

just died. In other situations, cultural variations in ways of mourning may cause others to discount a different cultural expression of grief.

## OTHER SITUATIONS

These contexts are not exclusive. In some cases grief may be disenfranchised for a number of reasons. For example, a foster parent who cares for an HIV-positive child that later dies may fit into three categories: their role as a foster parent may not be recognised; others may think that in agreeing to care for a child with a life-threatening illness they understood and anticipated the death, thereby minimising the loss; and foster parents may be reluctant, given the stigma of AIDS, to share their experience of loss of loss.

Nor are these descriptions exhaustive. They are merely illustrations of the kinds of losses that may be disenfranchised. Since the publication of these ideas in *Disenfranchised Grief*<sup>9</sup>, research has included studies of many different situations, including adult children of dysfunctional families<sup>10</sup> and adolescent romantic relationships<sup>11</sup>.

Even the contexts may be viewed differently. For example, in a recent publication, Corr<sup>12</sup> suggested enhancing the concept of disenfranchised grief by recognising that any aspect of the grieving situation can be disenfranchised, from the context of bereavement to ways individuals grieve and mourn. To Corr, over time, all grief eventually becomes disenfranchised.

## IMPLICATIONS AND CONCLUSIONS

There is a paradox to disenfranchised grief: often its very nature exacerbates grief. While each situation yielding grief is distinct, many may involve complicating factors such as concurring crises and ambivalent relationships.

In addition, since disenfranchised grief must preclude social support, there is often no recognised role in which mourners can assert the right to mourn and thus receive such support; grief may have to remain private. Though they may have experienced an intense loss, those whose grief is unsanctioned by society may not be given time off from work, have the opportunity to verbalise the loss, or receive the expressions of sympathy and support characteristic after a death. Even traditional sources of solace, such as religion, are unavailable to those whose relationships (for example, extra-marital, cohabiting, homosexual, divorced) or acts (such as abortion) are condemned within that tradition.

Although grief is complicated in these situations, many factors that facilitate

mourning are not present. The bereaved may be excluded from an active role in caring for the dying; they may not be able to attend funeral rituals, normally helpful in resolving grief; or the bereaved may have no role in planning those rituals or in deciding whether even to have them. After such losses as divorce, separation, or psychosocial death, rituals are lacking altogether.

That is why counselling can be essential. As Parkes<sup>13</sup> has noted, grief counselling is critical in cases where social support is not readily available. Validation, sensitivity to the myriad losses people experience, and creative interventions such as devised rituals, may facilitate grieving.

Kammerman reminds us that there are complex costs to enfranchising the disenfranchised griever<sup>14</sup>, some of which are economic. Liberalising bereavement-leave policies for non-family losses has an economic cost to companies and is also difficult to monitor and enforce (eg it can be difficult to draw a line between a casual acquaintance and a good friend). He also suggests that the needs of family mourners may be lost in the countervailing claims of others who demand their right to grieve.

Yet the concept and challenge of disenfranchised grief expresses simple truths. Human beings have a great capacity to attach – to a wide variety of others, in our past or present, to people we do not even

know, even across species – and when there is a loss of that attachment, we grieve. Our goal, regardless of cost, must be to enfranchise the disenfranchised. **BC**

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## LETTER TO THE EDITOR

Dear Editors

Did I detect a slight whiff of weariness in Colin Murray Parkes' Spring 1999 Editorial in *Bereavement Care*? He wrote, 'Bereavement seems to be generating a lot of words and it is valid to ask whether the effort needed to read them is worth it.'

One of my heroes, Duke Ellington, puts it a little more racy: 'Too much talking stinks up the place.' This was one of those principles which undoubtedly contributed to his 50 uninterrupted years as composer and band leader. Then I recalled the concluding paragraph of Parkes' introduction to the third edition of *Bereavement: Studies of grief in adult life* (Routledge, 1996), originally published in 1972, which reassuringly states that, 'despite numerous additions to the first and second editions...very little of the original accounts of bereavement and its consequences has had to be changed.' This is encouraging because it does feel as though there is 'too much talking' in the bereavement world.

Of course, the exchange of research and experience is vital, and complements and directs our own development as counsellors. But are we in danger of making bereavement another academic, elitist talking-shop? Might we lose sight of the client? Whilst I welcome new insights and 'tools of the trade' enabling me to help

clients as they struggle to relearn their world and regain themselves, I am more aware that I learn something every time I meet a client. When face to face with the chaos of grief, I am on my own. Then it's back to basics – empathising, holding, absorbing, reassuring, respecting – these skills, plus anything else that is relevant in the client's journey.

At times it feels a bit like improvising. True, the Duke had a score, a structure (if only on the back of an envelope!) but he left plenty of space for a particular musician to play as himself. Also the Duke regularly re-arranged and re-cycled his original compositions, thus keeping his music fresh and contemporary, but still highlighting the personal and distinctive sounds within the band. It is not too fanciful, I feel, to suggest that this process sounds a bit like bereavement counselling.

Finally, back to that Editorial. I welcome the fact that the Editors of *Bereavement Care* will not lose sight of us readers who attempt to meet the diverse needs of bereaved people, by continuing to sift, select and publish the type of material that will help us to do that.

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