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## **A case and field study of the attitudes and perceptions among elderly Mexican American women on death, dying and mourning behavior**

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A CASE AND FIELD STUDY OF THE ATTITUDES AND PERCEPTIONS  
AMONG ELDERLY MEXICAN AMERICAN WOMEN  
ON DEATH, DYING, AND MOURNING BEHAVIOR



A PROJECT  
PRESENTED TO  
THE SCHOOL OF SOCIAL WORK  
OF  
SAN JOSE STATE UNIVERSITY

In partial fulfillment  
of the requirements for the degree  
MASTER OF SOCIAL WORK

by

VIRGINIA CONTRERAS

May, 1988

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A Case and field study of  
the attitudes and

SAN JOSE STATE UNIVERSITY  
SCHOOL OF SOCIAL WORK

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TABLE OF CONTENTS

	Page
ACKNOWLEDGEMENTS .....	ii
CHAPTER	
I. INTRODUCTION .....	1
II. REVIEW OF THE LITERATURE	
A. Views and Characteristics of Death .....	5
B. Death and Ethnicity .....	10
C. Grief/Mourning .....	15
III. RESEARCH METHODOLOGY .....	23
IV. DATA COLLECTION AND ANALYSIS	
A. Interview Summaries .....	25
B. Analysis of the Interviews .....	45
V. CONCLUSIONS AND RECOMMENDATIONS .....	51
REFERENCES .....	56
APPENDIX A .....	60
APPENDIX B .....	62
APPENDIX C .....	64

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## CHAPTER I

## INTRODUCTION

Much has been written, particularly during the past thirty years, on the human experience of death and dying. Elizabeth Kubler-Ross' On Death and Dying (1969) suggested a number of stages through which a dying person passes prior to achieving acceptance of inevitable death. Her book sparked a new wave of interest on the subject, (and in some circles it became socially acceptable to discuss death.) (Today death continues to be greatly feared in American society; yet death is seen by some cultures (ie: Mexican, Japanese) as a celebration of life (Kalish and Reynolds, 1976, p.133).)

For those members of American society who are descendants or immigrants from Mexico, death of loved ones may be celebrated annually on "El Dia de los Santos" (All Saints Day), November 1; and "El Dia de los Muertos" (All Souls Day), November 2. (On these official Catholic holy days, families may honor their dead relatives by preparing an altar at home filled with gifts for the dead loved one.) (In some parts of Mexico, the church priest leads a procession from the church to the cemetery where he blesses the graves of deceased relatives and friends.)

While a vast literary interest has been shown in "**Las Días de los Muertos**" (The Days of the Dead), (Brodman, 1976; Green,

1980; Hernandez and Hernandez, 1979; Kelly, 1974; Leal, 1983; Moore, 1980; etc.); very few studies have addressed the Mexican American's attitudes and perceptions on death and dying. In addition, a review of the literature revealed no studies have been conducted to date on elderly Mexican American or Hispanic women and death and dying. It is the intent of this study to examine the attitudes and perceptions among older Mexican American women on death, dying and mourning behavior. Of particular interest is the conflict that may exist between traditional cultural values surrounding mourning behavior following the loss of a family member, and personal values which may have changed over time due to acculturation. Acculturation, according to Becerra and Shaw (1984), is a complex process which can affect the psychological well being of the older Hispanic.

The 1981 White House Conference on Aging, revealed a shift in the traditional structure of the Hispanic extended family. Reports document that less than 10% of elderly Hispanics are living in extended families. Although the majority of these elderly Hispanics are now living in urban cities, they grew up in rural communities where the expectation was to live with family in their old age. Kastenbaum (1979), contends that ethnicity and the age of a person can have distinct implications for interpretation of illness, orientation toward dying and death, and the type of personal, social, and symbolic resources available to cope with the challenges.

The purpose of this study is to gain: 1) Increased knowledge of major concerns of the older Mexican American woman

who has experienced the loss of a family member, and 2) Identification of specific needs during their transition to family equilibrium. The definition of family will include extended family members, close friendships, and significant others. Several of these needs and concerns may be revealed through questions this study hopes to answer, such as: 1) Are there common beliefs among members of this study toward the length of mourning for family members and does this differ depending on their relationship to the deceased? ie: mother, husband, child, etc., 2) Is the response to death different if the death was expected or if it occurred without warning?, and 3) Do older Mexican American women, following the loss of a family member, maintain the same image of themselves as before the death occurred? A hypothesis of this study is: The conflict between personal and traditional cultural values surrounding mourning behavior following the loss of spouse, has resulted in a prolonged grieving process for the elderly Mexican American widow.



## CHAPTER II

### REVIEW OF THE LITERATURE

There is no literature to date on the specific topic of elderly Mexican American or Hispanic women and death and dying. Several books have been written on the Mexican American's culture, and some work has been conducted on their health practices and beliefs. While some authors (ie: Octavio Paz, 1961), have written about the Mexican's relationship with death; very little attention has been given to the grieving process following a loss of a family member. As a result, review of the literature is on the Mexican American population and death, with particular emphasis on the woman. In addition, since there is a paucity of this material, the review will also include literature in the related areas of death and bereavement. The review focuses on the following areas: A. Views and Characteristics of Death; B. Death and Ethnicity; and C. Grief/Mourning.

Skansie (1985) in her study of rural Hispanics of New Mexico, used the term Spanish-American in a generic sense. Skansie (p. 28) explains, "Frequently such terms as Hispanos, Spanish American, Mexican American, Mexican or Chicano are associated with the Spanish-speaking peoples of the Southwest. In a very general sense these naming terms of differences have to do with the ease of association and are commonly discussed in

such terms if they are discussed at all." For purposes of clarity, all references from Skansie will be Mexican American except where the author is quoted.

#### A. Views and Characteristics of Death

Death for the Mexican American has traditionally been an integral part of their culture. (In all romance languages death is addressed in the feminine form, **La Muerte**.) She is seen symbolically dressed in black--a cultural symbol of death. In Skansie's study of rural Mexican Americans, the following explanations were provided in response to the question: (Why is death symbolized as a woman?) Some of the subjects responded as follows: (Because it was a woman that sinned first.) It was Eve that first went against God. (Death is something that is unpredictable.) You never know how, when, or where you are going to die. (Women, too, are unpredictable and maybe that's why we see death as La Muerte.) (Skansie, p. 36). Bloch (1982, p. 226) offers another perspective. (He writes, "...funerary ceremonies are often linked with fertility.... The fertility of life which is reaffirmed in funerary practices." He continued to explain that women play a dominant role in mourning practices all over the world.) (This may also account for the feminine symbol of death seen in the Mexican culture.)

(From eighty-one interviews Skansie conducted, 70-86% interpreted death as something that "happens" to you.) (The majority believed it is God's will. They also believed that both death and dying is more than something that happens. It is an experience for the survivor as well. The survivor may experience

sadness, mourning, grief, and loss. (Death was also seen as both beautiful and horrible, and there was a common belief in heaven as a reward or hell as final judgement.) Therefore, death can be seen as something to fear. ) Some reported, "fear is probably attributed to lack of faith." ) (Skansie, p. 48).

A variety of statements describing the characteristics of individuals who fear death were drawn from Skansie's study. She summarizes, "People fear death for the following reasons: (1) what may happen to their physical being or material belongings; (2) fear of the unknown; (3) those who have not experienced pain or sorrow in life; (4) those who have not lived a good life; and, (4) those who have little or no faith." (Skansie, p. 49). The incorporation of religious beliefs and the idea of God's will are significant factors in the final explanations offered. Many elderly view death as something beautiful. [Skansie's study revealed many elderly who viewed death as beautiful, included *yes* notions of an afterlife.]

(Primary beliefs among Mexican Americans concerning death and dying are strongly connected to the religious doctrine handed down by the Roman Catholic Church. ) (Not all Hispanics are Catholic; yet the Catholic Church has historically played a major role and influence among Mexican and Mexican Americans.)

According to Moore (1980), some ten percent of the Mexican American population is not Catholic at all, but Protestant. The Roman Catholic Church has provided however, "...a fundamental set of beliefs and has established guidelines for appropriate and inappropriate behavior. ) Because of this there is evidence that

the cultural agreement on religious beliefs frequently encourages or attempts to block change or adaption." (Skansie, p. 56). This "blocking" mostly relates to any inclusion of religio-philosophical beliefs an individual may choose to adopt.

