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"When Death Hits You in Your Face, You Have to Listen": A Qualitative Investigation of Peer Bereavement Support Volunteers in Black American Communities

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Abstract

Efforts to support grief in Black American communities are often under-recognized despite their potential to address negative mental health outcomes in this population. The aim of the current study was to qualitatively assess the community-level influence of bereavement support programs on predominantly Black communities in Baltimore, Maryland. Five focus groups (*n* = 23) were conducted with volunteers from a non-profit bereavement organization. Participants were queried about how their training may be sustainably applied as a community resource in Baltimore City. Thematic analysis from focus groups revealed three main themes: (1) enhancing feelings of belongingness fosters a sense of community cohesion, (2) use of bereavement support tools as a source of personal healing, and (3) applications of bereavement support in the community. Implications of our study support the widespread influence of peer-led bereavement support training to reduce the reverberating impact of personal and collective grief in Black American communities

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Introduction

In recent years, Black Americans encountered more frequent grief resulting from ongoing national and community-level crises, including the COVID-19 pandemic and increasing rates of self-injury (e.g. overdose deaths and suicide) and state-sanctioned (e.g. police and law enforcement) violence (Bray et al., 2021; Center for Disease Control, 2022; Fortuna et al., 2020; Ramchand et al., 2021; Sharpe et al., 2012). These crises contribute to high rates of premature mortality among Black Americans and persistent mental health challenges, including more reports of poor mental health days and an increase of suicidal thoughts and behaviors (Bor et al., 2018; Bray et al., 2021; Emergency Task Force on Black Youth Suicide and Mental Health, 2018). Indeed, for Black Americans, the potential negative mental health consequences of loss are not limited to the death of personal, familial, or peer contacts, but may also result from more wide-spread exposure to loss in the community (Laurie and Neimeyer, 2008; Wilson and O'Connor, 2022). As a result, both personal and collective bereavement may negatively affect the wellbeing of Black Americans and catalyze unintended mental health consequences. Outside of individual or family-based bereavement support programs, little research has been done to address the resulting emotional trauma associated with community-level bereavement, particularly in states that have disproportionate mortality rates of Black Americans.

Not only do Black Americans experience significant prolonged personal and collective grief, but they also are more susceptible to cultural trauma resulting from high-profile instances of racism and increased media attention resulting from such atrocities (Wilson and O'Connor, 2022). These experiences, which are becoming increasingly common and visible in mainstream media, result in poorer mental health among Black Americans and have population-level effects on the mental wellbeing of these communities (Bor et al., 2018). Additional consequences of collective grief in racialized populations remain unexplored, but grief scholars posit that the cumulative effect of both personal and collective grief experiences can produce long-term harm to communities experiencing disproportionate rates of mortality (Umberson, 2017). Indeed, few empirical studies explore the influence of collective grief as a function of shared cultural experiences. Results from a study conducted by Laurie and Neimeyer (2008) concluded that Black Americans report higher levels of complicated grief than their White counterparts. Moreover, results that Black Americans report more stress as a result of traumatic circumstances, such as homicide (Norris, 1992), necessitates the need to develop bereavement support services that are tailored to the healing of Black American communities.

Despite the common experience of bereavement, few programs have focused on mitigating the experience of loss over time and leveraging peer-led bereavement

support as a mechanism for healing. Moreover, bereavement programs that are centered in and responsive to the cultural needs of Black American communities are frequently not accessible or even available (Forte et al., 2004). Notably, this population faces disproportionate rates of traumatic loss and resulting stress from such experiences, compared to the general population (Fortuna et al., 2020; McDevitt-Murphy et al., 2012; Norris, 1992). These effects of traumatic loss have been further compounded by COVID-19, with non-Hispanic Black Americans experiencing 1.7 times higher rates of mortality due to COVID-19 than White Americans (Center for Disease Control, 2022). Needed bereavement support interventions include individual or family healing as the core focus of its curricula (Sikstrom et al., 2019) and as a consequence, confines the potential community-level impact of these programs. One such opportunity to address collective grieving processes in historically racialized communities is to leverage programs that train those who have experienced loss to provide peer-led bereavement services in the community. To understand a way that this gap could be addressed, the goal of the current study is to qualitatively examine the community-level influence of a peer-led bereavement support volunteer program in a Black community. We conducted focus groups to evaluate a community-based bereavement organization to assess the potential reach of such training in neighborhood settings.

