the dearth of scholarly research on the subject sheds light on the recent demand for a more culturally informed understanding of grief and coping. The current literature review examines this understudied phenomenon through the socio-cultural context surrounding African American grief that leads to the formation of their unique coping strategies. From this assessment, the author proposes a theoretical framework, which would allow a new way of observing how African Americans navigate their grief by weighing their ancestral heritage beliefs and their own contemporary beliefs with one another to determine the best coping strategies available to them. It is the hope of this literature review that the newly proposed framework will aid in the creation of a more culturally informed mental health care for African Americans.
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Socio-Cultural Contexts Surrounding African American Grief Management after Homicide

The purpose of the current literature review is to elucidate the understudied phenomenon of African American grief and coping strategies after the loss of a loved one to homicide. As to date, only a handful of scholarly works have been focused on this issue. Within those studies, it is apparent that African Americans are more prone to developing grief complications such as Post-Traumatic Stress Disorder (PTSD), depression, anxiety disorders, and Prolonged Grief Disorder (PGD) than their Caucasian counterparts (Burke, Neimeyer, & McDevitt-Murphy, 2010; Laurie & Neimeyer, 2008). The likelihood of developing these serious mental health disorders is further exacerbated by the traumatic effects associated with homicide, which African Americans hold a high percentage (44%) of the national average (Federal Bureau of Investigation, 2013; Gapen, et al. 2011). In combination, these two findings give fodder to the current argument that grief studies should include more culturally driven theoretical frameworks.

Prior to the past few decades, the study of grief and bereavement largely ignored the socio-cultural context surrounding the different ethnic groups’ ways of grieving and coping (Davies, 2004; Granek, 2010). Although research has now begun to investigate how different cultures grieve, there are still very few scholarly works examining African American grief specifically. Furthermore, there seems to be a lack of theories tailored to understanding this phenomenon. Several different theories pertaining to grief and mental health in general have been used to attempt cross-cultural examination of grief and coping with African Americans, but still lack the socio-cultural context that is vital to the full comprehension of the African American grief process.
The present literature review delves into the history surrounding the study of grief in order to illustrate the infancy of the study of African American grief and coping, while also demonstrating the different adverse effects grief may cause for these individuals as opposed to their Caucasian counterparts. Furthermore, it examines the socio-cultural contexts surrounding grief that lead to the formation of African American coping strategies and how these strategies allow African Americans to progress through their grief processes. Finally, after careful inspection of the primary theories implemented within the few studies assessing this phenomenon, the author proposes a theoretical framework which would allow a new way of observing how African Americans navigate their grief by weighing their ancestral heritage beliefs and their own contemporary beliefs with one another to determine the best coping strategies available to them. A more all-encompassing understanding of the impact of socio-cultural contexts on African American grief processes and coping strategies may allow for the creation of culturally informed therapeutic practices and interventions.

**The Study of Grief**

The concept of grief has had a long history of scholarly attention in the fields of psychology, sociology, philosophy, and anthropology (Granek, 2010). The parameters (i.e. length, intensity, number of symptoms) surrounding the definition of grief, however, are still debated (Davies, 2004; Neimeyer, Baldwin, & Gillies, 2006). The loss of a loved one is a profoundly emotional process individuals must work through in order to regain a relatively healthy lifestyle. The debate begins with whether or not the individual’s grief reaction is of an average state or is developing into a serious pathology such as depression or general anxiety disorder (GAD)—which would need psychological intervention (Burke, Neimeyer, & McDevitt-Murphy, 2010; Kaltman & Bonanno, 2003; Lancet, 2012). For some scholars, grief is thought of
as a normal human reaction to loss of a loved one (Lancet, 2012). These scholars believe placing a particular time limit on the individual’s expression of the symptoms or even a limit on the number of symptoms present, raises several arguments on exactly how a mental health expert could confidently determine if an individual is having difficulty progressing through their grief process (Lancet, 2012).

From its infancy, the study of grief has developed from the psychoanalytic perspective to the current pathological perspective—which demands intervention by a mental health expert during the grieving process (Granek, 2010). Most modern mental health professionals and scholars adhere to the notion that grief can manifest itself in pathological ways and can warrant intervention techniques (Granek, 2013; Kitzinger & Kitzinger, 2014). This modern notion is in stark contrast to the early scholars such as Freud, whom believed mourning (grief) was a natural human occurrence that did not necessitate psychological intervention (Davies, 2004; Granek, 2010). Likewise, Bowlby argued the grief process should not be rushed or dissected, rather, the bereaved should be given ample time and space to grieve (Bowlby, 1982; Davies, 2004; Granek, 2013). However, both Freud and Bowlby’s beliefs were drastically transformed throughout the decades once mental health professionals were forced to alter their focus on grief after a mass proportion of it occurred after the world wars—in which thousands of individuals were in mourning after suffering the loss of loved ones in battle (Granek, 2013; Granek, 2010). Thereafter, grief was examined through a more quantitative lens, and the modern mindset was birthed (Davies, 2004; Granek, 2013). Still, there are many scholars and mental health professionals such as Granek (2010, 2013) and Kitzinger & Kitzinger (2014), who steadfastly argue grief is a normal human reaction and does not warrant the need for clinical intervention or a pathological definition. Many still believe that grief only becomes an issue if, after the first
two years, it remains persistent and intense enough to debilitating the individual’s daily life—only then should it require intervention by a mental health professional (Granek, 2010; Lancet, 2012).

Another argument that has gained more interest in the past few decades is the impact of contextual factors on the individual’s grief process. Until recently, scholars of grief largely ignored the contextual factors surrounding the process such as gender, relationship to the deceased, religion, culture, and ethnicity (Lancet, 2012; Sharpe, 2008; Stroebe & Schut, 2005). The proponents of the notion of including these factors argue that contextual factors are essential to the full comprehension of individual grief process (Stroebe & Schut, 2005; Boerner & Heckhausen, 2003). Arguments surrounding the implementation of contextual factors have taken place since the time of Freud to the present with vast changes in the understanding of grief in general (Granek, 2010). In order to fully comprehend the serious mental health issues that may arise from prolonged grief reactions, one must know the history of the study of grief.

**Grief as a Psychological Concept**

The psychological concept of grief has long been an established study ever since Freud published his influential essay on *Mourning and Melancholia* in 1917 (Granek, 2010; Shapiro, 1996). His psychoanalytic framework entitled ‘grief work’ defined the function of grief in a mourner’s life as a means to detach themselves from the deceased loved one through direct confrontation of the loss (Davies, 2004; Granek, 2010). Relinquishment of the deceased loved one would allow the mourner to become content with his or her future lifestyle prospects (Shapiro, 1996). Freud argued within his essay that this process was arduous and many times would never be fully resolved (Granek, 2010). However, this was not to say that Freud believed grieving the loss of a loved one (mourning) was pathological (Stroebe & Schut, 2005). It was the aspect of melancholia that had the risk of becoming pathological (Davies, 2004; Granek,
He upheld that the individual would maintain an emotional attachment to the lost individual (cathect libido onto the object of love); therefore, the grief process is the detachment (decathexis) of the libido so it may be transferred onto another object (Shapiro, 1996). Those mourners who were unable to successfully detach themselves from the deceased were then believed to be at a considerable risk for developing a mental illness—or as Freud stated, would fall into melancholia (Granek, 2010).

The notion that grief was an intense internal struggle to detach oneself from the deceased became the foremost theoretical model for other scholars. Though Freud developed this framework, it was not until 1937, in her essay, *The Absence of Grief*, that Helene Deutsch placed more emphasis on the pathology of grief (Granek, 2010). She upheld that the process of grief did not always follow the same path for each individual (Granek, 2010; Wortman & Silver, 1989). For some, the grief would pass relatively quickly, and for others it would progress and become intense (Granek, 2010). Many of her theoretical postulations became the foundation for future psychological research of grief (Stroebe & Schut, 2005). Unlike Freud, who steadfastly believed mourning could not turn pathological—as it was a natural event and did not need intervention—Deutsch claimed mourning that was not expressed or was absent might become dysfunctional, and therefore pathological (Granek, 2010; Wortman & Silver, 1989). Her essay stating this notion has been pivotal in the construction of the modern psychological study of grief. It placed a new focus on the monitoring of the individual’s grief work in order to ensure the individual was not at risk for developing a mental illness.

Though the focus on grief work turned to the monitoring of the individual’s progress, it was not until Lindemann’s (1944) study, *Symptomatology and the Management of Acute Grief*, that psychiatrists began viewing grief as a psychological aspect (Davies, 2004). Agreeing with
Freud, Lindemann held that grief was a natural occurrence after a substantial loss; however, his claims coincided with Deutsch’s in that the individuals should be monitored during their grief work to prevent the occurrence of the individual failing to extricate his or her self from the deceased, and subsequently failing to properly progress through his or her grief work (Davies, 2004; Granek, 2010). This hypothesis was born from his fundamental study in which he interviewed 101 grieving individuals in order to develop an accurate representation of what a normal grief work entailed (Davies, 2004). In his findings, Lindemann essentially reformed the prior beliefs on grief by establishing it as a psychological disorder (Davies, 2004).

Lindemann established grief as a psychological disorder by distinguishing a list of abnormal and normal grief symptoms (i.e. somatic distress, preoccupation with the deceased, guiltiness, rage and hostility, and loss of function) from the participants within his study, which would allow the mental health care provider to better predict the individual’s pattern of grief (Granek, 2010; Kontogiannis, 2000). He paved the way for future mental health care providers and scholars to systematically manage the underlying issues of dysfunctional grief (Granek, 2010). It was Lindemann’s utmost assertion that through proper management of the individual’s grief work, psychiatrists could intervene before serious maladjustments in the individual’s social life could occur (Davies, 2004; Stroebe & Schut, 2005). Without proper intervention techniques, these maladaptive symptoms may go unnoticed until they manifest themselves in pathological outcomes (Granek, 2010). Although this study was evolutionary for the grief field of study, there has been substantial criticism of Lindemann’s work. Most prominently, it has been argued that a significant amount of responsibility was placed on the grieving individual to complete their grief work correctly (Granek, 2010). Emphasis was placed on the duration of the grief as an indication of how the individual was progressing (Davies, 2004; Granek, 2010). Proponents of
the belief that grief should not require intervention argue that this emphasis encourages further anxiety from the individual by creating a success or failure outcome (Granek, 2010). Despite this critique, Lindemann’s work laid the fundamental foundation for future studies to understand the implications of grief.

Branching off from Lindemann’s study, Parkes published several studies of his own, which led to the construction of the contemporary psychological study of grief (Davies, 2004). Parkes initially transformed the fields of psychology and psychiatry from conjecture to fields based on empirical methods; thus, allowing a substantial amount of new concentration to be placed on the atypical patterns of grief that Lindemann attempted to understand (Davies, 2004; Granek, 2010). Through his longitudinal, qualitative interviews with bereaved widows and psychiatric patients and examination of psychiatric case studies, Parkes composed one of the first empirically based investigations of the grief work phenomenon (Parkes, 1970; Stroebe & Schut, 2005). From his use of rating scales for grief features displayed by the individuals during the interviews, Parkes developed one of the first statistically sound analyses of the phenomenon (Granek, 2010; Parkes, 1970). These scales rated 6 features: “tearfulness, tension, hyperactivity, preoccupation with thoughts of the deceased, sense of the presence of the dead person near at hand, and irritability or anger” (Parkes, 1970, p. 199). He also was among the first to take qualitative interviews and develop quantitative methods to display the information in charts and tables to further bolster his claims (Granek, 2010).