↳ The ultimate belief among Mexican Americans is that the ultimate cause of death is God's will. ]

↳ The Catholic Church, eager to convert the Indians of Mexico, incorporated many Indian customs, ie: the burning of incense, flowers, and candles into the Catholic rites on Los Dias de los Muertos (The Days of the Dead). Much has been written on these official Catholic holy days, (Brodman, 1976; Green, 1980; Hernandez and Hernandez, 1979; Kelly, 1974; Leal, 1983; Moore, 1980), which take place on November first and second. ↳ November first was established in 834 A.D. as "All Saints' Day" by Pope Gregory IV as a day to honor all saints. ↳ Traditionally in Mexico children, who die, because they have died at a young age, are seen as angels. ↳ Hence, they too are remembered on this day.

↳ November second is "All Souls Day", and was established in the Roman calendar by the fourteenth century. ↳ It was a day established for recognition of all the "faithfully" departed. ↳ (On this day three Requiem Masses are said by the clergy to assist the souls from purgatory to heaven (Green, 1980).) ↳ Families honor their dead relatives by preparing an altar at home filled with gifts for the dead loved one(s). ↳ (These altars also include (traditionally) the yellow marigold "zempasuehitl", the traditional pre-Columbian flower of the dead (Hernandez and Hernandez).) ↳ In some parts of Mexico the priest leads a

procession from the church to the cemetery where he blesses the graves of deceased relatives and friends. (Although this day is recognized and celebrated by the Catholic Church, traditional services and symbols of these holy days have faded from the Mexican American community (Kalish and Reynolds, 1976).)

[Studies conducted by Ruth Martinez in 1942, and Marilyn Montenegro in 1976, provide research which supports the move away from traditional religious patterns by younger Mexican Americans.] (This move can be seen as acculturation to the general trend of American life.) Acculturation, according to Becerra and Shaw (1984), "is a complex process involving two distinct dimensions: adoption of the host society's behavioral norms, and adoption of the host culture's value orientation. Both of these aspects affect the psychological well-being of older Hispanics."

(While religious practices may change, beliefs about death are perhaps less likely to do so. From Skansie's study, which began in 1972, a comprehensive view of death was revealed. (One belief is "susto"; that is, the belief that death can kill. The belief in susto was reported to be strongest among the very old Mexican American, and may occur in the following circumstances:

(1) "Death when it occurs initially in a community may initiate a series of other deaths, usually three; (2) intense and prolonged grieving by the survivors; and, (3) thinking "too much" about someone's death, which if it does not result in death directly will lead to mental illness." (Skansie, p.77).

(A second belief is that death cannot be prevented. Even the

medical profession with all its elaborate technology is not believed to be capable of postponing death. Skansie (p.81) writes, "Only God has the power to determine the time of death as well as the place and manner."

Another view is the "conocimiento" (knowing) of death. All of the persons in Skansie's study reported that no personal knowledge of death is possible, unless one experiences another's death.

Common to both Anglos and Mexican Americans is the problem of whom, when, and why to tell someone they are dying. The majority of respondents in Skansie's study stated they would want to know if they had a terminal illness; but ironically, many stated that they would never tell someone who was dying that s/he was dying. The rationale was that it would cause the person to die sooner (Skansie, 1985).

A study of Mexican Americans living in Los Angeles, California, conducted by Kalish and Reynolds (1976) revealed: (1) that a dying person should not be told of his impending death because it is harder on him and on others; (2) that they could not tell someone he is about to die; and, (3) that they did not want children under age ten to visit them on their death bed or attend their funeral.

Parry (1988), points out the difficulties many terminally ill persons have discussing death with their families. She states that family members will usually avoid discussing the seriousness and final outcome of a terminal illness. In regards to the patients's knowledge of death, she writes: "Patients

always know, but since denial is a healthy defense, frequently it serves to allow patients to talk about their illness in terms of gallbladder problems or in terms of whatever is possible for them." (p.106).

Many Mexican Americans believe that people know (somehow) that they are going to die. In Skansie's study many informants cited incidents where a family member stated they were going to die and did. Others reported a "knowing" that someone had died without being told. Explanations given were related to some phenomena suddenly occurring, ie: "dog crying", "feet being pulled", or "an unusual rustling sound". [Margaret Clark (1970), in her study of the Mayfair colonia approximately thirty years ago, discussed a common belief in Mexico that certain birds (black hen or an owl) can be a symbol and a warning of an imminent death. In Kalish and Reynolds' study, 54% of Mexican American respondents reported that they had "experienced" or "felt the presence of someone after he died." ]

[ There is a common belief among most Mexican Americans in a heaven. To ensure that one will ascend to heaven, Mexican Americans believe that one should be prepared for death at any time. The only way to prepare is to believe in God and live a good life (Skansie, 1985). ]

## **B. Death and Ethnicity**

As modern technology has advanced in the U.S., so has the lifespan of it's population. Albeit shorter for Mexican Americans (1980 U.S.census), many can expect to live well beyond

retirement age. This period of time beyond retirement and/or retirement age, and the inevitability of death, allows much time for contemplation. Swenson (1959), in a study of geriatric persons posed many questions surrounding death. One most relevant to this study is: Do geriatric individuals all have the same ideas concerning death? And, how do they deal with them?

(A study was conducted in Los Angeles, California, by Arturo Fierro (1980) among Mexican American and Anglo American college students to determine whether there was a greater concern for death among Mexican Americans.) The subjects were administered the Death Concern Scale (Dickstein, 1972), and a modified version of the Adjective Check List (Gough and Heilbrun, 1965). (Analysis of the scores indicated that Mexican Americans are more concerned with death than Anglos, and in both groups a trend for females to have higher death concern scores was observed.) [Even though the group studied was Mexican American, attitudes and orientations of college students can be quite different from those of their elderly counterparts.] This has to do with the number of years a person lived in Mexico and/or how deeply cultural values are linked to those of Mexico. *true*

Kalish and Reynolds' study mentioned earlier, revealed one-third of the respondents felt that the bereaved person should feel free to marry within six months of the death, return to work within one week of the death, and could start dating within a month after the death. Although this study was conducted among persons over age twenty and with a higher proportion of older persons, these results seem unrealistic. Some studies have been *eg. my mother was concerned in her 70s but now no more*



conducted among minorities on death, aging, etc. (ie: Kalish and Reynolds; Fierro), but why? Is it important?

Kastenbaum (1979) raises this question as it relates to death and ethnicity. He cited examples of medical decisions which would have an affect on life or death, and asked whether ethnicity influences thoughts, feelings, and actions in the same way and to the same extent throughout the lifespan: If so, does it matter? [ Kastenbaum provided a case discussion of an elderly woman who chose to die rather than have surgery which would have prolonged her life. To gain understanding of such decisions, it is important to understand the individual's ethnic beliefs that may influence such decisions. ) It is important particularly as many elderly find themselves, during the final stages of life, in death related situations. Often the Mexican American elderly are found in hospitals, clinics, and nursing homes where the majority of medical staff do not share the same ethnic orientations. The results may be that complaints and specific needs of an ethnic minority, within a particular nursing home, will be ignored by staff who identify with the ethnic majority. Kastenbaum (p.88) writes, "As an old Russian Jew and an old Italian Catholic face death, each may have deeply carved pathways for the flow of thoughts and feelings, clear guidelines for what should and should not be done, clear standards for determining what has been laudable and what has been deficient in their lives." As an understanding of ethnic beliefs is important, it is equally as important to recognize the level of acculturation of the individual.

Acculturation, mentioned earlier as a "process", will have an affect on how individuals interpret their needs. Every cohort of old people today represents a different time-slice of ethnicity and acculturation. In general, it can be expected that the oldest of the old will also be the more ethnically saturated. Accordingly, their orientation toward dying, death, and bereavement must be understood with clear reference to the values they acquired under specific ethnic-influenced circumstances that are somewhat apart from the mainline of development today (Kastenbaum, p.90).

Support from family members can assist in bridging the gap between providers of care and the older Mexican American. Comparative studies conducted on support networks among elderly Mexican Americans show they are more likely to have large numbers of relatives living closeby than Anglos (Becerra, 1983). However, this is not always true. Maldonado (1975) believes rapid social change is breaking down the traditional extended family, and as a consequence older Mexican Americans (as well as Anglos) are suffering from isolation and alienation. According to Maldonado as younger generations of Hispanics rise in social status, they become more mobile, increasing the physical distance between themselves and their kin, which also decreases familial interdependence. Urbanization, modernization, and increased acculturation among young Mexican Americans also has tended to strengthen nuclear family ties and weaken links to extended family members. Hence, Latino elders may increasingly find themselves relatively alone in an alien culture without the type

of support they value and expect (McNeely and Colen, 1983, p.110).

