

ECHO IDAHO

Behavioral Health in Primary Care

Disenfranchised Grief

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Learning Objectives

- Increase understanding of the role that disenfranchised grief plays in clinical practice
- Identify examples of losses that are often associated with disenfranchised grief
- Explore the typical course and presentation of grief
- Discuss clinical considerations for identifying and managing disenfranchised grief in practice

Disenfranchised Grief (Doka, 1989)

- **Grief that is not openly acknowledged, is not publicly mourned or socially supported, or that is misunderstood or trivialized**
- **Describes experiences in which either the loss is not recognized, the griever is not recognized, or the relationship is not recognized**
- **Marked by increased feelings of isolation due to lack of support and social awkwardness**
- **Lack of support and acknowledgment by others leads to feelings of shame, interpersonal conflict, and potential for lasting mental health struggles**

Unrecognized Losses

- Significant life changes/transitions
 - Retirement
 - Job change/loss
 - Transition to parenthood
 - Relocations
 - Aging
 - Loss of identity

Nightbitch (2024)



Unrecognized Losses

- Losses that are assumed to be less significant
 - Perinatal loss
 - Loss of a pet
 - Loss of a distant relative or an ex-partner

The Jane Austen Book Club (2007)



Unrecognized Losses

- Stigmatized losses resulting in denial or withdrawal of sympathy, validation, or social support
 - Suicide
 - Drug overdoses
 - Deaths related to criminal activity
 - Elective abortion
 - Incarceration

The Green Mile (1999)

This clip from *The Green Mile* contains a graphic depiction of electrocution and may be distressing to some viewers; please feel free to step away if needed.



Disenfranchised Losses

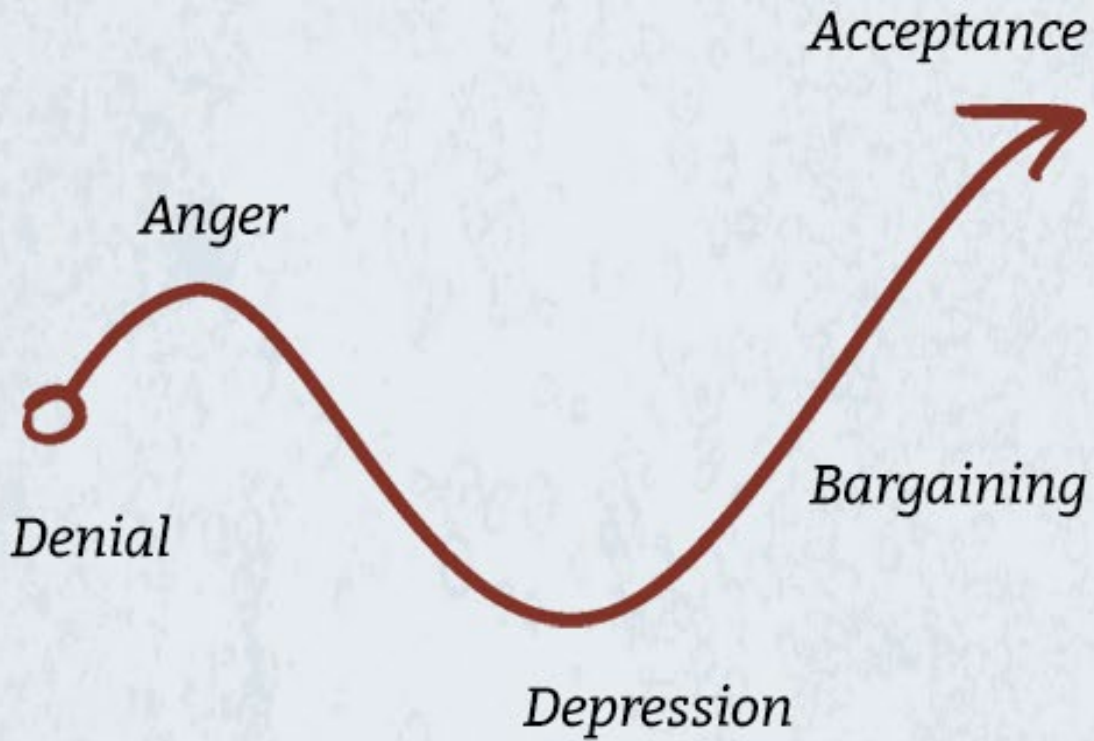
- Other examples
 - Loss of limbs, body parts, or bodily function
 - Giving a child up for adoption
 - Loss of opportunity
 - End of a significant relationship
 - Infertility
 - Family estrangement
 - Celebrity deaths