In essence, Parkes justified the claims previously established by Lindemann and Deutsch through a more scientifically sound process (Granek, 2010). Likewise to his predecessors, he believed that psychiatrists should intervene during the individual’s grief work process (Granek, 2010). Further enhancing the argument, Parkes suggested grief could become both a physical
and mental illness for the individual, thereby expanding the scope of functions of grief to examine (Davies, 2004; Granek, 2010). The works of Parkes had a profound influence on the psychological field as a whole. His quantification of results ultimately guided the creation of the multiple standardized measurements contemporary psychologists and psychiatrists implement today to manage grief (Granek, 2010).

**Continuing Bonds Theoretical Framework**

The emergence of an alternative view on grief appeared within the next decade—one in which the continuation of bonds was considered to possibly be a healthy coping mechanism. Advocates for this new perspective argued rather than detaching oneself from the deceased, reconstructing the bond so the loved one’s memory became an extension of the self would lead to a healthier grieving process (Neimeyer, Baldwin, & Gillies, 2006). The previous positivistic perspective of rigid grief duration periods and assumptions regarding the reactions of grieving individuals was coming to an end (Davies, 2004; Neimeyer, Baldwin, & Gillies, 2006). Instead, a more culture-driven perspective began to take over (Stroebe & Schut, 2005). Scholars were beginning to realize individuals from different cultures and backgrounds would not necessarily fit into the previous notions of the grief work process as each rely on their own cultural rituals and traditions. Furthermore, scholars reasoned that clinicians needed to understand the culturally unique needs for each individual as he or she progressed through grief (Boerner & Heckhausen, 2003; Stroebe & Schut, 2005).

Wortman and Silver (1989) were among the first scholars to challenge the previous positivistic approach and open the doors to a more culturally relevant study of grief. Through careful examination of the theories and clinical beliefs within previous studies, Wortman and Silver (1989) reviewed the assumptions surrounding the depressive states of the individuals, the
inevitable distress that follows, and the absence of grief symptoms to become pathological. Their findings suggested that no previous studies focusing on the depressive reactions after the loss demonstrated sufficient evidence to uphold this assumption. Likewise, no study reviewed depicted findings warranting the assumption of immense distress being inevitable after a loss. Finally, Wortman and Silver (1989) concluded that the notion regarding absence of grief becoming pathological was not supported in the previous literature. Combined, these findings provided systematic evidence demonstrating the previously held positivistic beliefs of grief were outdated and not applicable to how individuals from different cultural backgrounds may progress through their grief (Stroebe & Schut, 2005). With the emergence of this systematic review, the first steps were taken to the birth of a new perspective of grief, and the belief that a large variability may exist in what was previously considered a “normal” grieving process across multiple cultures. Though not specifically focused on the continuance of bonds, Wortman and Silver’s study (1989) inspired fellow scholars to delve into the novel notion.

Perhaps one of the most influential publications to emphasize the prominence of continuing bonds was Klass et al.’s 1996 edition of *Continuing Bonds: New Understandings of Grief* (Stroebe & Schut, 2005). In this work, Klass et al. theorized that rather than detaching oneself from the deceased loved one, the resolution of grief included the continuation of this bond (Granek, 2010; Stroebe & Schut, 2005). However, what truly set this study apart from its predecessors was the concentration on the cultural aspect of grief work (Boerner & Heckhausen, 2003; Stroebe & Schut, 2005). Within many of the cultures represented in Klass et al.’s studies (e.g. Japanese Buddhism and Tibetan Buddhism), it was believed that culture specific rituals were vital to the successful completion of an individual’s grief work (Stroebe & Schut, 2005). The most prominent culture Klass studied was the Japanese Buddhists, whom were shown to
maintain emotional bonds with their deceased loved ones through a series of ancestral rituals, which allowed the individuals to progress through their grief processes without issue (Goss & Klass, 2005; Stroebe & Schut, 2005). To Klass, these rituals reminded him of the practices he witnessed within self-help groups for bereaved parents, and inspired him to study how the different cultures may react to the loss of a loved one (Goss & Klass, 2005).

Despite the momentous influence Klass et al. created for the contemporary grief literature, it has been argued by many scholars that it merely opened the door to the possibility of continuing bonds being catalysts to healthy grieving (Boerner & Heckhausen, 2003). According to Stroebe and Schut (2005), the publication failed to demonstrate whether or not the continuation of bonds with the deceased was a catalyst for proper grieving; rather, it simply established a correlation between the two. This distinction is imperative to discern as proper grieving entails the confrontation of bereavement experiences the individual faces in order to accept the loss (Stroebe & Schut, 2005). Likewise, a severe lack of hard evidence to bolster the claims made in the study was one of the major critiques proposed by Boerner and Heckhausen (2003). Yet despite the critiques surrounding Klass et al., the studies demonstrated how the individuals’ culture and backgrounds influence the progress of grief. By allowing the study of grief to also take into account the social world surrounding the individual, practitioners discovered a more comprehensive perspective of how the process of grief may manifest in different individuals.

Since being proposed, the continuing bonds theoretical framework has received considerable concentration from scholars over the past several decades. Most prominently, it has sparked a debate regarding whether or not the continuing of bonds or the relinquishing of bonds is the most appropriate for a healthy grieving process (Stroebe & Schut, 2005). Several meta-
analyses and reviews have assessed this debate with no clear solution. In general, scholars consider these bonds as the ongoing relationship between the deceased and the bereaved (Boerner & Heckhausen, 2003; Stroebe & Schut, 2005). Boerner and Heckhausen (2003) conducted a review of the most prominent studies and concluded the evidence demonstrated the continuing bonds found varied greatly in adaptability—some were indicative of healthy reminiscing while others displayed maladaptive grieving. Each suggested further research to determine which types of bonds may be more adaptive and healthy than others. Similarly, Stroebe and Schut (2005) reviewed the foundational studies for both the positivistic and continuing bonds frameworks and came to the same conclusion. However, unlike previous reviews, Stroebe and Schut (2005) argued future research should be focused on understanding the sub-groups of individuals for whom continuing bonds remained a healthy grieving process. This suggestion has led to current scholars examining how contextual factors influence the grieving processes of individuals. Most notably, scholars have now turned attention to how specific cultures react to grief and how the culture influences the coping mechanisms employed.

**Manifestations of Grief**

Though grief is considered to be a universal phenomenon, the individualistic grief reactions manifest in a large scope of behaviors (Bonanno & Kaltman, 2001; Williams, Burke, McDevitt-Murphy, & Neimeyer, 2012). For some individuals, the grief process progresses normally and they are able to continue living with the loss in a healthy manner. Bonanno and Kaltman (2001) found 50-85% of the individuals studied who had lost loved ones to non-violent deaths progressed through the grief process in a normative manner (i.e. 1 to 2 years). The other 15-50% of individuals displayed minimal grieving—“little or no overt signs of disrupted functioning” (Bonanno & Kaltman, 2001, p. 710). For others, the grief process is impeded and
converts into serious mental health issues such as Major Depressive Disorder, Prolonged Grief Disorder (PGD), and Post-Traumatic Stress Disorder (PTSD) (Gupta & Bonanno, 2011; Williams, Burke, McDevitt-Murphy, & Neimeyer, 2012). It should be noted that although PGD has received increased attention from scholars, it has never been considered a diagnosis and was not added to the DSM-5. Bonanno and Kaltman (2001) found at the end of the two-year mark, 15% of the individuals overall developed these mental health issues and continued with the dysfunctional grief for much longer periods of time.

The most notable discrepancy between those individuals who progress through the grief process healthily and those that suffer from prolonged bouts of intense grief symptomology is the manner in which the loved one died (Bonanno & Kaltman, 2001; Kaltman & Bonanno, 2003; Neimeyer, Baldwin, & Gillies, 2006). These prolonged cases are most typical when resulting from the loss of a loved one to violence such as fatal accidents, homicide, or suicide (Goldsmith, Morrison, Vanderwerker, & Prigerson, 2008; Williams, Burke, McDevitt-Murphy, & Neimeyer, 2012). Traumatic events of this caliber have consistently been linked to detrimental individual health functioning (Bonanno & Kaltman, 2001; Williams, Burke, McDevitt-Murphy, & Neimeyer, 2012). Many times the grief is prolonged in these incidents because of the meaningless and nonsensical nature of the fatal event. The individuals are unable to gain meaning behind the loss, and cannot healthily move through their grief process. According to Williams et al. (2012) health functioning is “conceptualized as some level of impairment in role performance in areas such as marital, family, social, or occupational functioning due to impaired physical or mental health.” Examples may include being unable to emotionally connect with loved ones and friends or being unable to complete occupational tasks resulting in reprimand (Bonanno & Kaltman, 2001; Williams, Burke, McDevitt-Murphy, & Neimeyer, 2012). These
impairments may give way to serious mental health consequences for the individuals who are already consumed with immense grief. In order to understand the consequences associated with health functioning impairments, it is imperative to highlight the major mental health complications most commonly seen in combination with grief.

**Major Depressive Disorder (MDD)**

Among the most prominent disorders associated with grief and bereavement is Major Depressive Disorder (MDD) (Wagner, Doering, Helmreich, Lieb, & Tadic, 2012). MDD is anticipated to be the most prevalent cause of disability in the United States, while also being the second cause to the “global burden of disease” (Bryant-Bedell & Waite, 2010). This disorder has been shown to affect 8% of Americans annually and only seems to be increasing in number (American Psychiatric Association, 2013; Corby-Edwards, 2002). Those individuals 18 to 29 years of age are three times more likely to develop MDD, according to the DSM-V (2013). Furthermore, females display 1.5-3 times higher rates of MDD than their male counterparts. For those individuals attempting to cope with their grief, MDD is a serious psychological disorder with longstanding health effects such as impaired brain functioning, disrupted sleep patterns, increased chances of addiction to illicit substances, impaired immune system, and greater susceptibility to heart related diseases (Lewinsohn, 2003; Scogin, 2009).

Major Depressive Disorder is characterized by one or more depressive episodes in which the individual suffers from a depressed mood or has lost interest in activities (American Psychiatric Association, 2013). This must be accompanied by five or more of these symptoms: depressed mood; difficulty sleeping; changes in appetite and weight; psychomotor agitation; fatigue or loss of energy; feelings of worthlessness or guilt; difficulty making decisions or concentrating; loss of pleasure in daily activities; or recurrent thoughts of death or suicide.
MDD has also been shown to precipitate social, occupational, and physical dysfunction. Furthermore, MDD may cause serious cognitive deficits, which reduce the individual’s ability to adaptively cope (Wagner, Doering, Helmreich, Lieb, & Tadić, 2012).