It is common in Mexico for family members to be present during the final stages of an illness. Aguilar and Wood (1976), discussed problems of the mentally ill patient of Mexican descent as they become socially adjusted to a new cultural environment. Of these adjustments, the experience of death in American is seen as one of the most devastating. Aguilar and Wood described the Anglo American view of death as one of denial. In contrast, they described the Mexican view as one of respect, and the belief that death is the necessary step to another life (perhaps a better one).

Aguilar and Wood pointed out the important roles which family and friends play to the bereaved. Following a death they visit the home offering help and condolences. Often they reminisce with the family about the deceased, but are careful not to speak ill of the dead. All who knew the deceased are present at the burial, and usually visit the bereaved family for a week or so following the burial to offer condolences. Finally, the family begins to regain equilibrium. Widows and widowers are expected to refrain from dating for approximately six months to a year, and usually wear something to indicate that they are in mourning. For Mexican immigrants and Mexican Americans who still have family living in Mexico, the inability to be present during the dying/death of a loved one can heighten the level of stress experienced during the grieving process. Aguilar and Wood also pointed out possible interference of the grieving process as cultural expectations may not materialize if the death occurs in

the U.S.. For example, in Mexico hospitals provide a room next to the patient for the family. This allows for a greater possibility that family will be present at the time of death. In the U.S., oftentimes the patient will die alone. This may provide for feelings of guilt and remorse felt by the family who could not be there with their loved one. Finally, Aguilar and Wood (p.51) write: "A terminal illness in an American hospital with restricted visiting enhances this guilty feeling because it deprives family members of the opportunity to face the reality of approaching death and to make their own peace with the dying person."

### C. Grief/Mourning

Patterns of behavior about death and bereavement are among areas that are most conservative and most resistant to change of any culture or subculture (Moore, 1980). Mourning, which Skansie refers to as bereavement, includes the behavior of survivors which she found readily available for observation. In her study she found that grief played a major role in the survivors' behavior. Grief, described as deep personal sorrow, is felt in differing intensity depending on the relationship of the survivor to the dead. The closer the relationship, the more deeply grief was felt. Many stated the greatest loss is a mother's loss of a child. In addition, the age of the deceased had an effect on the degree to which grief was experienced. Common comments among Skansie's (p.124) respondents were: "...a person is about 80...you're really close to him. You feel a lot

of grief, sorrow, and loss, too. But...someone is 30 or 19 you feel really terrible...he'd only started to live."

Grief is referred to among the Mexican American population as "dolor" (pain). Skansie (p.126) writes, "Grief, although a deep sorrow feeling, is something which evades concise description among the Spanish-Americans." However, grief is expressed through open (sometimes intense) crying.

Women are expected to be emotional, and their major role in the funeral process may suggest that they are in some way especially prepared for the mourning role (Moore, p.85). Even today in the nineteen eighties, a respondent in Moore's study stated there are professional wailers ("lloronas") who attend funerals and wail for a fee (Moore, p.81).

Especially painful for the family is the death of an elderly female. Moore (p.86) explains, "To the extent the family structure represented traditional roles, the old woman is more likely to have played a more supportive, more sympathetic role vis-a-vis survivors than is the old man. The death of an old woman is more likely than that of an old man to evoke more straight forward grief." Family survivors often react with narcissistic behavior to the loss of a member (Kalish, 1980). For example, when the punishment of the loss of a family is felt to be undeserved, the response is anger towards the person felt to be most responsible.

Often, families experiencing the loss of a family member to a terminal illness will experience anticipatory grief (Kalish, 1985; Kubler-Ross, 1969; Pritchard, 1977; Simos, 1979). This

occurs over an extended period of time as the ill member will spend several periods in hospitals prior to his/her death. As a result, a low grief response may be observed by family members at the time of the ill member's death. The surviving members have slowly experienced all the phases of normal grief as they tried to cope with the illness and separation prior to the death. In other words, family members have worked through their grief without a death actually occurring (Fulton and Fulton, 1971). Stillion (1985, p.114) describes anticipatory grief as occurring in five stages. They are as follows: 1) Acknowledgement of the inevitability of death, 2) Grieving, 3) Reconciliation or coming to grips with the reality and attempting to find meaning in the illness and death, 4) Detachment or the gradual withdrawal of emotional investment in the dying person, and finally, 5) Memorialization or the idealizing of the dying person so as to create a mental image that will live beyond death. This grieving can continue not only from the onset of dying, but for years and sometimes decades after the loss of a loved one (Kalish, 1985).

The grieving process which occurs following the death of a loved one takes place in essentially four phases, they are: 1) An initial reaction of shock, disbelief, denial, numbness, 2) A period of anger, bitter pining, and searching for the lost person in some form, 3) This is succeeded by depression, apathy, and 4) A gradual period of recovery, and a time of reinvestment. These stages can take up to two years to work through (Parkes, 1971; Simos, 1979; Stillion, 1985). Parkes (1971) describes grief as: "...a process of "realization" by means of which affectional

bonds are severed and old models of the world and the self are given up." It is through a healthy grieving process that one adapts to these changes in their life, and develops new ways of looking at the world.

In a Minnesota study (conducted in 1978) of 434 widow and widowers, substantial percentages indicated feelings of confusion and depression (Kalish, 1982). Despite this, many respondents also described changes in a positive direction. Kalish (1982, p.168) continues, "It appears that although widows and widowers feel severe loss and distress, they also view their losses as having led to personal growth, particularly in terms of relationships with others." According to Beaver and Miller (1985, p.148), "A large percentage of elderly widows make a successful adjustment within one year of the death of a spouse. The process of adaptation is facilitated when the elderly widow or widower has access to an informal social-support system." In addition, physical health and availability of medical assistance, social resources, and development of coping skills have been found to reduce stress among the elderly (Kahana, and Kahana, 1982).

Erikson (1982) discussed mourning on the continuum of despair. The human, according to Erikson, reaches their final psychosocial development stage which he calls Integrity Vs. Despair at old age. Despair, as he describes it, is a sense of loss of autonomy, intimacy, and initiative lost. Integrity is a sense of wholeness, an ordering of the past. This is why older people reflect upon the past and try to make sense of

everything. This process can be difficult to achieve for the widow. During the grieving process the widow often develops physical as well as psychological and emotional distress (Kalish, 1982).

A Florida study of minority women, including Mexican American, looked at the concept of family and the presence of the husband in the home. Results showed that the presence of the husband in the home was highly related to the woman's view about old age (Hunter, Linn). The study suggested that disrupted family ties and absence of the husband from the home (as in the case of death) would place the woman in a high-risk group for unsuccessful aging, which may include psychosomatic disorders. Psychosomatic disorders can symbolize underlying feelings of depression or unresolved grief over the loss of a spouse. According to Kahana and Kahana (p.51), "Supportive therapy and provision of an opportunity for elderly patient to vent their feelings have proven to be very useful in alleviating these concerns." For the traditional Mexican or Mexican American elderly, many barriers to utilization of mental health services exist. Gill (1978, p.92) outlines these barriers, and a summary of his analysis is:

- a. Geographic isolation: Mental health centers are frequently inaccessible due to location outside the barrio and inadequate transportation services.



b. Language barriers: Lack of interpreters for elderly Hispanic who often speak Spanish as their first language.

c. Class-bound values: Middle-class values of professional staff often conflict with persons of low socio-economic background.

d. Culture-bound values: Cultural conflict occurs when professional staff view Spanish speaking clients as hostile, suspicious, illiterate, and provincial. Bechill (1979) stressed the importance of understanding cultural factors in programs affecting the elderly. He explains, "...sensitivity is important in service delivery approaches that are designed to guarantee access to services to all groups in the older population entitled under various public laws and policies (p.141)."

Aguilar and Wood (1976), described an ethnically conscience mourning ritual of the Mexican and Mexican American. The ritual may be divided into eight stages: 1) the death of a significant person, 2) a state of depression in the bereaved, 3) initiation of the mourning process--consisting of el velorio (the wake) and la tendida (the lying in state), 4) initial acceptance of the loss of the loved one, 5) the burial. These five stages occur within one week, and are followed by: 6) a second state of depression, during which the bereaved become aware of unresolved feelings of hostility toward the dead and a sense of guilt for recognizing negative qualities of the dead person, 7) collective condolences during the week or so following the funeral, which

provides a special way to resolve the sense of guilt, and 8) final acceptance of reality and the lifting of the depression. For some families, remaining feelings of guilt and hostility may be handled during the annual visit to the graveside on the Day of the Dead.