Methods

Overview of bereavement program

Roberta's House is a non-profit community organization located in Baltimore, Maryland focused on addressing grief as a public health issue. In Maryland, Black residents comprise about 30% of the population, yet represent close to 50% of the COVID-19 deaths (Cohn et al., 2020; Maryland Department of Health Vital Statistics Administration, 2022). In Baltimore City, the age-adjusted rate of premature death was among the highest compared to any other Maryland county, with rates in 2020 at 757.7 per 100,000 (Federal Reserve Economic Data, 2022). Roberta's House programming provides bereavement support in predominantly Black communities that are disproportionately impacted by the reverberating effects of loss for both adults and children. In addition to services by licensed mental health professionals working for Roberta's House, the organization recruits and trains male and female volunteers who substantially increase the support available for Black families, especially low-income communities in need of bereavement support. Approximately 90% of Roberta's House volunteers identify as Black or African American. Upon completion of a 24-hour training seminar, volunteers serve as facilitators or co-facilitators of peer support bereavement groups. Volunteers also participate in one quarterly training or group supervision after each group session and maintain continuing education coursework provided through Roberta's House.

Sampling and recruitment procedures

The research team was comprised of the volunteer coordinator, a clinical psychologist, and masters and doctoral level academic researchers. The qualitative study was part of a larger mixed-methods project focused on further strengthening a community-academic partnership between Roberta's House and public mental health researchers in Baltimore, MD. Study participants were purposively sampled by the volunteer coordinator, who selected participants to participate in the focus group based on the eligibility criteria set forth for the study: (a) Black and/or African American adults (18 years+), (b) had lived experience of bereavement due to violence, addiction/overdose, or suicide, and (c) were identified as current or past volunteers in the Roberta's House volunteer network. Other than the eligibility criteria, the volunteer coordinator also selected participants with specific perspectives that would add to the thematic richness of our dataset, such as gendered approaches to volunteerism and variation in bereavement loss (e.g. close family, friend, community member). Study advertisement was distributed to all active volunteers ($n = 125$). We then selected 23 participants for further discussion via focus groups. Inclusion criteria also included English proficiency and access to a computer or phone for virtual focus group participation via Zoom. Once volunteers were identified, a separate member of the research team reached out to further assess eligibility for the study as well as obtain informed consent.

Data Collection

The focus group guide was developed by the research team and focused on (a) determining the important attributes of the volunteer program and (b) how volunteer training has been and can be sustainably applied as a community resource in Baltimore. Focus group discussions were conducted by members of the research team. All focus groups were audio-recorded and transcribed verbatim via Zoom. Participants were compensated $25 upon completion of the focus group. The research team convened following the completion of the focus groups to determine patterns from the focus group discussions that connected to our research questions.

Qualitative data analysis

Focus group discussions were coded and analyzed using a team-based inductive and deductive analytic approach, which focused on generating themes related to emerging codes and the overarching research question, respectively (Guest and MacQueen, 2008; Skjott Linneberg and Korsgaard, 2019; Stuckey, 2015). All coders received training to use Dedoose qualitative software to conduct analysis. Coders also reviewed transcripts and listened to the associated audio prior to initial analysis. First, two independent coders developed an initial codebook from the first two focus group transcripts. Remaining focus group transcripts were then coded by two different coders in our research team. During the analysis, coders also created analytic memos and conducted

consensus meetings with the entire analytic team to finalize the completed codebook. Once all transcripts were coded, the team communicated iteratively to clarify coding patterns and reconcile inconsistencies across coders. Second cycle coding was then conducted to further reduce codes into themes consistent with our research questions. Final themes were discussed with the analytic team for feedback and consensus. All qualitative analysis was conducted in Dedoose v. 8.0 (2018).

Results

We conducted five focus groups of 23 individuals with Roberta's House volunteers in May 2021. The average length of service as a peer support bereavement volunteer was 5.6 years. The majority of participants were group facilitators (34%), youth summer camp volunteers (30%), followed by community outreach workers (21%), and administrative duties and fundraiser workers (15%) at Roberta's House. From these focus groups, three themes emerged from the transcripts (1) enhancing feelings of belongingness, (2) a source of personal and familial healing, and (3) community extensions of bereavement support.

Theme #1: "Being part of a community": enhancing feelings of belongingness fosters a sense of community cohesion

Most volunteers described their own personal experiences of grief, which led them to seek support through bereavement services. These experiences subsequently led to participants' desire to become a volunteer themselves. Participants described the rationale behind their volunteerism as creating a sense of belonging in their communities and fostering connectedness to the organization itself. This sense of belonging was described by many participants as extending beyond the bereavement center itself, by catalyzing volunteers' interest in serving the broader community as well. As one participant describes: *One of the major things that made me want to volunteer in my community was, first, I saw a need within myself that something I didn't have. I figure that a lightbulb kind of went off like, I wonder how many other people might be going through the same thing I'm going through who need some type of services?*

While some participants were motivated to volunteer at Roberta's House due to personal experiences of grief, others described their volunteerism as a mechanism for community service. As one participant noted: *It wasn't a death that brought me to [Roberta's] House. It was, again, my interest in learning more, being a part of the community, giving back to the community and how I could be supportive to the community.*

As some participants recounted their transition from loss to volunteerism, they mentioned the ability to find new purpose and meaning associated with their bereavement support role. Others recounted how support from their own community cultivated their own healing and belonging to others. As one participant noted: *It gave me a comfort and a soothing feeling that that's where I was supposed to be, that that*

was what I should be doing. Many respondents described a divine process of connectedness that resulted from volunteerism. As one participant stated: *you never know who the spirit leads you to.* Others directly referenced the Christian spiritual faith by noting: *As I grew in my faith, I realized that God was preparing me for everything else that was to come in my life.*

Theme #2: "It's OK to feel how you feel": use of bereavement support tools as a source of personal and family healing through emotional acceptance

Another emerging theme is the use of training from Roberta's House as a pathway towards both personal and familial reckoning with emotions surrounding grief and other stressors. Some respondents, particularly those with a personal experience with grief, described the use of bereavement support tools that they acquired as a volunteer as a way to address their own emotions related to loss. Specifically, these volunteers described the process of acceptance in their personal grief narrative that resulted from their participation in bereavement support training. Subsequently, they were able to leverage their personal healing as a way to evaluate the effectiveness of the bereavement training itself. As one respondent stated:

> *I found out the best way to be effective is when I've had loss and death and family. Did my advice that I've been given to everyone else make any sense to me? You know, I spent a long-time giving people grief tools and telling them a whole lot of ways to cope or how to push through their triggers and not try to avoid them. But when death hits you in your face, you have to listen to the advice that you've been given by other people that, you know, if you've been effective at all, sometimes it makes you re-evaluate your method and your route.*

Other respondents noted that there was variation in how these tools were applied in their everyday lives, but some narratives focused on their own personal journey of coming to terms with identifying and maintaining emotional states that result as a function of personal loss. While creating a personal space for their own healing, these participants also described the application of these tools in family settings. This process was described as emotional acceptance, which was critical in these discussions to maintain a sense of normality regarding emotional expression in their own families.

> *And I think that might be the biggest part, even outside of grieving, just feeling my emotions. It's helped me to really be able to just be like, it's OK. It's OK to feel how you feel. Even if it's not happy all the time. You don't have to always be together. You can just be a mess, or you can just be sad.*

Another participant noted:

> *It's helped me in so many ways, even in raising my kids like to let them know what's wrong? You ok? You're not having a bad day? You're not having a good day? You know what's*

going on? I just let them know it's ok. And to know that I can be emotional in front of them and let them know that that really is a part of life.

In the professional setting, one respondent addressed the experience of supporting a community member with prolonged grief and emotional acceptance as a professional mental health provider: *Well, from what I hear from a lot of clients, is: "Is it normal for me to still be crying?" You know, they've been deceased for like a year. "Is this normal?." So, you know, just taking it back to training…we know there is no timeframe or expiration date on grieving. Right? So it happened 20 years ago, and it may just hit you like it happened a second ago, you know, reminding clients and whomever that is normal to cry, and it is normal to grieve. That it never stops.* Similar to narratives provided with the first theme, focus group discussions described Christian religiosity as a tool for both personal growth following a traumatic loss as well as a mechanism for emotional expression. As one participant noted: *Don't you think God gave you tears so you could cry? Don't you think he's he provided you with these emotions so you can use them?*