**Posttraumatic Stress Disorder (PTSD)**

Another common disorder stemming from maladaptive grief is Posttraumatic Stress Disorder (PTSD) (Norman, et al., 2011). According to the DSM-5 (2013), the lifetime prevalence rate among Americans is 8.7%. PTSD occurs when there is “exposure to actual or threatened death, serious injury, or sexual violence in one or more of the following ways”: direct experience of the event; witnessing the event; learning the event happened to a family member or friend; or “experiencing repeated or extreme exposure to aversive details of the traumatic event” (American Psychiatric Association 2013). The severity of the symptoms is determined by a number of factors such as: personality, childhood experiences, prior medical and mental illnesses, coping ability, gender, and types of social support (Seides, 2010; Shah, Shah, & Links, 2012). Symptoms may include: intrusive thoughts or memories; flashbacks; distressing dreams; intense distress caused by cues resembling the event; hyperarousal, avoidance of reminders of the event; persistent negative emotions and beliefs of oneself and others; disinterest and detachment; sleep disturbance; and irritable and reckless behavior (American Psychiatric Association, 2013). These symptoms have been shown to decrease overall health functioning of the individual (Goldsmith, Morrison, Vanderwerker, & Prigerson, 2008).

**Prolonged Grief Disorder (PGD)**

Though Prolonged Grief Disorder (PGD)—previously known as complicated grief disorder—is not an official diagnosis in the DSM-5, many scholars believe it warrants attention
and application to the study of grief. It is a debilitating pathological syndrome associated with disruptive yearning, inability to accept the loss, loneliness and detachment, bitterness or anger over the loss, avoidance of reminders of the loss, and difficulties leading a normal life (Boelen, 2013; Goldsmith, Morrison, Vanderwerker, & Prigerson, 2008; Gupta & Bonanno, 2011; Neimeyer, Baldwin, & Gillies, 2006). This syndrome has been characterized by the distress arising from the separation from the loved one (Williams, Burke, McDevitt-Murphy, & Neimeyer, 2012). It has been shown to impair multiple social and occupational aspects of the individual’s life (Goldsmith, Morrison, Vanderwerker, & Prigerson, 2008; Gupta & Bonanno, 2011). Though more often than not appearing with Major Depressive Disorder (MDD), Posttraumatic Stress Disorder (PTSD), and Generalized Anxiety Disorder (GAD), evidence depicts Prolonged Grief Disorder as distinct from the others (Ackerman, 2013; Goldsmith, Morrison, Vanderwerker, & Prigerson, 2008). The health impairments associated with PGD—hypertension, suicidality, depression, hostility, insomnia, early mortality, and drug and alcohol abuse—have been shown to manifest more severely than the previous disorders (Neimeyer, Baldwin, & Gillies, 2006; Williams, Burke, McDevitt-Murphy, & Neimeyer, 2012).

PGD tends to occur when the individual has lost a close loved one such as a parent, child, or spouse or if the loss was of a sudden or violent nature (Goldsmith, Morrison, Vanderwerker, & Prigerson, 2008; Para, 2009). According to Para (2009) there are three main forms of complicated grief—“absent, delayed, or inhibited grief”; “distorted grief”; and “chronic grief”. Individuals experiencing absent, delayed, or inhibited grief tend to not display symptoms of grief until several weeks after the initial loss, and when they do, the symptoms generally are not as intense. On the other hand, distorted grief occurs when the individual shows an excessive amount of a particular emotional response such as sadness or anger. Finally, chronic grief is
when the individual is all but consumed by the loss for years. These individuals remain completely fixated on the loss and react to the loss as if it occurred recently.

**Disenfranchised Grief**

Another variation of maladaptive grief that is not a diagnosis, but rather a social construct that increases the chances of mental health issues arising is disenfranchised grief. This particular type of grief impairment is many times an important factor in the understanding of the grief process of minority cultures that face serious stigma and historical obstacles. According to Doka, (1999) disenfranchised grief is “grief experienced by those who incur a loss that is not, or cannot be, openly acknowledged, publicly mourned or socially supported.” This particular subset of grief is characterized by the societal set of norms or “grieving rules,” which dictate how the grief should be regulated (Doka, 1999; Piazza-Binin, Neimeyer, Burke, McDevitt-Murphy, & Young, 2015). For most individuals, grief includes both social and cultural contexts; therefore, these “grieving rules” place considerable restrictions on how the grievers are to act during their period of grief (Piazza-Binin, Neimeyer, Burke, McDevitt-Murphy, & Young, 2015). Survivors of the loss must adhere to these rules or otherwise be subject to having their grief become delegitimized or unsupported by their social network (Doka, 1999).

There are several factors found to increase the chances of disenfranchised grief occurring. The most common occurs when the individual’s grief is expressed in a manner deemed inconsistent with the rules set forth (Doka, 1999). For instance, if an individual continued to grieve for their lost loved one for a longer duration than what the rules of the society allows, then the individual may be subject to various forms of social reproach. Individuals may also incite disenfranchised grief if the loss of a loved one was violent in nature (i.e. homicide or suicide) (Piazza-Binin, Neimeyer, Burke, McDevitt-Murphy, & Young, 2015). Deaths of this nature
may cause stigma to be associated with the surviving family members, and subsequently cause higher amounts of distress due to the shame and embarrassment felt by the individual survivors (Doka, 1999; Sharpe, 2008). Finally, if the loss was not recognized by society as important or legitimate, the individuals may experience a more profound sense of loss because of the lack of social support (Piazza-Bonin, Neimeyer, Burke, McDevitt-Murphy, & Young, 2015; Lawson, 2014). By placing strict regulations on how an individual is to grieve, these social networks are causing more undue stress and psychological damage to the surviving individuals.

**Socio-Cultural Factors of Grief**

Though progress has been made in regard to establishing a more all-encompassing understanding of grief, there still remains a dearth of scholarly study focusing on how certain cultures grieve and cope—most specifically, African Americans (Gapen, et al., 2011). Rather than a multi-cultural approach, mental health professionals have been implementing a Universalist Framework based on the findings for European Caucasian males (Granek & Peleg-Sagy, 2015). This Universalist Framework pays little regard to the external, socio-cultural factors associated with the different cultures and subcultures; therefore, not allowing the mental health professional to fully comprehend how the minority individuals may react during the grieving process (Granek & Peleg-Sagy, 2015; Laurie & Neimeyer, 2008). Moreover, the framework does not take into account how the various micro-traumas African Americans must face on a daily basis may influence the methods in which they grieve (Granek & Peleg-Sagy, 2015; Seides, 2010). According to Seides (2010, pg.726), micro-traumas are a daily, universal experience for all individuals and include, “minor insults, such as mild chronic history of emotional neglect, humiliation, or inaccurate attribution of blame.” These seemingly innocuous social events gradually accumulate over time to decrease the individual’s self-efficacy and self-esteem.
For African Americans, these micro-traumas are constantly displayed in racist acts (i.e. social exclusion and verbal harassment) and barriers such as disparity in income and housing (Brondolo, Brady ver Halen, Pencille, Beatty, & Contrada, 2009; Rosenblatt & Wallace, 2005). In combination with a major traumatic event, socio-cultural micro-traumas increase the chances of displaying pathological disorders associated with the grieving process by undermining the individual’s health functioning and emotional stability—leading the individual to be more susceptible to maladaptive grieving (Seides, 2010).

**Historical Context**

The African American culture has had a long history of oppression, poverty, and racism that still reverberates today within their grieving process (Rosenblatt & Wallace, 2005). Most notably, the culture’s resilience throughout the centuries has morphed their grieving process into a distinctive one (Boulware & Bui, 2015). Rather than relying on formal supports such as therapy and medication, African Americans turn to more informal supports (i.e. family, religion, and concealing emotions) (Sharpe, 2008). According to Sharpe (2015), this reliance on informal supports can be derived from historical and ancestral heritage. Historically, African Americans were not given proper access to care, and therefore, created their own form of informal mental health care such as the reliance on one another to confide in and the use of religious practices (U.S. Department of Health and Human Services, 2001; Sharpe, 2015). As a part of their culture, African Americans consider their connections to their ancestors as sacred and deeply embedded within their own identities—if their ancestors could persevere in such horrific times, then they certainly could do so today (Ong, Fuller-Rowell, & Burrow, 2009; Sharpe, 2015). From a young age, African Americans are taught how to emotionally navigate the abundant racial tensions in society while maintaining pride in their ancestral heritage (Brown, 2008; Brondolo,
This pride in ancestral heritage provides a buffer, which has been shown to allow more positive mental health outcomes and increases the individual’s self-esteem (Brown, 2008). Likewise, the practice of informal support systems allows these individuals to maintain the connection with their ancestors and serves as a line of defense against the psychological and emotional distress of the loss of a loved one. However, this line of defense can only ameliorate so much of the negative effects of oppression and racism. Moreover, it restricts their use of formal supports and limits their coping strategy choices—further perpetuating their susceptibility to serious mental health illnesses associated with grief.

Likewise, tragic historical events such as Tuskegee, where African Americans were subject to highly unethical treatments in the name of research, serve to amplify this distrust of professional mental health care providers (Sharpe, 2008; Sharpe, Joe, & Taylor, 2012-2013). For these individuals, mistrust of the formal mental health support system is embedded in their social and cultural experiences as well (Ong, Fuller-Rowell, & Burrow, 2009). Many times, these individuals do not believe that the clinicians will be able to fully understand their needs. This has been shown in the issue surrounding the clinician’s inability to understand the idioms with which the African American individual may relay their mental health issues (U.S. Department of Health and Human Services, 2001). Several studies have shown that African Americans tend to be misdiagnosed more often than their Caucasian counterparts and tend to have more adverse side effects from the medications prescribed (U.S. Department of Health and Human Services, 2001). Moreover, multiple studies have shown African Americans felt difficulty when attempting to engage with their counselors and therapists when in the professional setting (Laurie & Neimeyer, 2008; Sharpe, 2008; Sharpe, Joe, & Taylor, 2012-2013). Feelings of being uncomfortable and fear of the mental health care provider having misunderstandings about their
cultural beliefs and practices disallowed the individuals seeking formal support to be able to openly speak to the health care provider about the traumatic event (Sharpe, 2008). Several insisted a need for the mental health care provider to be able to empathize with the bereaved as imperative for the individuals to disclose their emotional turmoil (Sharpe, 2008; Sharpe, Joe, & Taylor, 2012-2013) Until this is achieved, the use of informal supports that may or may not be healthy for the mental wellbeing of African Americans will continue.

Recently, scholars have been advocating for mental health care providers to be advised in the history of African American patients and their reliance on their ancestral heritage in order to give proper care during their grieving process (Ong, Fuller-Rowell, & Burrow, 2009; Sharpe, 2008). With knowledge of the culture’s rich ancestral heritage, greater comprehension of the African American grief process is obtainable. It is also possible that if African Americans felt mental health professionals accepted and understood these principles; they may be more willing to abandon the historical distrust and seek out formal support.

