Disenfranchised Grief: How Social Messages Affect Our Grief

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The Social Context of Loss

- We are basically social creatures, innately programmed to attach and we need to belong.
- It is impossible to separate out the individual from the family, society, and culture in which she/he lives.
- We are sensitive to social cues, which guide, shape, and mold our behaviours.
- We feel pain when we are rejected, shamed, or ostracized by our social group.

Social Pain Theory (Eisenberger, 2012; MacDonald & Leary, 2005)

- The experience of social exclusion and rejection are mediated by aspects of our physical pain sensing system.
- Social and physical pain share common physiological mechanisms.
- People will go through great means to avoid situations where they may experience shame or exclusion.
- Social pain may literally be experienced as physical pain.

The “rub” of our grief

- We exist in a society that values stoicism, efficiency, and productivity.
- Grief interferes with our ability to function well.
- We often feel pressure to minimize their grief, “place it on the shelf,” and act like we are OK when we aren’t.
- People don’t know what to say, how to act, or they often have “advice” that has nothing to do with what we are experiencing.

What is Normal Grief?

- More importantly, who decides what normal is?

Disenfranchised Grief

- Originally described by Doka(1989, 2002) to explore how social factors have an impact upon the grieving process.
- All grief is disenfranchised to some degree; the important consideration is the provision or withholding of social support based upon some aspect of the experience.

Disenfranchised Grief:

First Aspect:

What is lost is not considered valid, socially acceptable, or overly important.

Examples:

- Abortion
- Pet loss
- Loss of someone who is not a family member
Second Aspect:

The loss itself is not recognized or viewed as significant.

Examples:

- Miscarriage/Perinatal Loss
- Infertility
- Adoption (for birth parents, adoptive parents, and child)
- Loss of homeland
- Developmental milestones (i.e., moving away from home, “empty-nest,” retirement)

Third Aspect:

The grieving individual is exempted from rituals that might give meaning to the loss or is not seen as capable of grieving for the loss.

Examples:

- Individuals with developmental disabilities
- Children
- Same-sex partners
- Unmarried partners
- Partners of extramarital relationships
- Ex-spouses
- Grandparents/family members of ex-spouses

Fourth Aspect:

Some aspect of the death or loss is stigmatizing, embarrassing, or unacceptable.

Examples:

- Suicide
- AIDS
- Homicide
- Death as a result of lifestyle choices
- Uncovering of personal/family secrets with death
- Circumstances cause family shame or dishonour.

Disenfranchised Grief

The main issue with grief that is disenfranchised is the withdrawal or lack of social support, which can have a powerful impact upon the ability of the person to navigate a very difficult time.

Social Rules Relate to Disenfranchised Grief; Unrealistic Social Expectations and Rules:

- May stulte the adaptive process of grief.
- Often pathologize the normal, healthy grieving process.
What are the Social Rules about Grief?

- How long you can grieve
- What your grief should look like
- Where and when to express your grief
- Acceptability of grief is modified by factors that surround the loss—how the death occurred, whether it could be attributable to lifestyle factors or choices, other stresses occurring at the time, and characteristics of the person who died.

Emotions: Emotions are often stigmatized

- We tend to think of our feelings as primitive, irrational, weak, out of control, and pathetic.
- We are also very protective of ourselves when there are feelings around us that make us uncomfortable.
- It’s very hard to honour our feelings when the messages around us about our feelings imply that they need to be suppressed, contained, and managed.

Thinking Clearly (not)

- We Value Rationality and Intellect
- Experiences that make it difficult to access our intellect and reasoning capacity are frightening.

Why do these social rules about grief exist?

- Social need to “control” what is frightening or makes us appear vulnerable.
- We are generally uncomfortable with death and loss.
- We are taught that we need to “contain” our feelings and the rules assist us to do that.
- Keep us from feeling socially excluded at a time when we’ve experienced a wound to our attachment system.
- Serve as an attempt to maintain productivity and functionality.

Implications for these rules

- People who experience raw grief are often stigmatized (disenfranchised).
- Rigid “rules” about how we grieve don’t allow the grief to surface as it needs to do so.
- Grief can actually be prolonged rather than assuaged.
- Double bind—need to grieve versus not experience any further losses from people pulling away from us.

Important Question to Ask: What’s right about what’s wrong?

- In many instances, our grief responses make sense when placed in the context of the losses we have experienced, but these responses are often viewed as “wrong” socially because they aren’t abiding by the dominant social model of how grief should be experienced.
Mary Friedel-Hunt, a social worker whose husband died four years after he was diagnosed with Alzheimer’s disease, articulates this point very well in her blog:

“Just how long are we allowed to feel stunned? What are the social norms we "must" honor? How long does society allow us who grieve to have a "diminished sense of self"? How sad that this comes along at a time when so many are working so hard (and making headway) in changing the way society looks at and deals with loss and grief. The losers here are the bereaved themselves...I resent it when professionals (or anyone) decide that my (or those of my clients or any bereaved person) normal feelings and responses to such a loss are a medical issue, abnormal (prolonged, complicated, whatever), and that I (or other bereaved people) need treatment vs support (even treatment by meds that are sometimes harmful). I resent it when professionals negate the reality that we grieve a significant loss forever or when they deny that traumatic loss is defined by the traumatized person who needs only (in most instances by far) to be accepted, heard, felt and supported—not judged to be "sick," "symptomatic" and in need of "treatment." As a bereaved spouse, I choose not to pretend to "move on" (whatever that means) in order to avoid judgment. Maybe it means I forget the many, many years and sacred moments spent with him. I refuse to tell others I am "fine" to avoid judgment when I am feeling sadness at a given moment or on a given day. I am where I am and I encourage those I support to do/be the same.”

http://personalgrowthandgriefsupportcenter.com/1/post/2015/02/a-response-to-the-online-flurry-about-complicated-grief.html

What is Healthy Grief?

- Whatever is right for you at any given time.
- Will feel “twinges” of grief and pain in an ongoing way for the rest of your life.
- It is normal to have an ongoing relationship with the deceased.
- It is normal to not want to go on living at times.
- It is normal to struggle with concentration, memory, and decision-making.
- Varies greatly from one person to the next.

We like to feel we have control, and that is really an illusion... some people know this and some don’t. Grief teaches us the profound lesson of how little control we have over the people and things that matter the most to us.

Are there times when I should seek help with my grief?

- If you are unable to function in your daily activities or you are immobilized for such a long time that your physical health is compromised.
- If you are actively contemplating ending your life.
- If you are unable to sleep for at least 4-5 hours at a time after 6 months.

Take Home Message...

- Be aware of the unhealthy social messages about grief and consider their impact upon your grief experience.
- When disenfranchised grief is met with validation and understanding, the adaptive aspects of the grieving process can surface.
- Allow yourself to consider what’s right about what’s wrong.
- You may not be able to “convert” others to understanding the role of unhealthy social messages, but you can cultivate your own personal awareness and response to them.
Resources:


