

RECOGNIZING AND TREATING DISENFRANCHISED GRIEF

BY TRICIA TOTH, RCC

“I feel like my son is dead,” Mary* cried, while she sat across from me on a pale-yellow couch. “He is walking the streets, sleeping on them actually, and yet, he is no longer a part of my life.”

Five years earlier, her 15-year-old son Dustin began to associate with an older peer group. Mary and her husband Pete had found drug paraphernalia in his room, confronted him, and had him attend a series of meetings for drug and alcohol awareness. However, Mary said, “Dustin slipped away from us. He became defiant and argumentative.” The couple experienced their “bottom line” two years earlier, when Dustin had stolen a large sum of money from them along with their family car.

With clinical support, they hosted an intervention; ultimately, Dustin chose not to fulfill their expectations and, consequently, left their home.

Mary talked to me tearfully of her many nights of lost sleep, calls and visits from the RCMP, and Dustin’s two near-death overdoses. Although Dustin is very much alive, she and her husband are grieving the loss of the life and relationship they once had with him.

Mary feels devastated and alone.

“I have no one to talk to or turn to. Dustin has burned so many bridges that everyone seems relieved he is no longer in our lives. I’m trying to move on, yet there is no one who understands this loss.”

I explained to Mary that, like many others in her situation, she is experiencing disenfranchised grief.

DISENFRANCHISED GRIEF

Disenfranchised grief is experienced while mourning a loss that is not accepted or understood by others — losses that are not given adequate validation and leave the mourner feeling unheard and unsupported. The loss often has a stigma associated with it or to the relationship one has with it. Also, because it has not been discussed enough by those experiencing it, the loss — and the depth of that loss — may not even be recognized or understood by others.

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There may be a reluctance to discuss the loss due to associated guilt or shame, such as in cases of accidental death, suicide, or overdose.

Disenfranchised grief may also be experienced when there are negative feelings associated with the deceased, such as in the death of an abusive partner or when an affair has taken place. Estrangement from a relationship, rather than a death, may bring about disenfranchised grief. For example, the loss of an ex-partner and/or their family members due to divorce, disconnection due to substance abuse, mental health problems such as dementia or Alzheimer's disease, and family alienation resulting from different belief systems, religions, or political doctrines. Other examples, include disenfranchised grief resulting from unfulfilled goals and aspirations, failed business ventures, and changes felt after an economic downturn, such as losing a home or job, bankruptcy, and alterations to lifestyle and supports. Grief can result from moving from one home, community, or cultural upbringing to another.

LOSS AND SHAME

Others may not acknowledge or recognize our grief for several reasons. One is that there are cultural differences where some losses are considered more significant than others. Within North America, the most recognizable loss occurs when

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a biological family member dies. However, shame or guilt associated with our loss may prevent us from adequately talking about it or seeking support from others. For instance, when a friend or family member dies due to suicide, surviving members may feel they missed the signs of depression or could have somehow prevented the tragedy. They may even feel they contributed to the death. Consequently, they may be reluctant to reach out for help. For some, asking about the loss

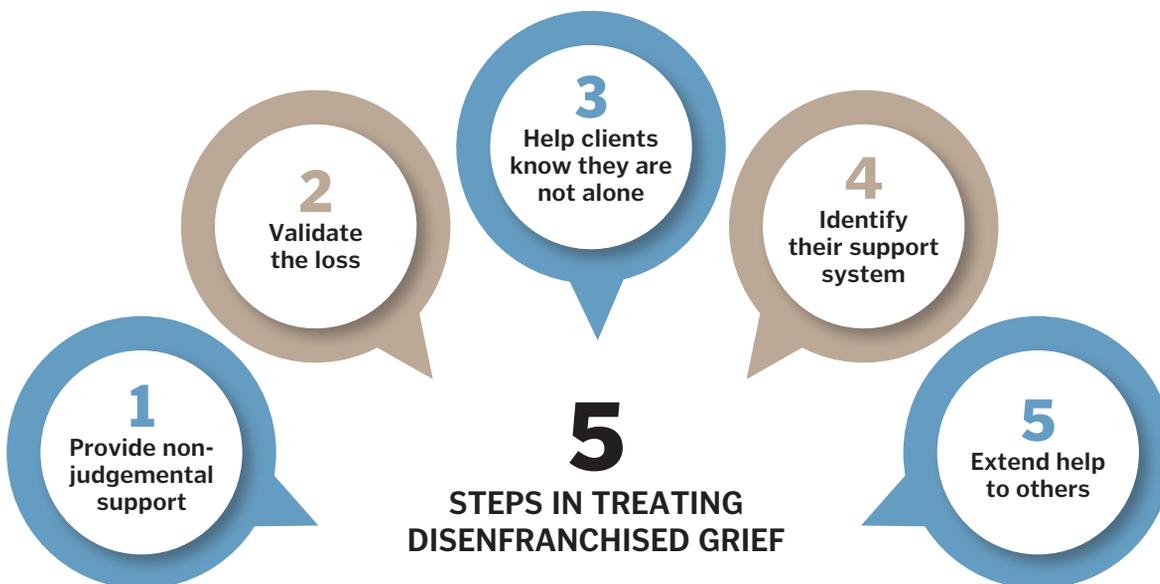
is considered taboo, in part because they don't know what to say, and also because they do not want to hurt the person mourning.