Although there may be a conflict in beliefs surrounding burial customs, the survivors will usually follow a plan that the deceased would have wanted. Moore (p.80) sees this as "part of the complex of general retentiveness around death and bereavement." What happens to survivors who cannot follow the wishes of the deceased? Funeral costs today usually start from \$3,000. In Oscar Lewis' *A Death in the Sanchez Family* (1969), he studied a funeral in Mexico City and the devastating effects funeral expenses had on a poor Mexican family. In the U.S. burial societies have existed since the turn of the century for immigrants from Mexico. Margaret Clark (1959) wrote of these burial societies ("funerarias") in her study of a Mexican American community in San Jose, California. She found that burial societies existed in all parts of Santa Clara County. These societies were (perhaps still are) nondenominational, and when a member dies, all other members are notified of the death and are expected to attend the wake of a deceased member and, if possible, to help with the arrangements and comfort the relatives.

Members also contribute a substantial amount towards funeral expenses. The process of family reintegration continues for days and even weeks following the burial via novenas and visits to the cemetery. Childs (1987) in a study of comparisons in

intergenerational attitudes toward death, burial, and grief in the same San Jose community, found that despite the lack of burial plans or sufficient funds, her subjects would "somehow" pay for a traditional burial if that's what the deceased would have wanted.

The major question which this study hopes to address is: Have American customs and attitudes toward death, affected the grieving process of the elderly Mexican American woman whose parents were (most likely) more traditional Mexican? If so, to what extent?

### CHAPTER III

#### RESEARCH METHODOLOGY

For this exploratory study of the attitudes and perceptions among older Mexican American women on death, dying, and mourning behavior, the case and field study research design was chosen for its flexibility allowing for a collection of comprehensive information from a limited number of samples. Interviews were conducted one time per subject for approximately one hour and a half in the subject's home. Both open-ended and closed-ended questions were employed. For the maintenance of confidentiality, an alias has been used for each subject.

[The six subjects for this study (identified as Mexican American women over sixty) were provided through requests for referrals from the staff of the Santa Clara Public Health Department's Chaboya Health Center) as well as use of the snowball sampling technique. As a result, two subjects were referred from the Josefa Narvaez de Chaboya Health Center; two were previously known to me; and two were self referred.

Analysis of the study was conducted through: 1) Individual interview summaries, and 2) A discussion of the subjects as a group in terms of their similarities, differences, and adaptations

to their environment. The interview protocol (see APPENDIX A) used as a guide for the collection of data included questions regarding: Birthplace of parents and subjects; age of subjects; length of time subjects have lived in the U.S., and level of education. Questions were then asked about family configurations and experiences with death, including ritual practices.

Findings from this study should not be generalized for all Mexican American women over sixty. The reasons for this limitation are: 1) The size of the sample, and 2) The geographical area in which this study took place. [ie: Experiences and levels of acculturation may be different for those women living in San Jose, California, than their counterparts living in close proximity to the Mexican border.]

**CHAPTER IV**  
**DATA COLLECTION AND ANALYSIS**

**A. Interview Summaries**

**MRS. A.**

Mrs. A. is a seventy two year old widow, and an only child born and raised in El Paso, Texas to immigrant parents from Mexico. Mrs. A. stated that she was raised by her grandparents after her mother died when she was two years old, and that her father played a minor role in her upbringing. The reason she gave for his absence, is that he was gone most of the time to work in the fields. She later added that he died when she was six or seven years old. She admitted to a fifth grade level of education, and had five children, one of whom is now deceased. She currently resides with her eldest daughter, and has done so since her husband's death in 1970.

Mrs. A.'s earliest memory of a death in the family was that of an uncle when she was five years old. She was not able to recall much of the experience, but remembered that he drowned and a traditional Catholic funeral took place. Her next experiences with death was that of her grandparents when she was

eighteen and twenty years old. Although her grandmother died of a stroke, Mrs. A. stated that no one knew that she had been ill. She stated that her grandmother did not believe in doctors, and would never tell anyone if she was sick. Mrs. A. also added that the day her grandmother died, her family would not let her in the bedroom to see her. She claims that she did not know exactly what was going on until a priest came to the house. A few minutes later, she was allowed into the bedroom and described the experience as very sad with everyone crying, and trying not to let it show. Upon hearing that her grandmother had died, Mrs. A. stated that she: "felt so all alone in the world because everybody (aunts and uncles--who were like brothers and sisters to her) was already married, and you don't know if anybody is going to want you." She went to live with her godmother for two or three months at which time she married her first husband.

Immediately following her grandmother's death, there was a gathering in her godmother's house to mourn, to say the rosary, and view the body. Mrs. A. stated that people thought it was better to die at home, she explained: "Everything was there. My grandmother wasn't taken to the hospital or the mortuary or anything like that. The majority of the people used to die at home and from there we used to take them to the cemetery. Then the priest would come. That's how everybody used to do it." She also stated that her family did not believe in cremation.

According to Mrs. A., her first two marriages "just didn't work out". It was her third marriage that she claims was the strongest. Her husband died of a heart attack in 1970 following

thirteen years of marriage. She related that he had had heart problems, but refused to take proper care of himself. ie: eating the wrong foods, and drinking liquor. She claims that both she and his doctor knew that he would never stick to his diet. She added: "A lot of people blame the doctor a lot of times, but it's us. The doctor tells us to do something and we don't do it. That's our fault not the doctor's." She continued to say that when he drank liquor, he would drink for 2-3 weeks in a row then stop for two, three, four, or more months before starting again.

Mr. A. had a heart attack one night at home, and after much pressure from Mrs. A., finally agreed to go to the hospital where he died the following morning. She was informed by the hospital staff over the telephone when he died. Mrs. A. was at her daughter's house when she received the call, and remembers a feeling of being lost. She described it as: "It seems like you're watching somebody else going through all that you are going through." "It was such a shock, because I never knew he was so sick until the moment came." She continued: "After he died there was a big void. Nobody else could take his place. The only thing that was left was my children." She also added that most friends, and her husband's family have not kept in touch since his death. While she believes its O.K. for a widow to remarry, she has not considered it for herself.

Perhaps the most difficult loss for Mrs. A. was the death of her son three years ago. He died of stomach cancer approximately 6-7 months after stomach surgery. Upon receiving news of his



death she recalled, "I felt like I was in a daze. I was lost. It was like it hadn't happened. Whenever someone would knock at the door, I would think it was him coming. I don't know, I even used to call my other children by his name. Then, all of a sudden I couldn't take it anymore." Mrs. A. told of how she went to seek mental health services, and joined a bilingual therapy group. She spoke of how the group has helped her accept her son's death.

In response to the question of whether it is important for a family member to die at home, Mrs. A. replied that it did not matter. It was the sense of hope that she felt was most important. The hope that something can be done to save your family. She went on to describe mourning as: "A period when you feel really badly, and you cry a lot." The length of mourning was seen by Mrs. A. as one year for grandparents, parents, husband, siblings, and friends. She later added that there really is no limit, and it is difficult to state an appropriate length of mourning if you didn't know the person that well (ie: her parents). For children, she saw no end to the mourning period. As she stated earlier, mourning is a period of sadness. She further explained mourning as coming from the inside not the outside. Therefore, she asserted that it is not important to wear black while in mourning. Although she added, "it's O.K. for the day of the funeral, but it's not important for the rest of the time." As mentioned earlier, Mrs. A's family does not believe in cremation; all deceased family members have had Catholic burials.

Death was seen by Mrs. A. as, "Something so terrible, it is unexplainable." It's affect on her has been a great sadness, and one of many adjustments to the loss of a loved one. When her son died she stated that she asked God why he had to take her son, when he could have taken her instead. She explained, "The Lord takes us when he's ready for us". Eventually, she believes, we'll all be together in heaven. She continued, "I believe its as if we're in a trance when we're buried. One day we will all arise to meet him (The Lord) when he comes."

**MRS. R.**

Mrs. R. is a sixty one year old mother of seven children, married, born in Chico, California to a mother whose family had migrated to Arizona from Mexico, and a Mexican immigrant father. She has a fourth grade education, is the middle child of seven children, four of whom are living. Currently, she lives with her husband, her twenty nine year old son, her twenty three year old daughter, and her daughter's baby. In addition to having had cancer for the past seven years, her husband is an alcoholic, as is her son.