**Socio-Economic Status**

Within the African American history is the prominent issue of barriers to educational and economic resources (U.S. Department of Health and Human Services, 2001). The inability to gain such resources generally leads to the individuals living in low socio-economic communities (Ong, Fuller-Rowell, & Burrow, 2009). Communities that lack social and economic resources have been shown to be breeding grounds for serious psychological and physical health issues (Cutrona, Russell, Hessling, Brown, & Murry, 2000; Gapen, et al., 2011). Recently, research has been directed to examining more closely how the social context surrounding the individual influences his or her mental health. Certain neighborhood and community disadvantages have been shown to have effect on how the individual copes to various life stressors and traumatic

Furthermore, how these individuals perceive their communities and neighborhoods may have adverse effects on their mental well being if the perceptions are of a negative nature (Cutrona, Russell, Hessling, Brown, & Murry, 2000; Gapen, et al., 2011). This is especially so if the individual feels there is a lack of community cohesion (Cutrona, Russell, Hessling, Brown, & Murry, 2000; Gapen, et al., 2011). Disadvantaged individuals living within negatively perceived urban communities have been linked to depression, PTSD, and drug and alcohol abuse, because of the higher risk of traumatic exposure (Gapen, et al., 2001; U.S. Department of Health and Human Services, 2001).

In Gapen et al.’s (2001) study of 584 low socio-economic African Americans living in disadvantaged, urban neighborhoods, community cohesion and perceived neighborhood disorder were shown to mediate the expression and strength of PTSD symptoms. Likewise, Cutrona et al. (2000) examined how community characteristics influenced the mental health of 709 African American women living in low socio-economic status neighborhoods. Negative affectivity was found to be higher within the high-disorder neighborhoods where there was little cohesion. Living within these neighborhoods places residents under considerably higher risk for traumatic experiences and developing a serious mental illness. For those individuals who do experience the traumatic event of a loved one’s death, living in this type of negative environment could have devastating effects on their grief process. African Americans, by nature, are a collectivistic culture; therefore, a lack of connection would most certainly prove to be a detrimental blow to the health of the bereaved (Ackerman, 2013; Ong, Fuller-Rowell, & Burrow, 2009; Sharpe, 2008). The combination of little to no access to formal mental health care supports and the lack
of community cohesion substantially increases the bereaved individual’s susceptibility to falling prey to prolonged and maladaptive grieving (Gapen, et al., 2011).

**Homicide**

Within the United States, violence has become pervasive within communities and individual lives. Of the 14,196 murders committed in the United States in 2013, 44% of these deaths were shown to be African American individuals, despite the fact that African Americans only represent 13.5% of the overall population (Federal Bureau of Investigation, 2013; Gapen, et al. 2011). Although there have been numerous studies focusing on the rates of African American deaths, very little research has examined the methods in which the survivors of the homicide experience the subsequent trauma and progress through the grieving process. More specifically, how these individuals cope on a daily basis after the traumatic event has seen very little attention, and in the few articles that do speak to the population, a universal norm evolving around European Caucasian males is used (Granek & Peleg-Sagy, 2015; U.S. Department of Health and Human Services, 2001). This universal norm is based on the outdated notion that normality is based solely on the individual rather than the external factors such as culture and the social environment (Granek & Peleg-Sagy, 2015). Further perpetuating this narrow focus is the fact that the majority of the previous studies on grief did not consider the affects culture had on minority groups’ grief reactions.

Homicide trauma has been shown to have highly detrimental mental health impact on survivors, such as Prolonged Grief Disorder (PGD), Post-Traumatic Stress Disorder (PTSD), General Anxiety Disorder (GAD), and Major Depressive Disorder (MDD) (McDevitt-Murphy, Neimeyer, Burke, & Williams, 2012; Streets, 1990). Similarly, homicide survivors have been shown to demonstrate longer periods of disbelief of the loss than those who lost loved ones to
natural causes (Ackerman, 2013). This prolonged disbelief is intensified by the suddenness and the senselessness of the event (Sharpe, Osteen, Jacobson Frey, & Michalopoulos, 2014). Once the individual’s belief and meaning making system has been disrupted by the homicide, the grieving process may be problematic and prolonged (Cutrona, Russell, Hessling, Brown, & Murry, 2000; Sharpe, 2008). Goldsmith et al. (2008) found African Americans who identified as homicide survivors were 2.5 times more likely to develop PGD and PTSD than their Caucasian counterparts. McDevitt-Murphy et al. (2011) studied the responses of 54 African Americans on the Beck Depression Inventory, Inventory of Complicated Grief, and PTSD Checklist. Of those individuals, 54.5% displayed high rates for complicated grief (now PGD) with comorbidities of depression and PTSD. Participants who had experienced the loss within two years of the study displayed heightened levels of PTSD, anxiety, and depression as well (McDevitt-Murphy, Neimeyer, Burke, & Williams, 2012). Findings such as these are unsurprising when taken into consideration with the compounding contexts previously discussed.

**Female Gender Stress**

Within the African American culture, single-parent households are becoming more and more prominent. According to the Census (2013), nearly 55% of African American children are raised within these households (Vespa, Lewis, & Kreider, 2013). This epidemic leaves the females to take on both parental roles while also attempting to maintain the household, an occupation, and children (Littlefield, 2004). The multiple demands placed on the female inevitably lead to increased amounts of stress and microtraumas (Lindbald-Goldberg, Dukes, & Lasley, 1988). Moreover, the combination of stresses associated with being not only a minority individual, but also a female increases African American females exposure to oppression and increases the chances of developing stress-related illness (i.e. PTSD, depression, and anxiety) by
diminishing their sense of self-efficacy and health functioning (Greer, 2011; Littlefield, 2004; Perry, Pullen, & Oser, 2012). Further exacerbating the predicament is the cultural gender role expectation that African American females must be the epitome of strength and autonomy while also displaying no form of weakness (Hamilton-Mason, Hall, & Everett, 2009; Littlefield, 2004). This gender role expectation was formed during the time their ancestors were enslaved, and the females were expected to not only be workers, but also to be nurturing caregivers to their families (Littlefield, 2004). It has solidified its place in the current African American culture as a combatant to the persistent media image of the African American woman as “mammy figures”—in which they are shown to be passive and servile (Perry, Pullen, & Oser, 2012). Images such as this in the media have been consistently shown to be highly detrimental to African American women by increasing their vulnerability to discrimination and violence. (Hamilton-Mason, Hall, & Everett, 2009; Perry, Pullen, & Oser, 2012)

Additionally, the multiple role strain allows for African American women to be more susceptible to developing mental illnesses (Ward, Clark, & Heidrich, 2009). Torres (2013) found women were more likely than men to exhibit MDD and double depression (“dysthymia with concurrent MDD”). Likewise, when Ford (2002) assessed 55 African American women for exposure to traumatic events and their subsequent mental illnesses, it was demonstrated that the women had moderate levels of impairment in regard to their daily lives. On average, the women had experienced three or more traumatic events within their lifetimes (Ford, 2002). The likelihood of developing a mental illness and decreased overall health functioning is amplified by the intersection of gender stressors and racism (Greer, 2011). Greer et al.’s 2009 study found significant increased levels of anxiety and obsessive-compulsive symptoms in African American women (Greer, 2011). Perry et al. (2012) found that suicidal tendencies in African American
women were greatly increased in respect to negative life experiences brought on by gendered racism. Furthermore, gendered racism had much greater effects on the women than socio-economic status, their history of substance abuse and mental health, and coping resources. The consequences of witnessing traumatic events and the constant microtraumas within their daily lives take a toll on African American women.

**African American Grief Management**

An overwhelming demand for a more comprehensive understanding of African American grief and coping strategies after homicide trauma has increased substantially in the past decade as it becomes more apparent that the important socio-cultural contexts surrounding their grief have largely been unacknowledged in comparative studies. The issue became more apparent after a comprehensive search was completed within the five major databases: JSTOR, CINAHL, PsycINFO, Medline, and Psychology and Behavioral Sciences (PBS) for articles pertaining to this subject. Upon filtering out the articles that did not fall into the set parameters, a total of 8 articles focused on homicidally bereaved African Americans and how they coped with the traumatic loss (refer to Table 1 in Appendix A). Three of the articles were by a variation of the same authors and used the same sample with different study focuses (Appendix A). Of the thousands of scholarly articles pertaining to grief and bereavement, to have only 8 articles examine African American homicide grief is troublesome. Various articles have shown cultures have different rituals and methods for handling grief; therefore, necessitating the need for mental health care experts understanding these distinctions and developing therapy for the proper care needed.

Several scholars have implemented variations of the theoretical frameworks of the Stress and Coping Theory, Common Sense Model, Meaning Making, and the Afrocentric Psychological
Theory, but as to date, there are no theories based specifically on the socio-cultural context surrounding the homicide trauma and how these individuals grieve and cope (Davis, Williams, & Akinyela, 2010; Folkman, 2010; Folkman, Lazarus, Dunkel-Schetter, DeLongis, & Gruen, 1986; Greer, 2011; Ward, Clark, & Heidrich, 2009). The purpose of the current literature review was to create a theoretical framework specifically tailored to the cultural facets of the African American grieving process. Through application of the complex socio-cultural context within African American culture and building off of aspects from the previously mentioned theories, the newly proposed African American Socio-Cultural Coping theoretical framework postulates an all-encompassing understanding of how African Americans grieve and subsequently choose coping strategies after the traumatic homicide event. By combining the previous knowledge regarding their ancestral traditions and how they influence grieving and coping with the three new socio-cultural contexts of micro-traumas, the nature of homicide, and single-female households, the African American Socio-Cultural Coping theoretical framework attempts to give a more encompassing understanding of why these individuals grieve in their unique manner and how they determine the best coping strategies available. However, in order to fully comprehend the African American process of choosing informal supports to combat grief, it is imperative to distinguish each coping strategy most commonly practiced.

**Informal Supports and Coping Strategies**

**Religion and Spirituality**

One of the most prominent coping strategies globally is the practice of religion and spirituality. According to Bryant-Davis and Wong (2013), nearly 5.8 billion individuals around the world have some form of affiliation with a religion. Throughout the burgeoning amount of research articles pertaining to religion and spirituality, some of the common findings are that the
two decrease risky behavior, increase self-esteem, and act as buffers to stress (Lee & Sharpe, 2007; Neimeyer & Burke, 2011). Likewise, positive religious coping has been shown to decrease the instances of depression, PTSD, and levels of anxiety in trauma survivors, HIV positive individuals, and patients with chronic illnesses (Bryant-Davis & Wong, 2013; Lee & Sharpe, 2007). It has also been positively related to optimistic views of the future and a loss of hopelessness (Wortman & Silver, 1989). Through this coping strategy, individuals attempt to gain meaning of the event, control over the stress, and an intimate relationship with God or another higher power (Neimeyer & Burke, 2011). Within the bereavement literature, it has widely been considered among the most advantageous coping strategies for gaining healthy adjustment after the loss of a loved one (Lee & Sharpe, 2007; Neimeyer & Burke, 2011; Wortman & Silver, 1989).