Theme #3: "People are listening": community extensions of bereavement support

Our moderator's guide and subsequent focus group discussions concluded with a conversation on how the bereavement support tools they received in volunteer training extended into everyday interactions in their communities. Participants described various community settings in which these tools were applied, including schools, churches and families. One participant described this as an "empowering" process that has a domino effect of catalyzing others in the community to share support and tools with their social networks. This support also extends intergenerationally to youth that are newly experiencing loss and bereavement. Narratives included being a guide or conduit of one's grief experience and helping others "move forward" in their grief journey. Respondents also described bereavement as a result of the COVID-19 pandemic as a particular source of traumatic loss that is affecting bereavement at the community-level. One participant describes this process of knowledge exchange as such:

You know, the more I get, the more I can empower the griever. And then that griever can empower others like family members, because when I talk with them, I do. I ask about the family members, how are they dealing with it?

Participants identified community settings, such as school and church contexts, which may facilitate the dissemination of bereavement support tools.

Sometimes young people ask questions about death and what not and being able to just kind of answer that or give them something that they can read or see so they can research it

and understand it themselves, you know, to have a better understanding. Put them or point them in the right direction and allow them to read it and see it.

In the community I've used Roberta's House in my church even through this pandemic overall when I come across anyone who has not only the pandemic because a friend of the family, her husband had just been violently killed and she has two young daughters and they are currently going through loss. When I come across anyone who has suffered any kind of loss, traumatic loss, I always refer them to Roberta's House. And I'm happy to know that sometimes a lot of them do go. So people are listening.

Discussion

Volunteer bereavement specialists provide an innovative pathway to healing in communities disproportionately impacted by premature and traumatic mortality. By understanding the extent to which bereavement support training can improve mental wellbeing at the community-level, researchers and public health interventionists will be able to further promote psychological wellbeing in communities impacted by loss. The current study illustrates important insights towards the impacts of bereavement volunteer training on communities disproportionately affected by mortality burden. Our results indicate that bereavement training can be meaningfully integrated into community settings, such as schools and churches, to reduce the reverberating impact of grief in Black communities. Notably, our qualitative themes describe a pathway of healing from the volunteer to the community, with a number of respondents describing their own personal healing from grief prior to sharing bereavement support tools with others. For some, this experience was the guiding motivation for volunteerism itself, whereas for others with no significant grief experience, the community was the guiding focus for their entry into becoming a bereavement support.

Previous research suggests that the process of grieving in Black American communities is not an acute process, spanning only during the initial period of loss, but rather a more prolonged experience that may be catalyzed by either personal or collective loss (Wilson and O'Connor, 2022). Moreover, the current scholarly landscape of grief research is described by scholars as "too narrow in scope" to encompass grief that is experienced by Black Americans (Laurie and Neimeyer, 2008). Indeed, the understanding of collective grief in Black American communities necessitates additional considerations for bereavement support programs in these populations. To date, the field of bereavement has focused on expanding conceptualization of traumatic grief as well as prolonged grief (M. Stroebe and Schut, 2006; Szuhany et al., 2021). Yet, few grief theorists and associated studies focus exclusively on how these experiences occur among Black Americans (Laurie and Neimeyer, 2008; Moore et al., 2022; Wilson and O'Connor, 2022). Indeed, along with the rise in Black Lives Matter coverage in the United States since 2020, there has also been increased media exposure to the state-sanctioned violence against Black Americans (Carney and Kelekay, 2022).

Moreover, understanding the historical and contemporary underpinnings of traumatic loss in Black American communities, marked by a past legacy of enslavement, and both historical and current racial violence is needed to further shape bereavement support programs aimed at Black Americans. Currently, bereavement support programs are limited in duration and scope, focused on individual or family therapy for a limited amount of time following the loss of a family member or peer (Forte et al., 2004). Furthermore, these programs can be specifically tailored to a particular manner of death or loved one, such as loss of a parent or child or loss due to suicide or other traumatic instances (Auman, 2007; Bergman et al., 2017; Efstathiou et al., 2019). In addition to these areas of emphasis, bereavement support programs should also build capacity on sustained and long-term models of support that includes collective and intergenerational perspectives on loss, as described in our study results.

Peer support models of bereavement care, such as the organization highlighted in this study, offer asset-based social support to those with shared cultural perspectives on grief. These approaches can be augmented to other culturally appropriate interventions for bereavement support, including leveraging faith-based organizations, shared cultural religiosity, and communal gatherings (Burke et al., 2010; 2011; Laurie and Neimeyer, 2008; Taylor and Chatters, 2010). Our study examines both the individual and community-level influence of bereavement volunteerism in predominantly Black communities. Given the disproportionate rates of premature and chronic-disease related mortality among Black American populations (Cunningham et al., 2017; Geronimus et al., 2011), it is important to expand the reach of grief management programs to support healing in these communities. The responses from volunteers included in this study reflect the process of healing from grief, notably the need for personal healing and then its extension to others in need when the time arises. Although some respondents highlighted the use of these tools in family dynamics, other volunteers noted that they did not need a personal connection to the bereaved that they were supporting in the community. Instead, these individuals leveraged their own experience or common understanding of grief to connect with others and subsequently share their approaches for handling loss.

An additional emerging result of this study was the discussion of posttraumatic growth, which was described by several volunteers as they recounted their trajectory from personal loss to volunteerism. Posttraumatic growth, defined in the literature as positive psychological processes and outcomes that result from coping with trauma (Tedeschi and Calhoun, 2004), has limited applications in bereavement and grief research (Michael and Cooper, 2013). However, this unexplored factor may inform future studies focused on resilience among the bereaved by cultivating skills related to coping with loss and renewed involvement in their surround community and social networks. At the community level, developing an enhanced sense of belonging among bereaved Black Americans may reflect a level of posttraumatic growth in the context of racism and intergenerational trauma that parallels the individual processes described in our study (Grier-Reed et al., 2022).

Strengths and limitations

To our knowledge, this is the first qualitative study focused on describing the potential pathways from personal to community-level impact of bereavement support in racialized communities. As many of the participants experienced loss themselves, their views on the widespread impact of bereavement support were rooted both in their lived experience and in the community, at-large. The inclusion of peer-led bereavement support volunteers strengthens this study's ability to observe and reflect on the influence of grief resources among Black Americans, specifically. Future studies should include a wider sample of those with varied experiences of grief, including traumatic and collective experiences of loss that affect minoritized communities, including, but not limited to, sexual and gender minorities and other racial and ethnic groups.

Consistent with the goal of qualitative research, we do not claim generalizability of our findings, but rather offer a contextual set of themes and narratives that reflect the transfer of knowledge related to bereavement support in Black communities. Due to our purposive sampling methods, we did not have equal gender representation in our narratives, as the majority of respondents identified as Black women. Despite these limitations, we built trustworthiness and rigor into the study through interviewers' writing field notes in the analytic process and debriefing together after focus group discussions. Our research team also reflected diverse perspectives from researchers, clinicians, and community members that have experienced personal loss themselves, work at the bereavement center full-time, or identify as Black Americans. These reflexivity techniques may help to minimize researcher biases that may have informed our data collection and analytic procedures (Lietz et al., 2006).

In the tradition of qualitative research, the goal of our study was not to build consensus on the phenomenon of bereavement support in Black communities, but rather to expand the narrative of how these programs can support individuals beyond the bereavement support organization itself. Collectively, we believe the results of our study sets forth an important foundation for assessing reach and impact of bereavement resources in communities disproportionately impacted by loss. Selective interventions administered by community-based bereavement programs may have the capacity to prevent complicated bereavement and reduce health inequities. These tailored programs should focus on enhancing culturally relevant bereavement services, which are critical in supporting the unique mourning rituals that guide Black Americans when they are coping with loss and grief (Moore et al., 2022).

Conclusions

The themes derived from this study support the notion that bereavement tools can have a broader influence in racialized communities that are disproportionately impacted by loss. While it is true that bereavement is a universal phenomenon, Black Americans experience immeasurable loss of loved ones due to the COVID-19 pandemic coupled with existing inequities that influence the mortality rate

(Center for Disease Control, 2022; Fortuna et al., 2020). Moreover, this population contends with systemic consequences of widening racial disparities in morbidity and mortality (Harper et al., 2012). Consequently, the provision of collective, community-focused bereavement support is a critical opportunity for healing among Black Americans that necessitates further investment of local and federal resources. Such programs could disseminate information on healthy coping strategies, provide group-based and individualized peer support, and maintain supportive contacts with bereaved individuals over time. Results from our study provide a rationale for future community-academic partnerships to explore public health policy to address grief among members of predominantly Black communities.

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