Mrs. R.'s first memory of death occurred when she was very young. All she can remember was that she had been asking for a baby sister (She is an only girl with six brothers.), and while a woman (midwife) was helping deliver the baby, she heard someone say "esta muerto" (It's dead.). Mrs. R. told of feelings of confusion, because she didn't know what was going on. Her parents were talking, but she couldn't quite understand what they were discussing. Still, she remembered her father taking a small box and placing the baby (who was "wrapped like a mummy") in it. They (mother, father, and Mrs. R.) drove to a cemetery which was locked; however, she recalls that her father went to the side of the cemetery, and buried the baby there. They never went back to see it, and she stated that she doesn't know whether it was a boy or a girl. She told of another infant death. She described a

difficult delivery for her mother, and as a result, the newborn was immediately rushed to a hospital where it died soon after arrival. There was no funeral.

The next death experience for Mrs. R. was that of her brother. Both she and her brother, at age seventeen and fourteen respectively, had tuberculosis, and spent long periods of time in the hospital. Mrs. R. claims that she was cleared of tuberculosis, but that her brother stayed in the hospital for one to one and a half years after she was released. He never returned home and died in the hospital. According to Mrs. R., her brother could have been saved, but related that her father had refused to sign a consent for surgery. She was with him when he died, and described feeling "...really bad, because he was so young. He should have lived longer, but my dad wouldn't sign. He didn't believe in doctors. He was stubborn and he was an alcoholic too." She reported that a small Catholic funeral took place, with a wake, rosary, and burial.

Mrs. R. was fourteen years old when her mother died, and declares that it was the most difficult of all death experiences for her. She spoke of feelings of self blame for her mother's death. She explained, "I left home when I was only fourteen to work and support myself and my "illegitimate" son. She always used to tell me not to leave home. If I had listened to her, she wouldn't have gotten worried and got sick. She never went to the doctor. She was thirty-seven, or thirty-eight when she died. My dad beat her a lot. I remember. She never had a chance." Mrs. R. reported that due to scarcity of funds, a very small funeral

took place. She cited her inability to provide a "better" funeral for her mother, as the cause of personal remorse surrounding her mother's death.

Mrs. R. realizes and states she accepts her husband's inevitable death, and added, "My husband isn't a very good husband to me now, but I think it will hurt me when he dies.". It is her twenty nine year old alcoholic son, who creates much fear and concern for Mrs. R.. She described her son's health as poor, and spoke of her daughters' frequent warnings that she prepare herself for her son's death. She claims it (his death) is something that she will not be able to accept. She explained, "I don't want to face it because he's the youngest, and I don't think I could face having one of my kids die."

Mrs. R. described mourning as, "It's crying for the person. I'm still crying for my mother, and I guess I'll be doing it for the rest of my life." She responded to the question of appropriate length of mourning for all family members, as occurring "for the rest of you life". She told of how her mother had requested that she not wear black to her funeral, nevertheless, Mrs. R. indicated that she prefers to wear black when attending funerals. She defined death as occurring when, "A person is sick with something and dies. It means the end of life, then you go to heaven."

**MRS. C.**

Mrs. C., who is a sixty three year old widow, was born in San Antonio, Texas to Mexican immigrant parents. She is the youngest of twelve children with three sisters and two brothers still living. Both parents are deceased. According to Mrs. C., all her family members were migrant farm workers. They traveled throughout the country following harvest seasons. The lack of permanent residence was cited by her as the primary reason for her lack of formal education. She claims to have attended school off and on until the third grade. At that point she began to work with her parents in "the fields".

Her parents were uneducated and according to Mrs. C., they were very strict; especially her father, whom she says was very authoritarian and would beat them if they didn't do as he said. She stated she was always terrified of him. While in her early teens the family returned to San Antonio to live permanently. She had many relatives living in the area and developed close relationships with relatives approximately her age.

At age sixteen she claims to have been kidnapped and raped by a man whom she had considered a "friend". He initially offered to take her for a ride, but left the city. Fearful of her father and what he might do to her when he found out she was gone all night with a man, she felt forced to marry him. She had three sons from that marriage, but claims that the marriage was

one of pain and misery.

According to Mrs. C., her husband frequently physically abused her. She stated both she and their sons were terrified of him. She claims to have made several attempts to escape from him, but that he always found her "back home" in San Antonio. After twelve years of marriage, she was finally able to get a divorce from him. Two years following the divorce Mrs. C. remarried. This marriage was to her now deceased husband of thirty two years. Mr. C. died almost three years ago. She claims that her second marriage was a good one, and that her husband was always good to her three sons.

Mr. C. was also born in El Paso, Texas to immigrants parents from Mexico. Mr. C., who had been ill for a number of years, had been a diabetic and developed serious complications, one of which required a leg amputation. As a result of his frail condition, Mrs. C., in addition to being his primary caregiver, assumed many of the household duties and responsibilities previously managed by her late husband. She stated that prior to that time she had no idea of where to pay household bills, nor how to get there. Mr. C. had always taken care of the finances and provided the transportation. Several months prior to his death Mr. C., from his bed, directed Mrs. C. on where to go to pay household bills and how to use public transportation (She did not know how to drive.).

After many complications from diabetes, Mr. C. spent his final days lying in the hospital in a coma. Mrs. C. stated that she went to visit him the day he died. She describes the

afternoon, "I felt his hands and face, and I knew he was dying. I ran to tell the nurses. When they checked him they told me I was right and that he didn't have long to live." "I called for the Catholic priest, but I didn't have the strength to stay in the room while the priest was there. When he came out, he told me that my husband had passed away." "I felt a tremendous emptiness. Like I didn't have anyone in the world. I felt totally all alone. It's a terrible thing after thirty two years."

Mrs. C. reported a feeling as though she was a cloud floating in the air, and as if her mind was "somewhere else". The funeral for Mr. C. was a very small and private one. He had requested that he be buried the following day after his death so that Mrs. C. would not have to suffer so much. According to Mrs. C. there was no wake or rosary said, it was just a small funeral for the immediate family only.

For a year following her husband's death, Mrs. C. reported problems with a stomach ulcer and vertigo which eventually required hospitalization. Currently, she lives alone in a small cottage, which she states is a recent change. She had been living in the same apartment where she and her husband had lived before he died. She claims that the move was necessary, because "There were just too many memories of him in the apartment. I always felt his presence. I kept remembering his pain. Now, I don't constantly see things that remind me of him and his pain." She adds, "People say I've changed. Before I would always cry when speaking of my husband, now I can talk about him and I don't cry so easily." Although Mrs. C. reports some positive changes,



she did say that very few old friends call or go over to visit her. She did admit, however, "I feel guilty and uncomfortable going out." She claimed that every attempt to attend social gatherings had been thwarted by other women who accused her of being out to look for another husband. Mrs. C. added that she and her late husband used to go out a lot when he was healthy, and even though he told her to "start a new life...and remarry", she is not interested.

Mrs. C. did wear black to her husband's funeral, but only on that day. She stated that her husband always said, "It is to please everyone else. To see the widow in black. If you feel sadness, you feel it in your heart." His family believed in wearing black, but he didn't. Mrs. C. also reported that it does not matter where someone dies, "It's a terrible thing wherever it happens." She described mourning as a very strong sadness. She added, "I don't think there's a limit of time for how long you will feel sad. I can't say. I suppose it depends on the person." She explained death as a time when your life on earth ends. After almost three years she still misses her husband a lot, and states "I know that he is in heaven, and that one day I'll see him again."

**MRS. D.**

Mrs. D., who is a sixty two year old widow, was born in Mexico as were both her parents. She is a middle child of ten, all of whom are living. Although she was born in Mexico, Mrs. D. identifies as Mexican American. She explained that due to the fact her family migrated to California when she was eight months old, she feels more Mexican American than Mexican. She has an eighth grade education, five children, and is currently living alone. Both of her parents are deceased, and she relates that the most difficult death experience for her was that of her husband of thirty six years.

Mr. D. died fourteen months ago of a heart attack. He had been diabetic for many years, but had never been treated for any heart problems. According to Mrs. D., it was a traumatic shock to her, because she never knew he had heart problems until his final hours of life. He told her at the hospital that he had not wanted to worry her. Mr. D. died thirty two hours after being admitted to the hospital. Mrs. D. expressed much gratefulness that she was able to get him to the hospital for help as quickly as she did. She stated a multitude of times, the disbelief she felt when the hospital staff told her they didn't think he would "make it". Her voice maintained an angry tone as she recounted the days following his death. She described feelings of being overwhelmed by financial responsibilities, "Then afterward, there

were so many bills, bills, bills!!! I was grateful that I had money to pay them, but I wished my husband had told me about them. He always took care of everything." She also reported that her diabetes had worsened following the death of Mr. D..