The most dominant informal support coping strategy employed by African Americans is religion and spirituality (Burke, Neimeyer, & McDevitt-Murphy, 2010; Burke L. A., Neimeyer, McDevitt-Murphy, Ippolito, & Roberts, 2011; Sharpe, 2008). Passed down throughout the generations, religious traditions are a fundamental cornerstone to conquering traumatic situations such as homicide for African Americans (Sharpe, Joe, & Taylor, 2012-2013). Within many of the articles focusing on the religious coping strategies, participants claimed the power of prayer was the most helpful in their coping process (Sharpe & Boyas, 2011; Sharpe, Joe, & Taylor, 2012-2013). Similarly, belief in God or a higher power served to relieve distress and allow the individuals to have a more positive outlook towards the future (Burke, Neimeyer, & McDevitt-Murphy, 2010; Burke L. A., Neimeyer, McDevitt-Murphy, Ippolito, & Roberts, 2011; Sharpe & Boyas, 2011). Moreover, by believing in a higher power, African Americans within the studies were better able to make meaning for the senseless trauma (Sharpe & Boyas, 2011). The ability
to give understanding to the event allows the individual to progress much more smoothly through
the grief process (Park, 2010). Those individuals who are unable to give meaning to the event
have been shown to demonstrate negative religious coping reactions such as rage, frustration,
loss of faith, questioning of the higher power, and despair (Burke L. A., Neimeyer, McDevitt-
Murphy, Ippolito, & Roberts, 2011; Neimeyer & Burke, 2011; Park, 2010). Additionally,
negative religious coping was shown to be associated with deleterious mental health illnesses
such as depression, Prolonged Grief Disorder (PGD), and Post-Traumatic Stress Disorder
(PTSD) (Burke L. A., Neimeyer, McDevitt-Murphy, Ippolito, & Roberts, 2011; Neimeyer &
Burke, 2011). By placing special emphasis on the grieving individual’s spiritual and religious
needs, mental health care providers may be able to negate the negative religious coping and
allow for the individual to maintain a healthy religious relationship.

**Continuing Bonds with the Deceased**

Within the past few decades, there has been a substantial increase in attention given to the
debate over whether or not the continuation of bonds with the deceased is a healthy coping
mechanism for individuals progressing through their grief processes. After multiple reviews and
meta-analyses, consensus on the effectiveness of this strategy has yet to be achieved (Boerner &
Heckhausen, 2003; Stroebe & Schut, 2005). Proponents of the continuation of bonds hold that
the previous positivistic approach gives little to no regard towards the cultural context in which
the grief occurs (Neimeyer, Baldwin, & Gillies, 2006). As previously shown with Klass et al.’s
1996 studies, cultures vary greatly in traditions of grief and mourning—which has goaded
scholars to examine the different sub-groups and their variations of continuing bonds (Boerner &
Heckhausen, 2003). More notably, it has inspired more concentration on how African
Americans implement the continuation of bonds with the deceased in their coping strategies (Stroebe & Schut, 2005).

In combination with religious and spiritual beliefs, the practice of continuing bonds with the deceased is another common coping mechanism African Americans practice (Laurie & Neimeyer, 2008; Sharpe & Boyas, 2011). Though whether or not continued bonds during the grief process in other cultures hinder the process is still being debated, studies have shown this is an adaptive process for African Americans (Boulware & Bui, 2015; Laurie & Neimeyer, 2008). By maintaining a connection with the deceased, the African American individual is able to hold onto hope that they will see the deceased loved one again and progress through their grief in a healthy manner (Boulware & Bui, 2015; Laurie & Neimeyer, 2008). For these individuals, death is not a finite concept, but rather a transition between this life and the next; so, although they have lost the loved one in this life, they will be reunited later on (Laurie & Neimeyer, 2008). African Americans maintain the connections through several varying practices: remembrance of the date of death, having conversations with the deceased, pictures, videos, and dreams (Laurie & Neimeyer, 2008; Sharpe & Boyas, 2011). By maintaining the connection, homicide survivors alleviate the immense distress of the loss (Sharpe & Boyas, 2011).

**Collective Coping**

The amalgamation of mistrust of professional mental health care and the long history of oppression places a reliance on a sense of collectiveness in the African American community for support (Burke L. A., Neimeyer, McDevitt-Murphy, Ippolito, & Roberts, 2011; Neimeyer & Burke, 2011; Sharpe, 2008). Several of the studies focusing on this strategy indicated a version of collective coping as one of the foremost coping strategies employed among participants. This strategy allows for the bereaved individuals to gain strength from both friends and family
members and to likewise give support to others who are bereaved (Sharpe, Joe, & Taylor, 2012-2013). However, there are instances in which this coping strategy may turn maladaptive and cause more undue distress (Hannays-King, Bailey, & Akhtar, 2015; Sharpe, Joe, & Taylor, 2012-2013). Two of the most common instances in which this coping strategy may become deleterious to the individual’s health occur when the individual cannot emotionally connect with others and when they face community shaming. Each individual has different coping methods and after a traumatic event, emotions are generally all consuming—causing each individual to focus on their own grief (Hannays-King, Bailey, & Akhtar, 2015). These facets of grief may cause rifts between family members and friends and wreak havoc on relationships (Neimeyer & Burke, 2011; Sharpe & Boyas, 2011). Bereaved individuals may also lose friendships because friends may not be able to handle the emotional turmoil or not be able to adequately give support (Hannays-King, Bailey, & Akhtar, 2015). Additionally, community members may react negatively towards the amount of time and emotional condition of the bereaved individual (Hannays-King, Bailey, & Akhtar, 2015; Sharpe & Boyas, 2011; Sharpe, Joe, & Taylor, 2012-2013). This in turn, increases the amount of distress for the individual.

Although for many this coping strategy has been helpful in relieving stress, for others it becomes maladaptive and further exacerbates their grief. During the grieving process after homicide, multiple barriers (e.g. stigmas, social norms, other grieving family members) may form and disrupt the grieving individual from adaptively using collective coping. In this instance, the use of formal supports may be able to aid the individual in their grieving process in lieu of this coping strategy. With a more culturally informed intervention practice, mental health care providers may be able to accomplish this task.

Isolation and Avoidance
Many of the studies found that African Americans tend to conceal their emotions pertaining to grief. The bereaved will attempt to isolate their selves in order to evade speaking about the traumatic event (Hannays-King, Bailey, & Akhtar, 2015; Sharpe & Boyas, 2011; Sharpe, Joe, & Taylor, 2012-2013). This purposeful suppression of emotions is highly detrimental to the bereaved individual’s health (Goldsmith, Morrison, Vanderwerker, & Prigerson, 2008; Hannays-King, Bailey, & Akhtar, 2015). Families become broken and disjointed from the members avoiding one another in order to escape reminders of the tragic event (Hannays-King, Bailey, & Akhtar, 2015). Friends and close community members may be lost because the individual fears being misunderstood and thus wrongly judged and shunned (Burke, Neimeyer, & McDevitt-Murphy, 2010; Hannays-King, Bailey, & Akhtar, 2015; Sharpe & Boyas, 2011). Other times the individual simply wishes to not burden friends and family with their grief (Hannays-King, Bailey, & Akhtar, 2015). With no means to release the pent up tension, bereaved African Americans increase the risk of becoming susceptible to grief complications such as Prolonged Grief Disorder, depression, and Posttraumatic Stress Disorder (PTSD) (Goldsmith, Morrison, Vanderwerker, & Prigerson, 2008; Neimeyer & Burke, 2011; Sharpe & Boyas, 2011; Sharpe, 2008).

**Theories**

Several grief-related theories were implemented within the studies found pertaining to African American grief management after homicide loss. The most notable were the Stress and Coping Theory, the Common Sense Model, Meaning Making, and the Afrocentric Psychological Theory. It is essential to address the fundamental aspects of these theories in order to understand how the current literature endeavors to understand African American grief responses to loss. Each theory and model sheds new light on how these individuals choose coping strategies to
alleviate the immense distress of grief. Furthermore, facets of the Stress and Coping Theory and Meaning Making were applied to the currently proposed African American Socio-Cultural Coping theoretical framework. In order to develop a more comprehensive perspective of how African American grief management is studied, one must understand the implications of the theories and how they are applied to this specific culture.

**Stress and Coping Theory**

Lazarus and Folkman’s Stress and Coping Theory is among the most prominently used frameworks for examining coping behaviors and bereavement (Sharpe, 2008). The theory applies the systematic examination of how individuals cope with traumatic and stressful life events (Ackerman, 2013; Sharpe, 2008; Sharpe, 2015). It suggests that when in duress, individuals will use behavioral, mental, and emotional strategies to develop coping mechanisms to combat daily stressors and traumatic events (Ackerman, 2013). Thus, the individual’s evaluation of the traumatic event is the most apt beginning point to study the experience of grief and the coping strategies employed. According to Folkman, (2010) “stress is defined as a situation that is appraised by the individual as personally significant and as having demands that exceed the person’s resources for coping” (pp. 901-902). It is a process by which the individual and the surrounding environment interact (Greer, 2011). In order to understand this interaction, the Stress and Coping Theory focuses on two primary tenets: appraisals and coping (Boulware & Bui, 2015; Folkman, 2010; Sharpe, 2015).

Appraisals are considered to determine how the individual perceives the level of impact from the stressful or traumatic event, and which coping strategies are deemed most appropriate to ameliorate the negative emotions (Folkman, 2010; Sharpe, 2008). There are two types of appraisals that occur during this process. The primary appraisal occurs on the personal level—
the individual makes a conscious evaluation of the event to determine its threat to the individual’s beliefs and values (Folkman, 2010). During the grief process, this is a vital step, which determines what impact the traumatic event will have on both the mental and physical wellbeing of the bereaved individual. Those suffering from homicide loss would most likely appraise the situation as both a harmful loss and a threat to their previously established lifestyles; thus, increasing the need for effective coping strategies and resources. The secondary appraisal ensues once the individual begins the process of evaluating the coping strategies readily available (Greer, 2011; Sharpe, 2008). Together, these appraisals lead the individual to categorize the stressor as either a harmful loss, a challenge, or a threat (Folkman, 2010; Folkman, Lazarus, Dunkel-Schetter, DeLongis & Gruen, 1986). Several varying emotions are elicited during the appraisal process (Ackerman, 2013; Folkman, 2010; Greer, 2011). In many harmful loss appraisals—homicide of a loved one—the emotions of despair and anger are present (Folkman, 2010). Which emotions are displayed depends on the individual’s subjective evaluation of the event (Sharpe, 2008; Folkman, Lazarus, Dunkel-Schetter, DeLongis & Gruen, 1986). This may explain why different individuals may appraise some particular events as more threatening than others (Folkman, 2010).

Coping then refers “to the thoughts and behaviors people use to manage the internal and external demands of stressful events” (Folkman, 2010, p. 902). Three main categories of coping were developed: problem-focused coping, emotion-focused coping, and meaning-focused coping (Folkman, 2010; Sharpe, 2008). These three methods of coping generally work in tandem with one another in that the individual expresses the emotion (emotion-focused), and then begins the decision process (problem-focused) that implements the individual’s values (meaning-focused) (Folkman, 2010). Problem-focused coping revolves around problem solving strategies such as
information attainment, seeking support, and decision development (Ackerman, 2013; Folkman, 2010; Sharpe, 2008). Emotion-focused coping is essentially the expression and regulation of negative emotions through such strategies as psychological disengagement, concealment, seeking emotional support, and verbal restraint (Ackerman, 2013; Folkman, 2010; Folkman, Lazarus, Dunkel-Schetter, DeLongis, & Gruen, 1986; Sharpe, 2008). Conversely, meaning-focused coping addresses the positive emotions that may occur with the negative emotions (Folkman, 2010). Positive emotions allow the individual to assess the stressful events as challenges rather than threats and create a perception of a wider array of coping resources (Folkman, 2010). This particular coping category is perhaps the most important addition to the theory in regards to comprehending how African Americans develop coping strategies after homicide loss. Its importance derives from its core concepts of values and beliefs based on the individual’s past life experiences (Boulware & Bui, 2015; Folkman, 2010). As previously discussed, African Americans are interconnected with their ancestral heritage and therefore, rely on not only their life experiences, but also those of their ancestors (Boulware & Bui, 2015; Laurie & Neimeyer, 2008; Sharpe, 2008). For African Americans, the combination of inner strength, familial support, and religiosity is believed to be positive enough to able to combat any stressful or traumatic event that occurs—since their ancestors survived slavery and oppression in the same manner (Sharpe, 2015). By tuning into their ancestral strength, African Americans believe they are able to implement these positive associations to motivate and sustain coping efforts after the traumatic event (Folkman, 2010; Sharpe, 2015). The predicament that arises from this belief is that African Americans will then tend to ignore the serious mental health issues, which may occur with maladaptive grief because their ancestors were forced to do the same. In today’s society, there are formal support strategies African Americans may use to
combat maladaptive coping, but many regard these coping strategies with severe skepticism or even fear. A more thorough study of this concept may allow future research implementing the theory to develop a more comprehensive understanding of the coping strategies employed by African Americans after the significantly traumatic event of homicide.

**Common Sense Model**

One theoretical framework that has recently been employed to examine how African American women understand mental illness and subsequent treatment is the Common Sense Model (CSM). According to the CSM, individuals actively create representations of their mental health issues based on common sense beliefs (Brandes & Mullan, 2014; Ward, Clark, & Heidrich, 2009). Individual representations result from the common sense beliefs resulting from life experiences, culture, education, and socializing with friends and family (Brandes & Mullan, 2014; Ward, Clark, & Heidrich, 2009). These representations play a vital role in the management of coping strategies and the expectation of both mental and physiological symptoms (Ward, Clark, & Heidrich, 2009).

Though it has not yet been specifically applied to grief studies, it is an important step towards understanding how these women consult with their cultural heritage to cope and move through the grief process after the loss of a loved one. It is especially salient for those individuals who do not progress through their grief in a healthy manner or suffer a serious traumatic event and consequently develop a mental illness such as depression or Posttraumatic Stress Disorder (PTSD) (Hamilton-Mason, Hall, & Everett, 2009; Sharpe, 2015; Ward, Clark, & Heidrich, 2009). For the African American culture, mistrust of formal support and the stigma of mental illnesses are substantial contributors to how they react to their grief and mental illnesses (Sharpe, 2008; Ward, Clark, & Heidrich, 2009). The CSM allows for greater comprehension of
how these beliefs and attitudes towards the mental illnesses associated with maladaptive grief are
developed and sustained (Hamilton-Mason, Hall, & Everett, 2009; Mak, Chong, & Wong, 2014).
Furthermore, it sheds light on how individuals choose coping strategies to combat the illnesses
(Ward, Clark, & Heidrich, 2009).

According to the CSM, the development of the individual’s representations is a two-step
process with both cognitive and emotional aspects (Brandes & Mullan, 2014; Ward, Clark, &
Heidrich, 2009). The cognitive aspect consists of 6 traits: timeline, identity, consequences, cure-
control, causes, and illness coherence (Brandes & Mullan, 2014; Ward, Clark, & Heidrich,
2009). Timeline refers to the representations concerning if the illness is “acute, chronic, or
cyclic” (Ward, Clark, & Heidrich, 2009, p. 4). Identity is the beliefs the individual assigns their
disease and symptoms (Mak, Chong, & Wong, 2014; Ward, Clark, & Heidrich, 2009). Consequences refer to the beliefs concerning the repercussions of the illness (Brandes & Mullan,
2014; Mak, Chong, & Wong, 2014). Cure-control is in regard to how curable and controllable
the illness is (Brandes & Mullan, 2014; Ward, Clark, & Heidrich, 2009). Cause then refers to
the reasons why the illness has occurred (Ward, Clark, & Heidrich, 2009). Illness coherence is
simply the meaning the individual gives to the illness (Brandes & Mullan, 2014; Mak, Chong, &
Wong, 2014). In tandem with cognitive representations, emotional representations are the
emotions elicited from the illness (Brandes & Mullan, 2014; Ward, Clark, & Heidrich, 2009).

Individual representations have also been shown to influence how coping strategies are
developed (Brandes & Mullan, 2014). The individual’s perception of the illness then steers the
decision of which coping strategy will be most efficient (Brandes & Mullan, 2014; Ward, Clark,
& Heidrich, 2009). Those who develop negative representations tend to develop maladaptive
coping mechanisms (Ward, Clark, & Heidrich, 2009). For African American women, the
cultural demand to appear as the strong Black woman may not allow them to perceive the possible health risks and psychological damage stemming from the illness as threatening (Hamilton-Mason, Hall, & Everett, 2009; Ward, Clark, & Heidrich, 2009). In Ward, Clark, and Heidrich’s (2009) study, 15 African American women were interviewed based on the CSM. It was found that the women believed cultural aspects such as racism and oppression were main causes of illnesses such as depression. Cultural norms also played a large role in the beliefs surrounding the symptoms and barriers to seeking mental health services. Fear of being incorrectly diagnosed, being sent to the asylum, and being considered crazy by the community were among the many concerns expressed by the women (Ward, Clark, & Heidrich, 2009). This belief, and others similar to it, are dangerous to the individual’s health and raise a major health concern for ethnic population as a whole (Hamilton-Mason, Hall, & Everett, 2009).

**Meaning Making**

Another theory developed by Park and Folkman that has recently been introduced to the homicide bereavement literature is Meaning Making (Park, 2010). Highly traumatic events such as homicide provoke a myriad of emotions such as rage, resentment, grief, and confusion because of its irrational nature (Armour, 2003; Park, 2010; Stretesky, O'Connor Shelley, Hogan, & Unnithan, 2010). It is during this time that the process of meaning making is vital to the individual’s grief process. In order to attempt to gain understanding of why the current traumatic event occurred, individuals move through the six tenets of the situational meaning making process (Park, 2010). Individuals possess a global meaning, which gives them a cognitive framework to understand experiences (Armour, 2003; Park, 2010; Stretesky, O'Connor Shelley, Hogan, & Unnithan, 2010). These global meanings are defined as schemas developed from life experiences, beliefs, and subjective feelings (Park, 2010). In instances where challenges to the
global meaning become threats, individuals will appraise the issue and give meaning to it (Armour, 2003; Park, 2010). If discrepancies are discovered between the global meaning and the appraisal, the individual may become distressed (Armour, 2003; Stretesky, O'Connor Shelley, Hogan, & Unnithan, 2010). This distress will then goad the individual to begin the process of meaning making—in which the individual will attempt to alleviate the discrepancy and restore meaning (Park, 2010). If the process occurs unhindered, the individual is then able to successfully and healthily progress through the grief of the traumatic event. However, if no resolution is found, serious mental health problems may occur such as prolonged grief, anxiety, and depression (Armour, 2003).

There are four main scheme categories that allow for a greater understanding of the nature of meaning making: automatic and deliberate; assimilation and accommodation; comprehensibility and significance; and cognitive and emotional processing (Armour, 2003; Park, 2010). The process of meaning making is considered to be both an automatic occurrence and deliberate in that individuals actively assess proper coping strategies to apply (Park, 2010). Assimilation occurs when the individual resolves the predicament by changing the situational meaning to coincide with the global meaning, while accommodation is the reverse (Armour, 2003; Park, 2010). Comprehensibility and significance are the processes by which the individual attempts to give sense and value to the event, respectively (Armour, 2003). The final category of emotional and cognitive processing allows the individual to both recognize the emotions emanating from the event and to undergo constant reflection of their appraisals (Park, 2010). Individuals who are unable to properly move through these categories face extensive traumatic stress (Stretesky, O'Connor Shelley, Hogan, & Unnithan, 2010). This is especially so for
individuals who feel they are undergoing disenfranchised grief due to discrepancies in their
global meanings and the community’s norms (Armour, 2003).

**Afrocentric Psychological Theory**

Perhaps one of the most relevant theoretical frameworks regarding grief of African
Americans is the Afrocentric Psychological Theory. The core concept of the Afrocentric
Psychological Theory is that culture is the most applicable lens afforded to scholars to examine
African American coping behaviors and grief perceptions (Davis, Williams , & Akinyela, 2010;
Greer, 2011). The Afrocentric perspective holds that the environment and societal contexts
surrounding the individual leads to the creation and adoption of the culture’s values and beliefs
(Davis, Williams , & Akinyela, 2010; Greer, 2011; Mazama, 2001). In accordance with the
theory, African Americans descended from a long and rich ancestral history, which still
permeates their current economic and social environments and influences the beliefs surrounding
grief. The theory then argues because of this ancestral tradition, grief research requires a more
culturally driven outlook in order to better understand how African Americans grieve and cope.
Rather than an individualistic outlook, Afrocentric Psychological Theory adopts a viewpoint
where the collectivistic nature of African American culture is included (Daly, Jennings , Beckett,
& Leashore , 1995; Greer, 2011; Mazama, 2001). Likewise, this perspective places particular
emphasis on the interconnectedness of the African American community (Daly, Jennings ,
Beckett, & Leashore , 1995; Greer, 2011). Behaviors such as the use of informal supports (i.e.
religious organizations and leaders, and family and friends) for grief and coping strategies are
major facets of this collectivistic and interconnected nature (Daly, Jennings , Beckett, &
Leashore , 1995; Davis, Williams , & Akinyela, 2010). Furthermore, the interconnectedness is
vital to the alleviation of stress and trauma for the individual by allowing the individual to regain
balance and a healthy outlook (Greer, 2011). During a time of immense grief, this interconnectedness is essential for African Americans to be able to progress through their grief work (Davis, Williams, & Akinyela, 2010; Greer, 2011). Proponents of the theory argue that it is imperative researchers and mental health care providers acknowledge the collectivistic and interconnected nature of the African American population in order to create proper intervention programs and therapy sessions to support the healthy progression of grief (Daly, Jennings, Beckett, & Leashore, 1995; Davis, Williams, & Akinyela, 2010; Greer, 2011). Culture has been repeatedly shown to influence how individuals and groups develop these beliefs regarding mental and physical health; therefore, the inclusion of it within health care would allow for the providers to relay information based on the context surrounding the culture and increase the use of formal supports (Davis, Williams, & Akinyela, 2010).

**African American Socio-Cultural Coping Theoretical Framework**

Interlacing aspects from the Stress and Coping Theory and Meaning Making, the author proposes the theoretical framework of African American Socio-Cultural Coping as a new approach to conceptualizing the grieving and coping methods of African Americans after the traumatic event of homicide (Folkman, 2010; Folkman, Lazarus, Dunkel-Schetter, DeLongis, & Gruen, 1986; Park, 2010). The theory posits that as African Americans begin the appraisal process, the socio-cultural factors of ancestral inheritance (operationalized as the oppression, racism, stigmatization of mental health, and mistrust of formal support passed down from previous generations of African Americans), micro-traumas, the nature of homicide, and single-female households play pivotal roles in increasing the risk-factors for developing mental health disorders associated with grief and develop the individuals’ reasoning behind choosing informal supports. Additionally, it proposes these factors influence African Americans’ meaning making
process after the homicide occurs by increasing the chances of discrepancies transpiring between their global meanings and situational meanings—thus causing more undue distress and increasing mental health risks. In order to fully comprehend why these individuals grieve in this collectivistic and interconnected nature, one must recognize how the following foundational socio-cultural factors shape the beliefs and decisions regarding their grief and coping.

**Foundational Constructs of AASCC**

**Historical Culture**

Historically, African Americans faced immense oppression and degradation during their lives, from the harsh realities of slavery to the intense battle forged over the years to ensure their equality as an ethnicity. Even after the Civil Rights movement, these individuals faced considerable and even insurmountable obstacles to formal support and basic life necessities (Gapen, et al., 2011; Sharpe & Boyas, 2011). In order to survive these hardships, African Americans relied on the informal supports of family and community, religion, and self-reliance (Boulware & Bui, 2015). Each one of these supports was passed down the generations through their strong familial ties and community bonds—strengthening African Americans’ reliance on their ancestral inheritance.

**Ancestral Inheritance**

African Americans have repeatedly been shown to be a collectivistic and interconnected culture, because of their strong ancestral traditions. Their current resiliency is born out of the knowledge that their ancestors faced nearly insurmountable oppression, racism, and discrimination and yet still persevered by relying on the community, religion, and inner strength (Boulware & Bui, 2015; Rosenblatt & Wallace, 2005; Sharpe, 2015). In those times, African Americans were not privy to the more formal supports of medication and healthcare, and
therefore, relied solely on these informal support systems (U.S. Department of Health and Human Services, 2001; Sharpe, 2015). For African Americans, this ancestral inheritance is deeply embedded in their individual values and beliefs (Ong, Fuller-Rowell, & Burrow, 2009). Consequently, the reliance on these supports has reverberated throughout the generations and remains a strongly held tradition for modern African Americans.

Moreover, beliefs held by their ancestors regarding mental health and providers of mental health are still a dilemma today. Suspicions of being considered crazy, misunderstood, misdiagnosed, unethically treated in studies, and even being admitted to an asylum, were the constant fears of their ancestors, and unfortunately, feed into the stigma surrounding mental health care today (Ward, Clark, & Heidrich, 2009). In general, African Americans mistrust mental health care providers because of these inherited fears and because they feel the provider would not be able to appreciate their cultural traditions—once again strengthening their reliance on informal supports (Sharpe, Joe, & Taylor, 2012-2013; U.S. Department of Health and Human Services, 2001).

**Contemporary Culture**

**Micro-Traumas**

The micro-traumas associated with racism and inequality (i.e. housing, employment, and education) are unfortunate characteristics within the current African American culture (Seides, 2010). These daily slights gradually accumulate over time to increase negative affectivity in African Americans, while simultaneously decreasing their self-assurance and self-worth (Rosenblatt & Wallace, 2005; Seides, 2010). These two aspects combine to substantially heighten the African American’s levels of perceived stress. Those who are consistently exposed to micro-traumas of this ilk are much more likely to perceive and appraise stressful events as
threatening or harmful, and are therefore, more susceptible to mental health issues (Lindbald-Goldberg & Dukes, 1985; Lindbald-Goldberg, Dukes, & Lasley, 1988; Ong, Fuller-Rowell, & Burrow, 2009).

During the grieving process after the loss of a loved one to homicide, the individual is already vulnerable to poor mental and physical health outcomes; so, the additional stress from these micro-traumas only serves to exacerbate the individual’s susceptibility to displaying pathological disorders associated with a maladaptive grieving process (Ong, Fuller-Rowell, & Burrow, 2009; Seides, 2010). Further enhancing the traumatic effects, these individuals must determine how to grieve the loss of a loved one while simultaneously coping with the daily life stresses associated with being a low socio-economic African American (Cutrona, Russell, Hessling, Brown, & Murry, 2000; Gapen, et al., 2011). The individual’s perception of their low socio-economic status community greatly affects the methods in which individuals cope with daily and traumatic stressors (Gapen, et al., 2011). The limited access to formal supports and other necessities in combination with the negative appraisal of the situation further enhances the reliance on informal supports that may be more readily available.

**Nature of Homicide**

The nature of homicide itself is sudden and irrational—leaving survivors desperate to find meaning in the traumatic event. Without assigning meaning to the loss of a loved one, the homicide survivor is at greater risk for developing mental health issues (Armour, 2003; Stretesky, O'Connor Shelley, Hogan, & Unnithan, 2010). This risk is further aggravated by the stigma associated with homicide in the African American community (Sharpe, 2008; Sharpe, 2015). For instance, many times the homicide is believed to be linked with illegal activities or is regarded through a desensitized viewpoint within the community (Hannays-King, Bailey, &
Akhtar, 2015; Sharpe, 2015). These detrimental community beliefs undermine the individual’s meaning making process by pitting the individual’s newly defined global meaning against the community’s—thus increasing the individual’s susceptibility to disenfranchised grief and maladaptive coping mechanisms (Doka, 1999; Piazza-Bonin, Neimeyer, Burke, McDevitt-Murphy, & Young, 2015).

Another aspect of African American homicide grief that can cause a disturbance in the individual’s meaning making process is the formal homicide investigation. Much like the stigmas within the community, stigmas stemming from individuals working within the criminal justice system regarding African American homicide cases may cause more undue distress during the grieving process (i.e. illegal activity was the cause, the race is violent, and it’s a common occurrence) (Stretesky, O'Connor Shelley, Hogan, & Unnithan, 2010). This is especially so if the case remains unsolved. Many African Americans believe individuals within the criminal justice system regard these types of deaths as normative for the community, and therefore, tend to give less effort to solving the case (Sharpe, 2015; Stretesky, O'Connor Shelley, Hogan, & Unnithan, 2010). Without knowledge of who killed their loved one and the reasons behind the act, individuals will be more likely to appraise the situation as a threat and harmful and subsequently be unable to give meaning to it—once again bolstering their dependence on informal supports and their mistrust of more formal institutions.

**Single-Female Households**

African American females are arguably the backbone of the African American community. These females are taught by their culture to exude strength at all times in order to shoulder the burden of taking care of their families, friends, and households (Greer, 2011; Hamilton-Mason, Hall, & Everett, 2009). To show vulnerability is to display weakness, and
subjects the females to shaming by the community (Perry, Pullen, & Oser, 2012). In part, it is because of these beliefs that females tend to develop more signs of stress and mental health issues (Ford, 2002). A major contributor to this issue is the growing epidemic of single-parent households within the African American culture (55% of African American households) (Lindbald-Goldberg & Dukes, 1985; Vespa, Lewis, & Kreider, 2013). These single-parent households are more often than not managed by the females (29% of African American households)—placing even more stress and responsibility on the already overburdened female (Lindbald-Goldberg, Dukes, & Lasley, 1988; Perry, Pullen, & Oser, 2012; Vespa, Lewis, & Kreider, 2013).

Furthermore, it increases the likelihood of micro-traumas occurring within these females’ lives since they are forced to not only take on both parental roles, but also take care of the children and other family members, the running of the household, and ensuring their occupations supply enough profit to maintain their lives (Hamilton-Mason, Hall, & Everett, 2009; Seides, 2010). The increased exposure to micro-traumas and other sources of stress is amplified by the adverse effects of being both a female and an ethnic minority (Greer, 2011; Perry, Pullen, & Oser, 2012). The intersection of these adverse effects creates a heightened likelihood for females to develop mental health issues (Hamilton-Mason, Hall, & Everett, 2009; Perry, Pullen, & Oser, 2012).

However, because they have been taught to not display weaknesses, many of these females will minimize or downplay their illnesses in order to maintain appearances as the strong Black woman (Hamilton-Mason, Hall, & Everett, 2009; Ward, Clark, & Heidrich, 2009). To make use of formal supports would most certainly be considered a display of weakness, and therefore, is not an option in these females’ minds. African American females must figure out
how to grieve and cope within the context of their societal and cultural norms while also trying to accomplish it in a healthy manner. Homicide, with its stigmas, makes this increasingly difficult and places considerable stress on the female. In order to find some kind of solace for their loss, these individuals turn to the traditional informal supports to be able to comply with their roles determined by their culture.

Theoretical Framework

Through the addition of the socio-cultural aspects within the newly proposed concept of contemporary culture, the African American Socio-Cultural Coping Theory expands the scope of understanding regarding how African Americans manage their grief. The addition of the effects of micro-traumas, the nature of homicide, and the surge of single-female households sheds further light on the reasoning behind African Americans’ choices of informal support strategies. Although their historical culture has repeatedly been shown to play a vital role in decision-making after the grief ensues, their subjective evaluation of their contemporary culture has not seen as much focus. The author argues contemporary culture is also important to acknowledge as it bolsters the African Americans’ reliance on ancestral traditions. The micro-traumas of racial disparity and racial slurs in combination with being a low socio-economic minority create barriers to formal supports for their grief. Likewise, the very nature of homicide creates a chaotic atmosphere full of stigma and distress in which the individual must navigate in order to find meaning in the horrific event. Finally, as an African American female, the traumatic event is further exacerbated by the fact that they are forced to maintain their gender role expectations in order to avoid feeling disenfranchised and shamed by the community. This expansion allows researchers within the field of grief and bereavement to gain a broader understanding of why this ethnic group continues to cope in their unique manner.
While the concept of historical culture lays the foundation for the traditional beliefs and values regarding grief management through coping strategies and informal supports, the contemporary culture components increase their stress and chances of developing mental health disorders associated with a maladaptive grieving process, while also fortifying the previously existing barriers to formal supports. Once the individual appraises the situation as a threat and harmful, they base their decisions on the combination of these cultural concepts, which feeds into their overall mistrust of the mental health care system—thus influencing African Americans to choose more informal supports. Therein lies the predicament that these individuals have already been shown to be more susceptible to developing mental health disorders, and the informal supports commonly used may not always be beneficial. Without proper intervention that is equipped to handle the symptoms, these mental health disorders can wreak serious havoc on the individual’s physical and mental health and may even become life threatening.

According to the AASCC, once the grief process begins after the loss, African Americans base their appraisals of the situation and the decisions regarding coping strategies on a combination of their historical and contemporary cultures. Historical culture (operationalized as a set of beliefs and values passed down from African American ancestors regarding self-reliance, family and community support, and religion in order to overcome racial discrimination) is derived from the ancestral inheritance of oppression, stigmatization of mental health, racism, and a mistrust of formal support from mental health care providers. Contemporary culture (operationalized as a set of beliefs and values formed from the additional hardships and obstacles African Americans face in the current century that increase the reliance on informal supports) is then resultant of the present-day micro-traumas (i.e. racial acts, inequality, and socio-economic status), the nature of homicide, and the epidemic of single, female-driven households.
In combination, African Americans’ historical culture and contemporary culture influence how each individual perceives and reacts to their grief, and subsequently decides the most adequate informal coping strategy. For instance, after the traumatic event of homicide occurs, the African American individual will seek support in order to emotionally and psychologically cope with his or her grief and distress. Prior to choosing an appropriate coping strategy, the individual will assess the choices through the lens of their historical culture, while also taking in their subjective evaluation of their current personal hardships (contemporary culture). In tandem, these two cultural aspects will aid the individual in determining the informal coping strategy that will allow the individual to not only manage their grief, but also remain within the social norms of the African American culture.

By combining the previously established historical context with the newly proposed construct of contemporary culture within the study of homicide grief, the current framework creates a new, succinct perspective of understanding African American grief management. Previously, these constructs were treated as separate entities and were studied in the same manner. The combination allows for a broader perspective of why African Americans still remain steadfast in their decisions to rely on informal supports while being skeptical of more formal support systems. Furthermore, it places specific emphasis on how African American females determine the best applicable coping strategy. Arguably, these women are essential to the African American interconnected nature and informal support system as the matriarchal influence; and therefore, deserve to be more closely examined. Placing specific emphasis on these aspects and how they interact and influence how African American females manage their grief after homicide loss may allow mental health care providers to establish more culturally relevant practices. For instance, the implementation of religious references and church
institutions may allow the individuals to feel more secure and accepting of the clinician, and in turn, may allow them to divulge their emotional distress. Likewise, awareness of how the combination of micro-traumas and the stresses of being both a minority and a female would allow the mental health care provider to determine the most adequate therapy approaches that incorporate methods in which to combat these issues.

**Conclusion**

The dearth of scholarly research regarding African American grief management and coping strategies is an evident demand for a more culturally relevant understanding of this phenomenon. As violence pervades these disadvantaged communities, the need for more understanding intervention techniques by mental health care providers becomes apparent. The increased probability of experiencing a traumatic event such as homicide paired with the numerous socio-cultural stressors in African Americans’ lives raises concerns regarding how these individuals cope with the adverse effects. Barriers to formal support systems disallow these individuals from seeking the proper care needed in the event of the development of a mental health disorder—forcing them to rely on informal supports. Though these informal supports have been shown to be successful coping strategies for most African Americans, there are times in which these supports cause more harm than good. Moreover, the current formal supports made available to these individuals are not culturally relevant and rely primarily on the Eurocentric perspective of grief—thus not allowing an empathetic relationship to emerge between the grieving individual and the clinician. Through a more culturally informed perspective, it is possible to create therapy and intervention techniques tailored to how these individuals cope and manage their grief—lessening their susceptibility to these disorders. Furthermore, with more empathetic and knowledgeable mental health care providers, there is a
greater chance these African American individuals will feel more comfortable using the formal supports and therefore, reduce the mistrust in general. One possible avenue in which this may be accomplished is to create an at-home community based counseling approach that would entail the mental health care provider making home visits to alleviate some of the stresses of going to a formal setting. This approach may enable the busy and overwhelmed females to be able to use the formal support of therapy as it remedies the predicament of having to find time to make it to the mental health care facility. It would also create a more informal and comfortable atmosphere for the grieving individual to feel more at ease and divulge their emotional trauma. Similarly, knowing that African Americans rely on religious traditions when grieving, it would be a major contribution to orchestrate classes for religious leaders and similar organizations to be aware of the signs of maladaptive grieving and mental health illnesses. By developing a relationship between the religious leaders and mental health care experts, there may be a greater chance of African American individuals associating formal support as less stigmatized.

**Limitations**

There are limitations to the currently proposed theoretical framework. It is possible that there are other major socio-cultural components that were not emphasized within the framework that influence how these individuals grieve. However, as more studies are conducted on this particular subject, those possible components may be later added to bolster the findings and develop even broader frameworks to better understand this phenomenon. It is also possible that some, but not all of the components may influence how the individual grieves after homicide loss. Testing to see how much each component contributes to the individual’s coping strategy decision would allow the researchers to determine how the framework may be adjusted.

Likewise, the components of the framework are subjective in nature as they influence each
individual differently. Proper precautions must be taken when examining the components with each participant. This is especially so if the study is of a qualitative nature and requires the use of retrospective interviews. It is also possible that these components may not be generalizable to the entire African American population. Further testing determining how different socio-economic classes, age ranges, religious and spiritual affiliations, and geographical variations influence the various sub-populations of African Americans may be able to remedy this issue.

There are also limitations to the proposed changes in mental health practice for African Americans. Though home counseling may increase the chances of the use of formal support, it is costly for both parties and may cause social stigma to be placed on the individual if the community notices the mental health counselor in the home. It is the hope that with more studies on the subject and more awareness of the public health concern, funding will be provided to develop a system such as this. Furthermore, if such a system were to become more commonplace within these communities, the social stigma may be reduced in time. Similarly, there is the possibility that the association between the leaders of the church and mental health care experts would cause a rift between the grieving individuals and the church—which may cause more undue stress and remove yet another support system. Again though, with time and proper care and patience, the stigma and skepticism may decrease and allow the individuals to use this newly strengthened coping strategy.

Implications

The proposed theoretical framework adds to the current literature by expanding the scope of socio-cultural factors involved in African American grieving. Though there appears to be many frameworks for addressing African American grief in general, there are no theoretical frameworks pertaining specifically to African American grief management after homicide until
the current theoretical framework was proposed. Moreover, there are only a handful of studies incorporating the socio-cultural components of homicide, micro-traumas, and single female households. Each of these components has been shown separately to have various deleterious effects on African Americans (Seides, 2010; Sharpe, 2015; Ward, Clark, & Heidrich, 2009). However, it is the integration of these components that influences how these individuals manage their grief. The current theoretical framework argues that the complex combination of these factors serve to strengthen the barriers to formal support that are already in place from their ancestral heritage.

Future research implementing the African American Socio-Cultural Coping Theory should endeavor to focus more closely on how these socio-cultural concepts influence grief management. One possible method to consider would be to use a mixed measures longitudinal study. The use of a semi-structured, open-ended interview pertaining to the event and how the individual is grieving over several sessions (6 months, 12 months, 24 months, etc.) along with questionnaires concerning the state of the individual’s mental health and perception of social support may be able to give a more detailed description of how African Americans progress through their appraisal and decision making processes. Likewise, future studies should examine more closely how the three components of contemporary culture interact with one another and with the historical culture during the grieving process and in turn, influence the African Americans’ decision making. Moreover, future research focusing on how African Americans grieve after homicide is sorely needed in order to understand how this specific trauma impacts the coping choices available and the overall wellbeing of the individual. Comparative studies on homicide survivors from various ethnicities may be able to shed light on this subject.
From this new conceptualization of African American grief, scholars may be better able to comprehend how and why these individuals choose informal supports in place of formal supports when grieving the loss of a loved one. Furthermore, with more research, the framework may aid in the creation of a more culturally informed mental health care for African Americans. The incorporation of the common coping strategies used by African Americans in therapeutic practices may create a more empathetic atmosphere within these formal settings, and thus allow the mental health care provider to build a rapport with the bereaved. In time, it could lead to the dissipation of some of the barriers to formal support. This, however, can only be accomplished with further research delving into the multiple socio-cultural contexts surrounding African American grief management. Future research testing the validity and reliability of the proposed framework should attempt to incorporate as many of these contexts as possible in order to better understand these individual’s coping strategy choices.
REFERENCES


### Appendix A.

Table 1

*Studies Focused on Homicidally Bereaved African Americans & Coping Strategies (N =8)*

<table>
<thead>
<tr>
<th>References</th>
<th>Year</th>
<th>Study Design</th>
<th>Sample Characteristics</th>
<th>Coping Strategies</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laurie &amp; Neimeyer</td>
<td>2008</td>
<td>Quantitative</td>
<td>1,581 Bereaved college students (641 African American) (75% Female)</td>
<td>Continuing Bonds</td>
<td>African Americans were more likely to lose a loved one to homicide, have continuing bonds, have higher levels of grief for extended family members than Caucasi, and less likely to use formal support.</td>
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<tr>
<td>Sharpe</td>
<td>2008</td>
<td>Qualitative</td>
<td>5 African American homicide survivors</td>
<td>Informal Support &amp; Formal Support</td>
<td>African Americans found the most solace in informal support such as family and friends, but also used more formal supports of church and historically black universities. There was also indication of mistrust in clinical support.</td>
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<tr>
<td>Study Authors</td>
<td>Year</td>
<td>Methodology</td>
<td>Sample Description</td>
<td>Findings</td>
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<tr>
<td>Burke, Neimeyer, McDevitt-Murphy</td>
<td>2010</td>
<td>Quantitative Questionnaires</td>
<td>54 Homicidally bereaved African Americans from a faith-based organization (88.9% Female)</td>
<td>Social Support: African Americans had fewer negative social relationships, but had higher levels of psychological distress.</td>
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<tr>
<td>Burke, Neimeyer, McDevitt-Murphy, Ippolito, &amp; Roberts</td>
<td>2011</td>
<td>Quantitative Questionnaires</td>
<td>46 Homicidally bereaved African Americans from a faith-based organization (89% Female)</td>
<td>Spiritual Coping: Positive spiritual coping displayed no relation to distress while negative spiritual coping did. Complicated Grief was found to predict negative spiritual coping.</td>
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<tr>
<td>Sharpe &amp; Boyas</td>
<td>2011</td>
<td>Qualitative Interviews</td>
<td>8 African American survivors of homicide</td>
<td>Spiritual coping, Continuing Bonds, Collective Coping, Concealment: African Americans turn to informal support most often within the four themes of: Spiritual coping, Continuing Bonds, Collective Coping, and Concealment</td>
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Table 1. Continued

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<th>Study Authors and Years</th>
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<th>Methodology</th>
<th>Sample Characteristics</th>
<th>Main Findings</th>
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<tr>
<td>Sharpe, Joe, &amp; Taylor 2012-2013</td>
<td>Qualitative Interviews (Phenomenological Method)</td>
<td>12 African American surviving family members (25% Female)</td>
<td>Group &amp; Individual Support, Substance Abuse, Spiritual Coping, Avoidance &amp; Distancing from Family</td>
<td>Three main domains were established: Coping Strategies of Survivors, Survivor Service Needs, and Survivor Response Reactions.</td>
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<tr>
<td>Sharpe, Osteen, Frey, &amp; Michalopoulos 2014</td>
<td>Quantitative Questionnaires</td>
<td>44 African American family members of homicide victims (59% Female)</td>
<td>Collective-Centered Coping, Cognitive Emotional Debriefing, Ritual-Centered Coping, Spiritual Centered Coping</td>
<td>Female homicide survivors displayed higher grief results overall. Those displaying higher levels of current grief also had higher levels of PTSD symptoms.</td>
</tr>
<tr>
<td>Hannays-King, Bailey, &amp; Akhtar 2015</td>
<td>Qualitative Interviews (Grounded Theory)</td>
<td>10 African American mothers who lost children as a result of homicide</td>
<td>Family support, Social support, Withdrawal from Social Support</td>
<td>The women indicated a lack of a support system, which lead to their grief becoming disenfranchised.</td>
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