

Understanding Disenfranchised Grief and Mourning During a Pandemic



(This article by Naomi Paget was taken from a larger work – “Ministry During Pandemic: From Awareness to Implementation.” Used by permission. Greg Sumii, former CSBC staff member, gives practical care suggestions for pastors/church leaders.)

By Naomi Paget

Understanding Disenfranchised Grief and Mourning

Whether the decedent is a victim of COVID-19 or has died in the due course of unrelated events, grieving and mourning will be disenfranchised by the simple reason that people cannot gather together and provide comfort in the usual meaningful ways.

Traumatic grief often occurs when death is not expected or when the individual death is part of a mass fatality event such as in the sudden and unexpected crisis of pandemic. Survivors are in shock and make little sense of what has happened. Anxiety is high and the forced separation during the sickness and dying process cause exacerbation of the anxiety. Patients will die alone – without their loved ones near. Loved ones will feel guilt, knowing that no one wants to die alone.

In the event of pandemic and social distancing, traumatic grief becomes disenfranchised grief. The socially accepted ways of grieving and mourning do not take place (gathering for funerals, wakes, visitation, etc.) and the emotional consequences include additional anxiety, a feeling of isolation, a sense of abandonment, and misunderstandings of many kinds.

How will one demonstrate the significance of one’s loss if there is no funeral, no flowers, no music, no pictures, no memorabilia – no people to share the experience of one’s loss? When grieving and mourning are defined by tradition, survivors may feel significant disenfranchisement when those traditions are not upheld.

According to an article on the Japan Today website “...in situations where there is no funeral, the social group does not know how to relate to the person whose identity has changed and often that person is socially abandoned. In addition, having supportive friends and family around us at the time of the funeral helps us realize we literally still exist. This self-identity issue is illustrated by a comment the bereaved often make: ‘When he died, I felt like a part of me died, too.’”

Disenfranchised grief and mourning may cause multiple emotional and social challenges. People with disenfranchised grief may experience depression, withdrawal from family and friends, somatic issues, and even a sense of guilt.

Cost of Complicated Grieving and Mourning

When the assumptions of one's life – the expectations and beliefs – are not realized, many survivors experience complicated grieving and mourning. There was no time to say “good-bye,” there was unfinished business, and sometimes the loss is ambiguous. It feels unbelievable that “we” are going through such an implausible time such as this. “He was only twenty-two.” “But it was just a bad cold.” “It was supposed to be our cruise of a lifetime.” “I let him die alone.”

Grieving lasts a lifetime, although the intensity of that grief will probably lessen over time. When the rituals at the end of life don't happen and when community is prohibited from gathering in consolation, the needs of the griever seem to increase. There's a void that cannot be filled. Communication without eye contact, gestures, and compassionate touch seems superficial and insincere. The needs of the griever seem to increase as the griever experiences secondary losses – not enough affirmation, not enough stories, not enough hugs, not enough tears, not enough tradition, and not enough sources of support.

The emotional and spiritual cost of grieving and mourning during pandemic will be great. Disillusionment, depression, loneliness, and abandonment will only be the initial psychosocial cost of grief during pandemic. There may be no sense of honor or tribute to the ones who have died during this time. There may be a sense of guilt or shame in not providing the traditional end of life rituals that were so deserved. There may be doubt that “we did the right thing,” or that “we did all we could.” These will be difficult and challenging days for those who survive and deal with the end of life issues surrounding pandemic. These are uncharted waters filled with challenges that will perplex and confound us. We will collaborate with the experts, confer with the experienced, and pray with the faithful. In the end, we still know, “The best way out is always through” (Robert Frost).

God comforts those who mourn

Blessed are the poor in spirit, for theirs is the kingdom of heaven. Blessed are those who mourn, for they shall be comforted. Blessed are the gentle, for they shall inherit the earth.

Matthew 5:3-5 (NASB)

Principles from this article:

- A pandemic may disenfranchise the grieving process.
- Disenfranchised grief: When the griever is denied the right to grieve.
- Disenfranchised mourning: When the griever is denied the right to mourn.
- Emotional consequence for disenfranchised grief and mourning include anxiety, isolation, abandonment, and misunderstandings.
- Grieving lasts longer when it is disenfranchised.
- The emotional and spiritual cost of grieving and mourning during pandemic will be great.



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Providing Pastoral Leadership and Care to Families

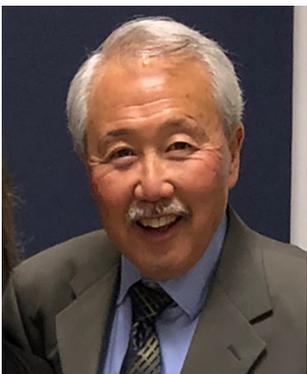
By Greg Sumii

Dr. Paget has done an excellent job in forewarning the scenario given the pandemic restrictions at hospitals. She has concisely spelled out the dismal predicament of both the dying and the bereaved- they need contact and be able to say goodbye.

Every pastor needs to know and understand they may have families facing this very situation. The current reality is that hospitals are enforcing a “no visitor” policy which brings about the scenarios Dr. Paget addressed. It remains to be seen if an exception is made when a spouse, parent or child is dying. My guess is that the restriction would still hold in protection of the virus for other patients or medical personnel from the visitor.

Here are some possible ways to provide pastoral leadership and care to families facing this crisis:

- Pastors can contact the hospital chaplain and minister through him/her. The chaplain is a hospital employee, so they have someone on the inside to work through. This could include being the go-between of communications. The chaplain could use his cell phone for facetime or skype for family members to “visit.” Or they can record a video and text it to the chaplain to be played.
- If the family member is terminal, the family could make a formal request to the hospital for release into hospice care- to die at home with loved ones having access. Hospice nurses will attend to their loved one to ensure patient is as comfortable as possible.
- It would be good for pastors to create and have a referral list of reputable hospice care organizations to recommend to church members.
- Funeral homes and interments are listed as “essential businesses.” When appropriate, pastors can assure the family that he would be able to perform a graveside service with the maximum of 10 people present. The graveside service could be live streamed and/or videotaped for others to view later.



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