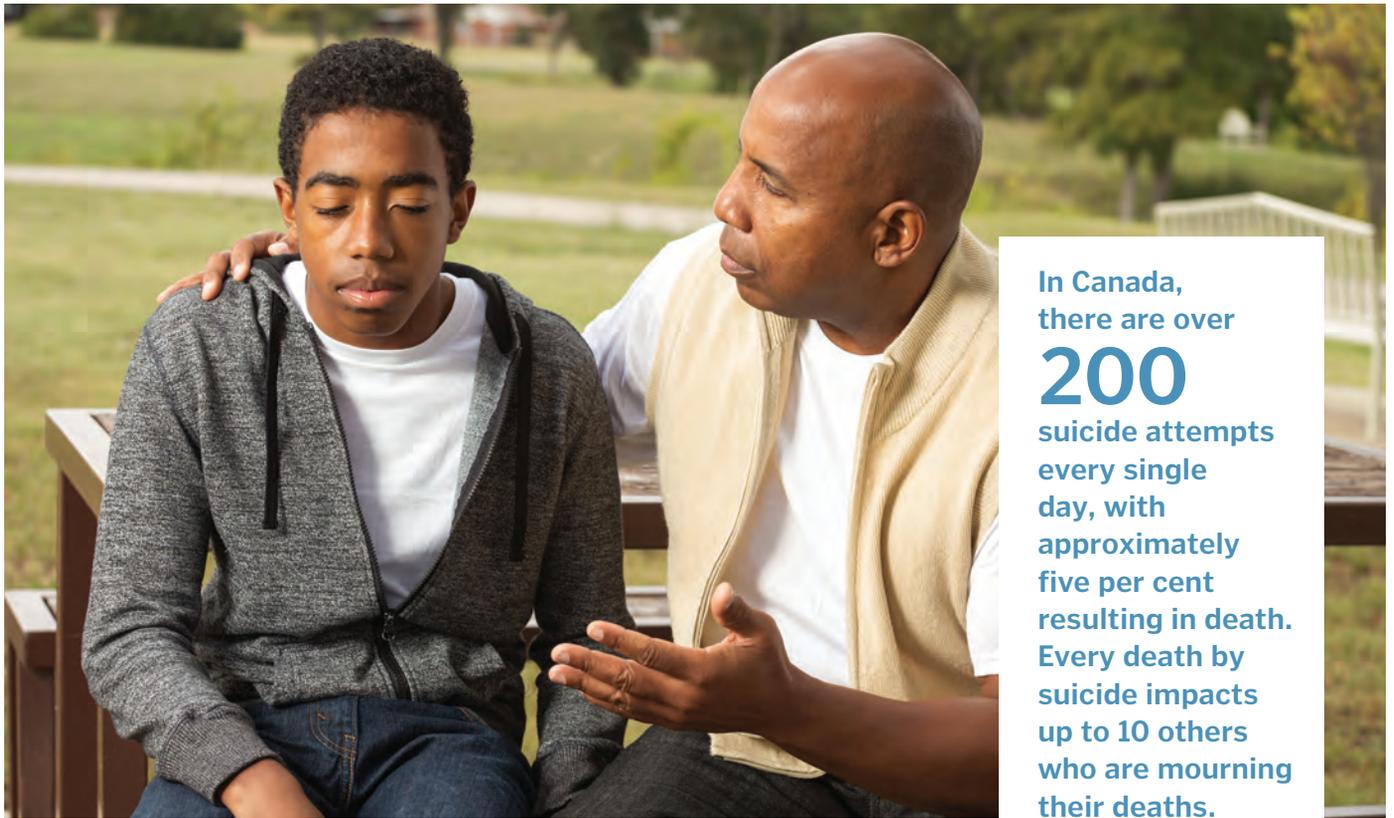
When Jack's daughter Sara committed suicide, he had never felt so alone. Not only had he lost his only daughter, but he also felt he had no one to talk to. He thought he should have recognized the signs of her growing depression and desire to end her life.

"She slept a lot and she was no longer interested in dance, which she usually loved. I just chalked it up to her being a teenager," he said.

Following Sara's death, Jack was reluctant to reach out for help, because he felt others would not understand or may judge him. Ultimately, his own pain became unbearable, and he contacted me for counselling and support. Jack was both relieved and frustrated to learn he was experiencing disenfranchised grief. While Jack was comforted in knowing he was not alone in his grieving process, he was equally disappointed that discussing death by suicide is so taboo.

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Doug and Frankie experienced a profound loss and lack of support when their daughter Renay died from a drug overdose at the age of 32. Renay initially became addicted to prescription drugs following a car accident in her mid-20s. As she became more dependent on drugs for pain management, she became more desperate and resourceful in accessing prescription and street drugs.

While Doug and Frankie sat hand in hand, Jack said, “She had her whole life ahead of her. We will never see her marry. We will never be grandparents.” Doug and Frankie are both in the health care field and felt they should have recognized the signs of her increasing

dependency on medication and intervened earlier.

Ultimately, Renay passed away after injecting heroin laced with fentanyl. Drug overdoses involving the opioid fentanyl now account for 81 per cent of all overdoses in British Columbia, and the number of deaths by overdose has increased by 143 per cent within the same time period last year, January to July. British Columbia has identified the current drug crisis as an epidemic, but families left to mourn death from overdose are often reluctant to share their experiences.

MINIMIZED OR UNRECOGNIZED LOSS

In some instances, others may minimize the loss. For example, because some people do not consider a foetus a child, they may minimize the experience of loss due to miscarriage. However, for

couples who experience miscarriage or stillbirth, they not only lose their child, but also the family they had envisioned for themselves.

The death of a beloved pet is another example of a loss that may be minimized or unrecognized.

After Malcolm’s wife Louise died following a battle with breast cancer, his children suggested he get a dog. Initially, he did not want the responsibility, but his daughter and son, who reside a province away, insisted because they felt their dad could use the company. Malcolm explained to me that his companionship with Mowat, a Labrador retriever, was instant.

“As soon as Mowat saw me, he rested his head on my foot. He seemed to know I was missing Louise.” Prior to Malcolm’s retirement, Malcolm and Mowat were inseparable; Mowat often accompanied Malcolm on his



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truck driving jobs. Malcolm described their bond as “totally non-judgemental love — best friends.” Malcolm said that with a pet, the relationship is free of conflict and drama. “Mowat was loyal and happy to see me — more than my kids were,” he joked.

When Mowat passed away following an abdominal infection six months ago, Malcolm was devastated. Malcolm’s daughter, who worried because her father had stopped eating and socializing, initially contacted me. It was difficult for Malcolm to explain to others the depth of his loss. Malcolm said he was deeply hurt and offended when his neighbour commented, “It’s just a dog.” Malcolm considered Mowat to be one of his closest companions.

TREATMENT CONSIDERATIONS

Disenfranchised grief should be given recognition and validation just as any other loss. The loss each of us experiences is real. It needs to be understood that grief is subjective and each person’s reaction to loss can vary. What one person finds devastating may be completely bearable for someone else. We should be careful not to assign our own judgement, but rather gain an understanding of the loss through the perspective of the client.

Just as each person’s experience with disenfranchised grief should be given individual recognition, so should their respective treatment plan. A client who is suffering from poor self-worth and lack of motivation may benefit from cognitive behavioural therapy. The loss of a job may be best treated with a solution-focused approach — a plan of action for exploring new employment or training options. A person who experiences the loss of a pet may benefit from discussing the significance of their relationship in depth using narrative therapy or expressing their grief through creative or symbolic work using art therapy. Working with clients who have experienced loss through miscarriage or abortion may benefit from an exploration of the mind-body-spirit connection through a holistic psychotherapy approach.

Losses can be particularly difficult for children as they often do not have any say or influence in the situation, such as with a move or change in schools. Treatment is beneficial in giving them a voice and opportunity to express and work through their emotions. Play therapy may be especially helpful, as children often lack the skills and maturity to understand the source of their pain.

Let your client know that others

have had similar experiences. One of the most popular posts on my blog site was acknowledging the grief people feel after the loss of a pet. For many, they considered their pets one of their closest companions in life, yet others often minimized the loss. Many who read the post found comfort in knowing they were not alone in their bereavement.

Encourage the client themselves to give the loss appropriate validation. Discussion and identification of the loss may be validation enough for the client, but some clients may benefit by giving the loss symbolic recognition — for example, writing a letter, wearing a piece of jewellery, getting a tattoo, creating an art piece, or performing a ritual or ceremony.

Help your client identify and seek out their support system. It is important for your client not only to know they are not alone but also to recognize where they can go for help. Some losses result in our clients becoming a support to others who have had similar experiences themselves. I have had clients write pieces and share them with others as well as join or initiate support groups.

Although disenfranchised grief is gaining attention, we have a long way to go. Many people still feel unsupported. Stigma associated with disenfranchised grief prevents those affected from opening up and seeking support. Awareness of disenfranchised grief in and of itself is one of the first steps

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necessary towards intervention.

Fortunately, there is a growing recognition of disenfranchised grief, and supports are becoming more available for those facing challenges. Most schools now employ counsellors, provide peer support, and offer preventative programs. Universities and colleges now have counselling and support available for students. Crisis intervention teams are put in place after a loss or tragedy in the work place, and counselling support has become a part of employee assistance packages. Suicide awareness is much more common, and resources are available for families to discuss their loss and share their stories with others.

With continued discussion and a growing initiative to combat disenfranchised grief, those affected will become more confident in sharing their painful experience and their healing, which will in turn benefit both those affected by disenfranchised grief and their caregivers. ■

*All client names and some details have been changed to protect client privacy.

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