Stages of Grief

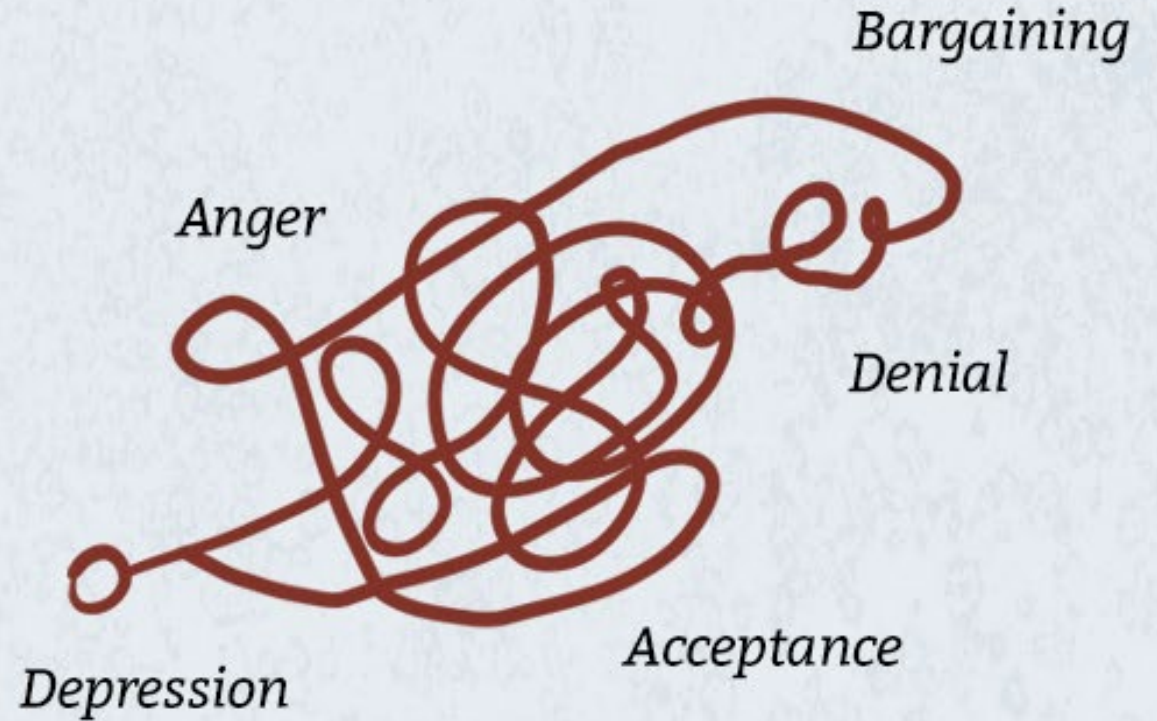
- **Coined by Elisabeth Kübler-Ross in her 1969 book “On Death and Dying”**
- **5 stage model**
 - **Denial (Disbelief)**
 - **Anger**
 - **Bargaining**
 - **Depression (Despair)**
 - **Acceptance**

Stages of Grief

The experience you expected:



The experience you got:



Grief or Depression?

- Many similarities, though distinctly different
- Clinical interview is critical
 - Identify trigger: loss-related or spontaneous?
 - Duration: Improving or persistent?
 - Mood pattern: Episodic or unrelenting?
 - History: History of MDD?
 - Intensity: Retained functioning or significant dysfunction?
- Unresolved grief can develop into clinically significant depression

Grief v. MDD

Criteria	Grief	MDD
Trigger	Identifiable loss	May occur without identifiable trigger
Mood	Intense sadness with moments of relief, humor, or positive emotions	Persistent sadness, nearly every day, with minimal access to positive emotions
Duration	Sx gradually decrease over time	Sx persist for more than 2 weeks and may worsen
Self-esteem	Usually unchanged	Persistent feelings of worthlessness or excessive guilt
Thoughts	Preoccupation with the loss	Persistent negative thoughts, self-criticism, hopelessness
Suicidal thoughts	May have thoughts of death as a way of joining a lost loved one	suicidal ideation due to worthlessness
Anhedonia	Still able to find pleasure in activities at times	Marked loss of interest in almost all activities
Social interaction	Generally maintains relationships, though may withdraw temporarily	Significant and persistent social withdrawal
Response to support	Generally comforted by social supports	Minimal or no improvement with social support

Clinical Considerations

- **Recognize and validate their loss and their grief**
- **Encourage patients to feel the feelings as they come, while working to decrease collateral damage**
- **Help them create language around their loss**
- **Encourage rituals that support grief and honor loss**
- **Encouraging sleep hygiene**
- **Provide psychoeducation and support**
- **Medications when necessary for unmanageable symptoms**
- **Be aware and sensitive to cultural considerations**

Not-so-helpful Language

“At least.....”

“I know someone who....”

“You can always.....”

“Everything happens for a reason”

“Try and be grateful. It could have been so much worse”

“This happens to lots of people”

“I understand what you are going through. I went through the same thing”

“Well, just think on the bright side.....”

“You weren’t that close, right?”

Useful Language

“I am so sorry for your loss”

“I know it can be hard when we don’t have answers to our questions”

“If there is anything I can do for you in moving forward, please let me know”

“This is such a tough thing to be going through. It is ok to feel sad/angry/confused”

“It really sucks when you don’t get the experience that you were hoping for”

“This must be so hard for you. I am sorry that you are going through this”

“If/when you would like to talk about it, I am here”

References

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