Following her husband's burial, Mrs. D. told of many instances where she expected to see her husband. She recalled, "After he died, I would go out to the backyard and I would see all the trees he used to take care of, and see all the tools in the garage. I kept thinking that he was going to be there, but he's gone. I just couldn't accept it. I kept expecting him to be there working in the yard." Mrs. D explained that when her mother died four years ago, it didn't "bother" her as much as her husband's death. She went on to say that her mother who had a pacemaker for years, was 82 years old when she died.

According to Mrs. D. it does not make a difference whether a person dies at home or not. She elaborated, "Some people can't take having someone die in the house. To me, it doesn't make any difference.". She added, "My husband died at the hospital. Then, we had a Catholic funeral, but many of my children are nondenominational Protestant. So, they wanted their pastor to speak at the burial. It was O.K.. They (Protestant pastors) speak very well, it was beautiful. Mrs. D. indicated that she would choose burial over cremation, but that ultimately, "...it adds up to the same thing."

Although she stated that she is not interested in remarrying; she felt it was o.k. for other widows to remarry. She followed this statement by citing several situations where

women treated her as though she were "out to steal their husbands". She explained that a friend had told her once, "After a husband dies, people don't call you anymore or keep up the friendship.". Mrs. D. reported that she had found this to be true.

In response to the question of the importance of wearing black as an indication of mourning, Mrs. D. stated that it is not important. She did not wear black to her husband's funeral, and reported that her mother had requested that she not wear black to her funeral. Mrs. D. described mourning as a heaviness in your heart. The length of mourning for grandparents (whom Mrs. D. never knew), and children was indeterminable. Mrs. D. stated that she has not experienced those types of deaths. For a parent or spouse, one year was identified as an appropriate length of mourning. The closeness of relationships with siblings and friends, would determine the length of mourning for them, stated Mrs. D.. She defined death as, "The ending of earthly life. It's just a transition into the spiritual.". She adds, "the way it (death) has affected me is that it has brought into focus my own mortality.

**MRS. M.**

Mrs. M. is a sixty four year old twice married, mother of nine children from her first marriage (A tenth child died shortly after birth.), born in San Francisco, California to immigrant parents from Mexico. She has a tenth grade education, and is the elder of one sister. Currently she lives with her second husband of 12 years, and readily admits to being a recovered alcoholic, and a "born again" Christian.

She stated that both of her parents died of strokes many years ago, and expressed feelings of anger regarding her father's death. According to Mrs. M., she was not informed that he had died until after the funeral had taken place, because her family feared that she would appear in a "drunken state" and make a scene. She mentioned that both parents had very large traditional Catholic funerals. "Just like all the other family members.". Her only regret, she reported, "...is that I was not able to say I'm sorry, and to let him see that I've changed.". She explained to the investigator, that she had left home at age seventeen in rebellion to her "father's strict control over her life". She added, "I had a lot of confused attitudes, particularly about my being a Mexican, which warped my life when I was young."

The most vivid death experience for Mrs. M., was that of her grandmother. Because both parents worked, she claimed her

grandmother was like a mother to her. She described their relationship as "special", adding that they were very much alike. Mrs. M. cited old age as her grandmother's cause of death. Upon hearing that her grandmother had died, Mrs. M. (age seventeen), ran down the street from her home to a church where she prayed for her grandmother. She described it as an automatic reaction, "I didn't even think, I just ran.". She reported a Catholic funeral took place with a wake, rosary, and burial.

Mourning, she described, "Is feeling sorry that a person you loved is not with you any longer.". She continued, "I think it's a selfish thing to do. To cry for yourself. As a born again Christian, I would weep for weeks if one of my children died, and they had not yet accepted the Lord into his or her heart.". Mrs. M. declared six months as an appropriate length of time to mourn for a grandparent; three months "is more than enough" for a parent; six months for a spouse; one year for a sibling and a friend; but Mrs. M. was unable to determine an appropriate length for a child. She stated, "It would be the hardest thing, I think. I can't say.". She added that one of her daughters is an alcoholic, and that she prays for her always.

Despite the fact that she does not believe it is important to wear black when in mourning, she reported that she would wear it to a funeral. She attributes that decision to her "upbringing". Where death occurs is not important to Mrs. M.. She described death as, "The spirit leaving the body to rot and decay where it came from, and join the Lord in heaven.".

**MRS. L.**

Mrs. L., who is a sixty two year old twice divorced, mother of six children, was born in El Paso, Texas as was her father, and to an immigrant mother from Mexico. Mrs. L. stated, she has a seventh grade education, is the elder of one sister, and both were raised by her grandmother after her mother died when she was three years old. Because her father worked in "the fields", he was absent quite often from home. She described her mother's cause of death as a cold which worsened to the point that she died. Both grandparents died when Mrs. L. was in her twenties. Currently, she is living with her twenty five year old son.

Mrs. L. was twelve when her youngest uncle died. She recalled that a cousin came to her grandparents house to inform them that "something" had happened to her uncle. She narrated, "We all went over to my uncle's. He looked like he wanted to say something, but couldn't. A neighbor came over and we put him in the back of the pick up truck, and took him to a "curandera" (a healer). When we got there, she said there wasn't very much that could be done. So, we were on our way home...and I remember my grandmother saying that my uncle had just passed away. I was sitting across from her. I felt a lot of pain. A trembling all the way in my stomach.". Mrs. L. recalled that all her family's friends and neighbors went to her house to view the body, pray, and visit with the family. She described her grandmother dressed

in black with everyone crying around her. Between her age of adolescence and motherhood, Mrs. L. experienced several deaths. None, however, was as devastating (she reports) as the death of her thirty one year old son, ten months prior to the time of this study.

Mrs. L.'s son was a diabetic, and had been receiving kidney dialysis. Six months prior to his death, he was told he needed a kidney transplant. Mrs. L. told of how she, and all her children volunteered to donate a kidney.

Grave disappointment arose following the evaluation of medical testing and histories. Mrs. L. discovered for the first time, that she was diabetic. As a result, her family was informed that no one could be a donor. She claims this to be the source for much of her pain.

Following a sudden collapse the day after Father's Day, Mrs. L.'s son died in intensive care soon after being admitted. She described the events following receipt of the news that he died, "The doctor came out and told us he passed away. My daughter-in-law kept telling the doctor that he was lying. She kept saying "You're a liar.". So, I felt that I had to take over (ie: make funeral arrangements), because my daughter-in-law couldn't." There was a Catholic funeral with a wake, rosary, and burial. Mrs. L. admits that she had put-off mourning, until very recently when she retired from the work force. She described an empty feeling. "Like a big void in my life has been created." "My life has changed, ...there's a lot of sadness."

Mrs. L. described mourning as, "A time of feeling a lot of



pain.". The length of mourning for grandparents, parents, spouse, sibling, friend, or child was reported by Mrs. L. as something which must be different for each individual. She explained, "It depends on the relationship. It might take more time to get over someone you were closer to." In regards to a child she added, "The longer the child lives the more difficult it is because you have many more memories.". She spoke of how her parents and grandparents wore black to funerals, but personally she feels it is not important. In response to the question of whether it is important for a person to die at home, or in a hospital, Mrs. L. expressed no preference. In additon, she felt it was O.K. for a widow to remarry, even though her parents did not believe in widows remarrying. Death was seen by Mrs. L. as, "The ending of one life and the beginning of another.". She continued, "Death brings you a lot of pain, but at the same time, it makes you stronger."

## B. Analysis of the Interviews

Analysis of the demographic data collected revealed: Three subjects were born in the state of Texas; two were born in California; and one was born in Mexico, then moved to California at eight months old. For four of the subjects, both parents were immigrants from Mexico. For the remaining two, each had one Mexican immigrant parent, and one U.S. (first generation) born parent of Mexican descent. The ages of the subjects ranged from age sixty one to seventy two. Specifically, their ages were: (1) sixty one, (2) sixty two, (1) sixty three, (1) sixty four, and (1) seventy two. Levels of education spanned from the third to the tenth grade with a diverse representation, they were: (1) third grade, (1) fourth grade, (1) fifth grade, (1) seventh grade, (1) eighth grade, and (1) tenth grade. For four of the subjects, migrant field work was cited as the reason for their level of education. All subjects stated that poverty necessitated that they leave school and obtain employment.

Questions regarding family configurations provided data which revealed some strong commonalities, and sharp contrasts. One subject, (Mrs. A.), was an only child raised by her grandmother from age two, following the death of her mother. Two subjects were the elder of two sisters, with one (Mrs. L.) being raised by her grandmother from age three following the death of her mother. Both Mrs. A., and Mrs. L.'s mothers died due to poor

health. One subject was the middle child of seven, another was the middle child of ten, and one was the youngest of twelve children. All subjects had children with data showing the larger families coming from those subjects with the least number of siblings. Multiple marriages took place among four members of this study; a fifth member had one child previous to her only marriage, and the sixth member having been married only once. Three of the subjects were widows at the time of the interviews, one was divorced, and two were married. The length of widowhood for the subjects were fourteen months, three years, and eighteen years. Two members of the study live alone; two live with their husbands; one lives with her daughter, and one lives with her son.

In response to the question: Have you ever experienced the death of a family member? All respondents reported that they had, and described the most vivid and/or devastating. Five of the six deaths discussed occurred in a hospital with the subjects present and were anticipated, with the exception of one. Although the family member had been ill for many years with diabetes, he died of a sudden heart attack. Apparently the deceased had been aware of a heart condition; yet, he did not tell his wife (Mrs. D.) about it. As a result, this subject was left feeling angry, confused, lost, and overwhelmed with financial responsibilities of which she knew nothing about. According to the respondent, "I had no idea of how many debts we had, or how they were supposed to be payed." In contrast, one respondent (Mrs. C.) stated that prior to his death, her husband

had oriented her to their financial affairs, and directed her from his bed on how and where to pay their bills. The sixth respondent (Mrs. M.), reported an anticipated death occurred in the home. Lastly, three of the respondents spoke of deaths which occurred during their childhood.

One respondent (an only girl with six brothers) shared that she had been asking her mother for a baby sister, but the baby had been born stillborn. Later, the same respondent spoke of a brother three years her junior, who had died of tuberculosis. She had had tuberculosis herself, but had been cleared of it and released from the hospital where both she and her brother had been treated. Her brother was never released and died while in the hospital. It would appear that this respondent would be a strong candidate for survivors guilt.

In response to the question: How did you feel when you heard of the death? All respondents reported feeling lost, confused, all alone in the world, empty, etc. One respondent stated: "I felt like I was in a daze. Like I was watching someone else going through all that I was going through." Where the death was unexpected, all respondents reported feeling shock as well as all of the above. Although their feelings may have been similar; their reactions differed quite substantially. For example, Mrs. A. stated that when her grandmother died, she felt very alone and afraid. She feared that she would have nowhere to go, and that no one would want her. She went to live with her godmother, then married three months later. Mrs. R., clearly stated that she blamed herself for her mother's death, because

she left home at age fourteen. Her logic was that her mother worried so much about her that she became ill and died. Another subject, Mrs. C., became physically ill with vertigo following her husband's death.

All six subjects indicated that all deceased family members had been buried, and appeared ambivalent regarding cremation. Despite the fact that all respondents felt it was "O.K." for a person to be cremated, only one reported a preference for cremation. That particular respondent is a "born again" Christian, and was the only non-Catholic in this study. Two subjects stated that they would not like to be cremated. They were the oldest and the youngest of the subjects, as well as both being born and raised in El Paso, Texas. They were also the only two who have experienced a death at home, followed by a wake, rosary, and procession to the cemetery. Analysis of the types of funerals within this group, revealed a correlation between the absence and/or size of the funeral, and available funds.

Three subjects stated that they had experienced change in a negative direction following the loss of a family member. Two appeared ambivalent, and one with a positive experience stated, "I think with each death you become a little stronger." The three non-widows indicated no change in the way others treated or reacted to them following the death of a family member. In comparison, all three widows related experiences with others viewing them as "husband stealers", and with loss of their social network, as well as lost connections with their husbands' families.

All six subjects defined mourning as a period of extreme sadness, pain, crying, and as one subject stated it, "It's a heaviness in you heart.". The length of the mourning period as seen by the subjects for a grandparent, parent, husband, sibling, and friend, ranged from: "It's different for each person." "It depends on how close the relationship is.", to: "You'll cry for the rest of your life." For a child, all six subjects saw the mourning period as one of extreme pain. All stated that it would be the most difficult loss of all. The mourning period response ranged from: "I've never experienced it, so I can't say.", to: "You'll mourn for the rest of your life."

Five of the six respondents stated that it is not important to wear black to a funeral, nor is it important for a widow to wear it on a daily basis. Four stated that their deceased family members had requested them not to wear black to their funeral. One respondent expressed a preference for wearing black. Despite the fact that five respondents stated they it is not important to wear black, three of the five related that they would wear it to the funeral.

The three non-widows responded to the question: What is it like for a woman to lose a husband?, with uncertainty. Two stated that they would have to experience the loss to know what it's like. The third non-widow stated: "It depends on how good the marriage was.", "It will have an affect in either direction."

All six respondents explained death as the end of life on earth, and the beginning of another in an afterlife in heaven. Three stated that death experiences have brought them much pain

and sadness. A fourth stated that it has helped her bring into focus, her own mortality; A fifth stated that she is trying to be a person that the deceased would have been proud of, and the sixth respondent stated, "I used to think I couldn't live without my husband, but now I know I can make it.". All six subjects stated that it is not important to die at home. Although, one subject (the eldest) stated that it had been important to her parents and grandparents.

Additional information which presented itself through the interviewing process revealed: 1) A high incidence of alcohol abuse; 2) diabetes; and, 3) wife battering. It appears that an intergenerational link can be made in these three areas. Mrs. M., who stated she is a recovered alcoholic, also informed the investigator that her daughter is also an alcoholic. Mrs. R. (whose father was an alcoholic and wife batterer), married an alcoholic and a wife batterer. Her son is also an alcoholic which creates tremendous worry for Mrs. R.. Mrs. C.'s father used to beat her as a child, and she too, married someone who battered her. Three of the six subjects of this study have been diagnosed with diabetes. In addition to poverty interfering with the health condition of these families, it appears that a common disbelief in doctors may have contributed to the unhealthy status of these subjects' families.

**CHAPTER V**  
**CONCLUSIONS AND RECOMMENDATIONS**

The purpose of this study was to gain: 1) Increased knowledge of major concerns of the older Mexican American woman who has experienced the loss of a family member, and 2) Identification of specific needs during their transition to family equilibrium.

Beliefs among members of this study toward the length of mourning for family members stretched across a broad spectrum ranging from "I can't say.", and "three months", to "forever". A consistency which revealed itself was the consistency of each individual. For example, where one subject stated that mourning would take place "forever", she stated she would do the same for other members of the family who died. That is, to mourn for the rest of her life. Likewise, where one subject gave one year as an appropriate mourning period, she stated it as appropriate for anyone else in her family, except one's own child. This held true for all subjects. This was supported by the fact that all subjects stated that the most difficult death to mourn, was that of a child, and most were not able to identify what seemed to be a healthy mourning period. These findings are consistent with those from Skansie's study of the rural Mexican American of New Mexico. Another common link, was that almost all stated that the



length of mourning depended on the closeness of the relationship to the individual. ie: Good friends, you share a lot, you see them everyday, etc.

The response to death by all members of the study can be identified as similar. Any differences lie within the timing of the death. Where the death was unexpected, (ie: Mrs. A., and Mrs. D.), the respondents expressed feelings of shock as well as feelings of detachment. For two widows, Mrs. C. and Mrs. D., management of household affairs were experienced quite differently following the death of their husbands. Transition from spouse to widowhood can, in addition to being a period of high stress, oftentimes leave the widow financially vulnerable. An expected death allows the head of household opportunities for explaining to their spouses where important documents are; how the household works; and make arrangements to see family members (Kalish, 1982). This was true for Mrs. C. whose husband guided her from his sick bed, but for Mrs. D., it has been a difficult transition.

One subject, Mrs. L., stated that at one point in her life, she had had to delay her grieving in order to "take care of business". Barry (1973), discussed the delayed grieving process and its possible outcome of clinical depression where the individual is not able to allow for grieving to take place. Through the interview process, the investigator was able to determine that the subjects from this study did see themselves differently that before the death of a family member occurred. That is, the majority are experiencing varying degrees of

depression. Some reasons for their depression may include unresolved grief from past losses. ie: Mrs. R.'s loss of two infant siblings, and a brother close to her in age, to tuberculosis. Mrs. R. may be experiencing survival guilt combined with excessive grief reactions with ongoing depression.

