



Disenfranchised Grief and COVID

The COVID pandemic has left in its wake devastation at levels that surpass the average percentage of mental health challenges before it arose. Research has proven that post-pandemic mental health difficulties, such as depression and anxiety, far surpass the pre-pandemic levels. Unfortunately, COVID has increased the number of deaths due to complications such as respiratory diseases, circulatory diseases, and other select causes of deaths. But by how much? Excess mortality is a term used in epidemiology and public health that refers to the number of deaths *from all causes* during a crisis above and beyond what we would have expected to see under ‘normal’ conditions. This is extremely difficult to estimate for multiple reasons including cause of death not reported as being COVID related. As a result, the number of deaths related to COVID are likely underreported.

Grievors, in any situation, run the risk of being disenfranchised. A disenfranchised loss is one in which the person is denied the right to grieve in the way congruent with his or her personal grieving process. Therefore, it cannot be openly acknowledged, socially supported, or publicly mourned. The relationship or loss may be considered as unimportant, replaceable, or stigmatized. People either openly ignore, openly reject, or disapprove of the person’s mourning responses. Therefore, the griever is either overtly or covertly denied the right to grieve, denied support that is very important in integrating the loss, or denied validation in order to heal.

There are several reasons and types of disenfranchised losses, which are listed below. It is important to recognize that when a death or loss is disenfranchised there is a greater chance of the person’s grieving process becoming complicated, even to the point of becoming a mental health disorder.

There are five categories of disenfranchised losses. When looked at through the lens of COVID and the grief associated with the loss of someone or something to the virus, disenfranchisement is present in all five categories.

1. The relationship is not recognized – The relationship is not kin-based. Examples include colleagues, neighbors, foster parents, caregivers, and gay and lesbian relationships. In many cases, caregivers and professionals who may not be family members (e.g., hospice workers, therapists, etc.), can be overlooked as having the “right” to grieve. For example, if a psychologist has been working with an individual in psychotherapy loses a client to COVID, he or she may not be able to reach out for support due to limitations in confidentiality. The relationship may not be recognized as being meaningful. Therefore, the rituals that are often available to the bereft, such as funerals, may not be accessible to the therapist as it can breach confidentiality.
2. The loss is not even recognized – Examples include pets, miscarriages or abortions, and losses that are not deaths such as a job, marriage, terminal or chronic illness, injury, or giving children up for adoption. Long COVID (the continued physical decline and impact of those who contracted the illness and survived but remain sick with secondary complications) is an example of a loss that can be overlooked or invalidated. As a therapist or professional caregiver, their losses also may be denied as valid. Examples of this may include loss of continuity of care, loss of the potential futures, the physical well-being of the caregiver or therapist, and secondary losses such as income.
3. The griever is not recognized – The person is sheltered or the grief is minimized. This happens many times with children (who are assumed to “not understand” what is happening). For example, people who lose loved ones due to Alzheimer’s and are placed in hospice and nursing homes are not often recognized as grievers because “the person is not dead.” It is often assumed that the professional caregiver is “just doing his or her job,” and therefore the loss is one of just many he or she experiences in the course of his or her work. As a result, the caregiver is disenfranchised.

4. The circumstances of the death – The type of death or loss can be stigmatized such as suicide, AIDS, abortion, or risky behaviors like drug use. Unfortunately, COVID, especially at the beginning of the pandemic, was infused with stigma. Thoughts such as “well, did he wear his mask?” or “she didn’t think it was any worse than the common cold” were statements made in the community. Caregivers may have felt the stigma, and may have chosen to not disclose the reason for the loss or death.
5. How the individual grieves – Many people deny another person’s grief because they do not understand the person’s personal, familial, and cultural expectations. Individual and families express their emotions differently than others. For example, those who did not grow up in an emotionally expressive home or culture may disenfranchise those who are more open in the expression of their grief. At any given period of time, approximately 60% of the population is actively grieving. This statistic increased as a result of the pandemic and resulting losses. Conflicts surrounding misunderstanding of the differences became more obvious, increasing the anxiety and depression of the bereft.

The reactions of others are the problem in disenfranchised losses. These reactions can be:

1. Avoiding contact
2. Discouraging communication or expression of emotions
3. Giving unsolicited advice
4. Making rude or insensitive comments
5. Expressing inappropriate expectations about the person’s mourning response

Disenfranchisement aggravates grief by:

1. Intensifying the emotional response
2. Creating the crisis of no support or recognition on top of the grief
3. Rituals and other things that help the person mourn are not given
4. No social support which makes the person feel alone and lonely

5. Makes the person grieve privately

How can someone help a griever?

1. Do not make rude or insensitive comments, or give unsolicited advice such as the comments below:
When things like this happen, all you can do is give it time and wait it out.
Eventually you will get over this.
The best thing you can do is put it behind you and get back to normal as soon as possible. The best thing to do is try to forget.
Face reality. She is dead. You need to move on to another relationship.
If you are going to mourn, you have to let go completely. If you do not let go, you are stuck in the past.
Remembering just adds to your pain and suffering. Try not to think or talk about it.
Don't keep talking about her. You should be more focused on who is still here.
Don't talk to your family (or others who had a relationship with the deceased) because it will just upset them and you.
2. Let the person talk about his or her feelings without trying to fix them
3. Understand that grieving is *not a linear process*. We do not just go from one stage or phase to another. People will fluctuate in their feelings. Let them do this without judgment. If they do not experience a feeling you think they should feel (e.g., anger), it does not necessarily mean they are grieving incorrectly
4. If another person's mourning is upsetting to you, find a way to talk to another person or work through your own sense of discomfort
5. Do not reject the person either in words or actions
6. Validate their feelings
7. Do not expect them to grieve the way you do or would
8. Understand that even if a lot of time has passed, it does not mean the survivors are not dealing with the loss. Grieving may take years, if not a lifetime. It

may not be as intense as in the beginning, but you may see anniversary reactions. This means that he or she may be sad, anxious, isolating, angry, or “touchy” around the holidays, birthdays, and the day the person died or when the loss occurred. This is normal.

9. Be careful in assuming you know how long a person “should” grieve. Sometimes the second year is harder than the first. Sometimes it is not.