(Parry (1988, in press), pointed out that delayed grief; unresolved grief; ongoing depression; etc., can be labeled as a psychiatric disorder by some who do not understand long term grief. However, Parry continues to point out, that social workers can assist in uncovering the long withheld grief.)

(An examination of the support network of the surviving family member is crucial to the well being of the elderly, especially the widow (Arling, 1976).) Where several subjects stated that friends and family discontinued associating with them, this social isolation can lead to rapid decompensation, and resulting in death as a common outcome (Clayton, 1973; Parkes, 1983; Rees and Lutkins, 1967). Kalish (1982), discussed the physical, psychological, and emotional distress often experienced by the widow following the death of her spouse. This held true for Mrs. C. who developed a stomach ulcer and vertigo, and for Mrs. D. who reported that her diabetes had worsened following the death of her husband. Previously mentioned in chapter two, Kahana and Kahana (1982) discussed psychosomatic disorders as frequently being a symbol of underlying feelings of depression or unresolved grief over the loss of a spouse. They continued to write, "Supportive therapy and provision of an opportunity for elderly patients to vent their feelings have proved to be very

useful in alleviating these concerns." Social workers, in order to be effective in working with survivors, must be clear about their own personal views of death. In addition, the social worker, needs to be willing to reach out to the bereaved, and maintain an awareness of the variability of grief. Barton (1977) explains, "The manifestations of grief are likely to be highly variable and individualized dependent on the characteristics of the survivor, the lost relationship, the survivor's social environment, and the culture in which he lives. Too often members of our society avoid and/or ignore the initial responses of the bereaved once the death and burial are over.

(A question this study hoped to answer was: Have American customs and attitudes toward death, affected the grieving process of the elderly Mexican American woman, whose parents were more traditional Mexican? It appears that the question is not readily answerable. In order to clearly answer this question, a stronger focus would have to have been placed on the parents/family of the older Mexican American woman.) (The research questions of this study, specifically addressed the attitudes and perceptions among Mexican American women over sixty, on death, dying, and mourning behavior.) The study has clearly identified the strong emotional impact the loss of a family member has had on members of this study, and the need for intervention to assist in releasing long withheld grief. (Although the subjects were identified as Mexican American women over sixty, caution should be exercised in generalizing these findings to all Mexican American women over sixty) (see Chapter III). As a result from this study, the

following recommendations are suggested:

- 1) Social workers working in the field of mental health should develop an appropriate assessment tool for identifying and working with grief. In addition, cultural relevancy and sensitivity should be integrated into the assessment tool as well. This will mitigate the problem of misdiagnosing, as well as get at the real needs.)
- 2) Social support networks of the older Mexican American woman needs to be explored. According to Beaver and Miller (1985), social support networks are crucial to the successful adaption to widowhood.
- 3) Exploration of intergenerational differences between what Neugarten (1974) terms the "young-old", and the "old-old", may reveal changes in attitudes related to losses. Identification of these changes would be useful for the social worker working with older Mexican American extended families.
- 4) A study exploring whether the fact of being a migrant farmworker, provides conditons which allow for older women to say, "I'll mourn for the rest of my life."?
- 5) A study examining a possible connection between older Mexican American women of low socioeconomic status, as it relates to ritual practices. ie: Mrs. R.'s family not having enough money to bury a stillborn. According to Aguilar and Wood (1976), the mourning ritual is of major importance to the grieving process of the Mexican American.

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**INTERVIEW PROTOCOL**

- \* Where were your parents born? \_\_\_\_\_
- \* Where were you born? \_\_\_\_\_
- \* Length of time you have lived in the U.S.? \_\_\_\_\_
- \* Your age? \_\_\_\_\_
- \* Educational level: 1-8 \_\_\_\_\_, 8-12 \_\_\_\_\_, over 12 \_\_\_\_\_
  
- \* Have you had any children; if so, how many?
- \* Do you live alone? If not, with whom do you live?
- \* Are you married or have you ever been married?
- \* Have you ever experienced the death of a family member? If so, who? when? where?
- \* Was the death expected or did it occur without warning?
- \* Were you with them when they died?
- \* Were you alone when you heard of the death? If not, who was with you?
- \* How did you feel when you heard of the death?
- \* What kind of funeral was there? cremation \_\_\_\_\_ burial \_\_\_\_\_
- Was there a wake? Was open emotion expressed?
- Did your family gather to mourn; to say the rosary?

- \* Do you feel you are the same person you were before this death?  
If different, how?
- \* Do you feel other people react and view you similarly to before  
the death was experienced? If different, how?
- \* Can you explain what mourning is?
- \* How long should a woman mourn her grandparent? \_\_\_\_\_  
parent? \_\_\_\_\_  
husband? \_\_\_\_\_  
child? \_\_\_\_\_  
sibling? \_\_\_\_\_  
friend? \_\_\_\_\_
- \* Is it important to wear black?
- \* What is it like for a woman to lose a husband?  
(For subjects who are not widows)
- \* Can you explain what death is, and how it affected you?
- \* Do you believe in an afterlife?
- \* Is it important to die at home?

AGREEMENT TO PARTICIPATE IN A STUDY AT SAN JOSE STATE UNIVERSITY

RESPONSIBLE STUDENT/INVESTIGATOR: VIRGINIA CONTRERAS

TITLE OF STUDY: ATTITUDES AND PERCEPTIONS AMONG ELDERLY MEXICAN AMERICAN WOMEN ON DEATH, DYING, AND MOURNING BEHAVIOR.

I have been asked to participate in a project that is studying how Mexican American women view death and dying. The results of this study should further our understanding of the major concerns and needs of the older Mexican American woman who has experienced the loss of a family member.

I understand that:

1. I will be asked to participate in an interview in my own home for 1-1½ hours by Virginia Contreras.
2. The possible risks of this study are that I may experience feelings of sadness.
3. The possible benefits of this study to me are the opportunities to express grief which may have been restrained for years, and knowledge of community resources which may provide support and assistance in working through this grief.
4. The results from this study may be published, but any information from this study that can be identified with me will remain confidential and will be disclosed only with my permission or as required by law.
5. Any questions about my participation in this study will be answered by Virginia Contreras 279-4367. Complaints about the procedures may be presented to Dr. Joan Parry 924-5820. For questions or complaints about research subject's rights, or in the event of research-related injury, contact Serena Stanford, Ph.D. (Associate Academic Vice President for Graduate Studies) at 924-2480.

6. My consent is given voluntarily without force; I may refuse to participate in this study or in any part of this study, and I may withdraw at any time, without prejudice to my relations with San Jose State University, Chaboya Clinic, or Santa Clara County Public Health Department.
7. I have received a copy of this consent form for my file.

I HAVE MADE A DECISION WHETHER OR NOT TO PARTICIPATE.  
MY SIGNATURE INDICATES THAT I HAVE READ THE INFORMATION PROVIDED ABOVE AND THAT I HAVE DECIDED TO PARTICIPATE.

---

DATE

---

PARTICIPANT'S SIGNATURE

---

STUDENT/INVESTIGATOR

SJSU FOUNDATION  
1988 MAR 17 AM 7:08

I, the undersigned member of the San Jose State University Human Subjects Institutional Review Board, have reviewed the following proposal submitted to the Committee on March 11, 1988 by:

Principal Investigator Virginia Contreras

Protocol # 7271

Project Title SPECIAL PROJECT STUDY: ATTITUDES AND PERCEPTIONS AMONG ELDERLY MEXICAN-AMERICAN WOMEN ON DEATH, DYING AND MOURNING.

I recommend the following action (indicate one):

- 1. Approved for clearance as involving minimal risk to Human Subjects
- 2. Approved for clearance with risk to Human Subjects
- 3. Approved for clearance when the following conditions are met:

\_\_\_\_\_  
\_\_\_\_\_

4. Return to principal investigator for following reasons:

\_\_\_\_\_

5. Expedited review (specify conditions(s) that merit expedited review):

\_\_\_\_\_

Approved with minimal risk       Approved with risk       Not Approved\*   
Terri Campbell      3/15  
 Signature      Date

Date of Committee Clearance 3/24/88

Official Signing for Institution [Signature]

Chair, Human Subjects Institutional Review Board

[Signature] for S.S.

Serena Stanford, Ph.D.  
Associate Academic Vice President  
for Graduate Studies and Research

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\* Return to SJSUF for full HSIRB review: