

A Review of the Literature on Three Types of Disenfranchised Grief: Grandparent Grief, Grief  
of Birthmothers Following Adoption, and the Grief of Ex-spouses

by

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**Abstract**

Disenfranchised grief occurs when an individual's grief experience is not recognized or acknowledged by others. Disenfranchised grievers are frequently overlooked or ignored, lack opportunities to express their emotions, receive diminished social support and sympathy from others, and may be deprived of opportunities to participate in mourning rituals. In other words, these individuals are denied the "right to grieve". Disenfranchisement is a significant problem for grievers because it can inhibit coping and complicate the grief process.

The purpose of this paper is to review the existing literature on disenfranchised grief while specifically focusing on the grief experiences of three commonly disenfranchised groups: bereaved grandparents, relinquishing birthmothers, and bereaved ex-spouses. A second main focus of this paper is to increase knowledge and awareness of disenfranchised grief as there is a

paucity of research on the subject. Limitations of current research, implications for future research, and implications for practice are also included in this review.

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## **Chapter I: Introduction**

There are certain loss situations in which an individual's grief goes unrecognized and unacknowledged by others, a phenomenon that has been termed disenfranchised grief (Doka, 1989). These individuals are denied the "right to grieve" and are not offered social support, sympathy, or opportunities to express their emotions. Disenfranchised grief has serious implications for the bereaved as it can serve to complicate the bereavement experience and block the grief process (Doka, 2002).

### **Definition of Terms**

In order to ensure clarity of the content in this research paper the following key terms are defined:

**Bereavement:** The state of being deprived of something. The three elements of bereavement are (1) a valued relationship, (2) the loss of that relationship, and (3) a survivor deprived of the valued person or thing (Corr, 2003).

**Grief:** The response to a loss including physical sensations, feelings, thoughts, behaviors, social difficulties, and/or spiritual searching (Corr, 2003).

**Grieving:** The process of coping with loss and grief; the attempt to manage these experiences or learn to live with them (Brabant, 2002).

**Mourning:** The ways in which loss and grief are socially acknowledged; for example, wearing a mourning dress to signify a loss (Doka, 2002).

### **Disenfranchised Grief**

The concept of disenfranchised grief was first formally introduced by Kenneth Doka in 1989. In his first anthology on the subject, Doka defined disenfranchised grief as the grief that individuals feel when they experience a loss that is not "openly acknowledged, socially

validated, or publically mourned” (1989, p. xv). He wrote that each society has a set of “grieving rules” that define which losses and which relationships can legitimately be grieved. When a loss falls outside of the society’s grieving norms, the resultant grief remains unrecognized and unacknowledged and the individual is disallowed the “right to grieve” (Doka, 2002, p. 5). These individuals are denied the benefits typically afforded to enfranchised grievers such as validation, social support, expressions of sympathy, and accommodations at work.

Doka published his first anthology after five years of exploring the concept of disenfranchised grief (Doka, 2002). He had observed that much of the existing bereavement literature made reference to grief reactions that were unsanctioned, unrecognized, or disenfranchised, and cited numerous instances of grievers being denied validation and social support such as homosexual partners, ex-spouses, and co-workers. Doka recognized the increasing need to investigate these grief reactions that before had been largely ignored. Giving attention to the topic of disenfranchised grief will better inform service providers about the unique needs and experiences of disenfranchised grievers, and will encourage society to recognize and acknowledge the grief of those who have been disenfranchised.

**Categories of disenfranchised grief.** In his first anthology, Doka (1989) suggested three main aspects of bereavement that tend to be disenfranchised:

1. **Relationship not recognized:** certain types of relationships may be disenfranchised including those that are non-traditional or unsanctioned (e.g. homosexual, extramarital), those that are not perceived as being close enough (e.g. friends, co-workers) or those that existed primarily in the past (e.g. ex-spouses, former friends, past lovers).

2. **Loss not acknowledged:** losses are disenfranchised when they are not perceived as being significant; examples include miscarriages, abortions, adoptions, and the death of a companion animal.
3. **Griever excluded:** grievors are disenfranchised when they are socially defined as being incapable of understanding death or experiencing grief; commonly disenfranchised groups include young children, the elderly, the developmentally disabled, and the mentally ill.

In his second anthology, Doka (2002) suggested two additional categories of disenfranchisement:

4. **Circumstances of death:** deaths that are stigmatized or evoke anxiety (e.g. deaths resulting from AIDS, suicides, or executions) may be disenfranchised because they inhibit both the giving and receiving of social support.
5. **Ways individuals grieve:** an individual's style of grieving can contribute to disenfranchisement when it conflicts with social expectations about what is appropriate; examples include an instrumental griever who fails to show emotion, or an intuitive griever who exhibits excessive emotion.

Corr (2002) emphasized that disenfranchisement occurs in more ways than those first suggested by Doka. Corr maintained that disenfranchisement of the grief experience can also occur in the following ways:

1. **Defining certain aspects of the grief response as inappropriate or illegitimate:** feelings and emotions are often deemed an acceptable part of grieving while other elements of the grief reaction are disenfranchised; examples include physical sensations, behavioral disturbances, and changes in social and cognitive functioning.

2. **Grieving:** the grieving process is disenfranchised when the importance of public mourning rituals is discounted, when the “intrapsychic work” (p. 53) of grieving is disregarded, or when unrealistic expectations are placed on griever (e.g. to stop “dwelling on it”).
3. **Assuming that there is an endpoint to grieving:** this assumption disenfranchises those who continue to grieve because it implies that grief is a negative state of being that needs to be recovered from, it denies legitimacy to grief that occurs after the assumed endpoint, and it fails to acknowledge the immense impact of significant losses.

**Why disenfranchisement occurs.** Why is grief disenfranchised? A primary reason is that our society places a high value on the traditional family, and we have made this value evident in our social norms and policies (Doka, 2002). Family ties have legal standing and are easily recognizable, while extra-familial ties are less concrete. Kamerman (1993) suggested that disenfranchised grief functions to strengthen the traditional family by denying social recognition to non-traditional or unsanctioned relationships. To acknowledge that same-sex partners or unmarried heterosexual lovers experience intense grief would be to extend to them the same social recognition and support that is offered to family members. In doing so, traditional familial relationships may be undermined. In his 1993 article Kamerman also suggested that perhaps there is a limited amount of available social sympathy and support, and that if the circle of legitimate grievers were to be enlarged there would be less support available to immediate family members.

**Consequences of disenfranchised grief.** When grief is disenfranchised, it can serve to complicate the bereavement experience in two significant ways. First, it can intensify the emotional reactions associated with grief (Doka, 2002). Sadness, guilt, anger, and loneliness are

among the emotions commonly experienced during bereavement. When individuals fail to recognize that they have the right to grieve, as is often the case with disenfranchisement, they are likely to avoid expressing their emotions. Consequently, when these emotions are not confronted, processed, or expressed they are likely to become intensified (Lenhardt, 1997). Second, disenfranchisement complicates the bereavement experience by diminishing social support available to the griever. These grievers are denied time off from work, deprived of the opportunity to openly discuss their feelings, and left out of expressions of sympathy and support (Doka, 2002). Because social support helps to facilitate coping and healing, its absence can serve to block the grieving process (Lenhardt, 1997).

**Self-disenfranchisement.** Kauffman (2002) expanded on Doka's original conception of disenfranchised grief by suggesting that individuals can contribute to their own disenfranchisement. Self-disenfranchisement occurs when individuals refuse or are unable to acknowledge their own grief as being legitimate, due to real or imagined input from others. When people fail to recognize the validity of their own grief it can cause feelings of shame or guilt, and can deter them from seeking out social support. Kauffman also suggested that disenfranchised grievers experience not only grief over the loss itself, but also grief over their own disenfranchisement. This compounded grief can then cause psychological damage to the griever.

**Empirical research.** In Doka's second anthology, Thornton & Zanich (2002) reviewed a decade of empirical research on disenfranchised grief. Among the literature reviewed is a study assessing college students' evaluations of social support in disenfranchised grief situations (Thornton, Robertson, & Mlecko, 1991). When asked to make judgments about various scenarios that involved unrecognized losses or unsanctioned relationships, participants reported

that a grief reaction was less likely, expressions of sympathy toward the griever were less appropriate, and that there would be less social support available to the griever. Another study conducted by Cohen (1997) focused on college students' grief responses to various types of death and non-death losses. He found that participants were less likely to seek out help and social support when they perceived a lack of recognition of their grief by others (i.e. disenfranchised losses). Based on the available literature, Thornton & Zanich (2002) concluded that people do in fact perceive losses differently depending on the type of loss, the type of relationship, and the type of griever. As Cohen's study (1997) suggests, these "grieving rules" are so widely held that they are even accepted by grievers themselves. The rules not only deter caregivers from providing social support, but they also discourage grievers from seeking out social support. When grievers lack support and validation, their grief is likely to become complicated.

### **Purpose of the Study**

The purpose of this paper is to explore the concept of disenfranchised grief by reviewing available literature on three types: grandparent grief, grief of birthmothers following adoption, and the grief of ex-spouses.

**Grandparent grief.** When a child dies, much of the attention is focused on the immediate family while the grief of the child's grandparents tends to be disenfranchised (Ponzetti & Johnson, 1991). Research indicates that grandparents typically do experience complex and intense grief reactions; they not only grieve the loss of their grandchild, but also grieve over the pain experienced by their bereaved adult child, the deceased child's parent (Fry, 1997; Nehari, Grebler, & Toren, 2007; Ponzetti, 1992; Ponzetti & Johnson, 1991). This

disenfranchised grief situation falls into Doka's first category—the relationship is not recognized as being significant.

**Grief of birthmothers following adoption.** Women who relinquish a child for adoption generally experience intense grief over the loss of their baby (Aloi, 2009; Askren & Bloom, 1999; Blanton & Deschner, 1990; De Simone, 1996; Henney, Ayers-Lopez, McRoy, & Grotevant, 2007; Lauderdale & Boyle, 1994; Logan, 1996). Health care professionals and society in general tend to minimize the seriousness of this loss situation; it is often assumed that since the child did not die, and since the relinquishment is voluntary, birthmothers do not grieve. Intensified feelings of sadness, anger, loneliness, embarrassment, depression, and regret are common in disenfranchised birth mothers. As with other types of disenfranchised grievers, relinquishing birthmothers are denied the opportunity to express these emotions and are offered minimal social support. The general lack of acknowledgement of their grief can also contribute to feelings of embarrassment and shame. This disenfranchised grief situation falls into Doka's second category—the loss is not acknowledged as being significant.

**Grief of ex-spouses.** While a spouse's grief is widely recognized, it is often assumed that divorced individuals will not experience grief over the death of their ex-spouse (Doka, 2002). Doka (2002) emphasized that although divorce ends a marriage, it does not necessarily end the relationship. Many ex-spouses maintain continued mutual contact with in-laws and shared children, and have ongoing economic ties such as child support or joint property. Ex-spouses may also have continuing emotional ties including strong ambivalent feelings toward one another or hopes of possible reconciliation. Available research suggests that divorced individuals do in fact experience grief reactions over the death of their ex-spouse (Doka, 1986; Scott, 2000). However because the ex-spouse relationship is not recognized as being significant, these grievers

report feeling as if their grief is unrecognized by others, feeling confused about their ambiguous mourning role, and experiencing a general lack of social support (Doka, 2002). This disenfranchised grief situation falls into Doka's first category—the relationship is not recognized as being significant.

Limitations of current research, implications for future research, and implications for practice are also included in this review. The literature search conducted for this paper covers 1975, the year the first article acknowledging the challenges of grandparent bereavement was published, to the present.

## **Chapter II: Grandparent Grief**

### **Introduction to Grandparent Grief**

The experience of losing a grandchild is extremely difficult and presents the bereaved grandparent with a variety of unique challenges (Reed, 2000). As bereaved grandparents struggle to come to terms with the loss, they commonly experience a lack of acknowledgement of their grief which can contribute to feelings of loneliness, isolation, and shame (De Frain, Jakub, & Mendoza, 1991; Fry, 1997; Galinsky, 2001; Ponzetti & Johnson, 1991). Bereaved grandparents also feel sadness for grieving family members, experience personal guilt, and feel responsibility to provide support to surviving children and grandchildren (De Frain et al., 1991; Fry, 1997; Galinsky, 2001; Nehari et al., 2007; Ponzetti, 1992; Ponzetti & Johnson, 1991; White, Walker, & Richards, 2008). This review of the literature will address some of the common themes associated with grandparent grief and its disenfranchisement, and will underscore the need for further study.

### **The Grandparent Bereavement Experience**

Bereaved grandparents generally describe the loss of their grandchild as being an extremely painful and difficult experience (De Frain et al., 1991; Fry, 1997; Galinsky, 2001; Nehari et al., 2007; Ponzetti, 1992; Ponzetti & Johnson, 1991, White et al., 2008). Research suggests that the grandparent-grandchild relationship is one of high quality—most grandparents report frequent and enjoyable contact with their grandchildren and state that they highly value the relationship (Ponzetti & Johnson, 1991). Taking this into consideration, it is no wonder that bereaved grandparents experience such intense grief.

Bereaved grandparents report experiencing intense emotions in the days, weeks, and months following the loss. Feelings of disbelief, shock, numbness, guilt, regret, anger, sadness,

loneliness, anxiety, and depression are among those most commonly reported (De Frain et al., 1991; Fry, 1997; Galinsky, 2001; Nehari et al., 2007; Ponzetti & Johnson, 1991). Bereaved grandparents may also experience physical symptoms including insomnia, chest pain, and shortness of breath, and are at an increased risk for substance abuse problems (Fry, 1997; Galinsky, 2001).

The most common theme in the grandparent bereavement literature is that grandparents grieve not only for their deceased grandchild but also for their bereaved adult child (Fry, 1997; Nehari et al., 2007; Ponzetti, 1992; Ponzetti & Johnson, 1991; Reed, 2000). Fry (1997) used the term “doubly bereaved” (p. 136) to describe grandparents’ unique bereavement situation. Grandparents grieve over the loss of their grandchild, the loss of the relationship, and the loss of their hopes and dreams for the grandchild. In addition, grandparents also grieve over the severe pain their adult child suffers, and feel helpless due to their inability to protect the adult child from this extreme grief. One of the participants in a study conducted by Ponzetti & Johnson (1991) said the following about her grief following the loss of her 5-year-old granddaughter:

I was very close to her. My heart was broken. I try to think of the love we shared and enjoyed together. There are no words to describe how I miss her, then I think if I feel like this, how do her mother and father stand it. (p. 164).

Another participant spoke of the “double grief” she felt:

My agony is for my son and his wife, the terrible emptiness for them. I would do anything to make it easier for them. I am never quite sure which makes me more desolate, the child’s death or her parents’ sorrow. (Ponzetti & Johnson, 1991, p. 164).

The “double grief” can intensify and complicate the bereavement situation and make coping more difficult for the grandparent (Ponzetti & Johnson, 1991).

Another important aspect of grandparent bereavement is altered belief systems. Ponzetti (1992) pointed out that grandparents expect to predecease their grandchildren even more than parents expect to predecease their children. Therefore, it is to be expected that feelings of disbelief, anger, and shock over the untimeliness of the death will be particularly intense in grandparents. Grandparents also reported agonizing over the unfairness of the premature death and experiencing both a strong sense of guilt and a shattered sense of order due the fact that they are alive while their grandchild is not (Fry, 1997). The griever's religious beliefs may also be affected by the loss. In a study conducted by De Frain et al. (1991) 46% of participants said that their beliefs were strengthened as a result of the bereavement experience while 5% said their beliefs had weakened. In another study 9% of grandparents reported that their religious faith was weakened by the loss of their grandchild (Ponzetti & Johnson, 1991).

All of these findings serve as evidence that grandparents do in fact grieve and that their grief is intense.

### **Evidence of Disenfranchisement**

The grief of bereaved grandparents is frequently disenfranchised. This instance of disenfranchisement falls into Doka's (2002) first category—the grief experience is disenfranchised because the relationship is not recognized as being socially significant. The grandparent-grandchild relationship is not valued or recognized, primarily because the relationship falls outside of the immediate family unit.

**Grandparent Support of Adult Child and Surviving Siblings.** Much of the scholarly literature suggests that bereaved grandparents are involved in actively supporting their grieving adult child (Fry, 1997; Nichols, 1989; White et al., 2008). Fry (1997) found that following the death, grandparents felt a strong responsibility to parent their adult child, and that grandparents

were generally willing to set aside their own grief in order to support their adult child. In exploring the exchange of intergenerational support, White et al. (2008) found that following a child's death, much more support was provided to the adult child by the grandparent than vice versa. However, intergenerational relationships were described by both parents and grandparents as being extremely important in helping to cope with the loss. Galinsky (2001) found that following the child's death, grandparents often took on many of the daily household and parenting responsibilities which meant extra challenges and demands at a time when they were already struggling with their own intense grief. That grandparents are expected to keep their own emotions in check so that they can focus on the needs of their bereaved family members suggests that grandparents are not defined or recognized as being legitimate grievers. This social definition is so deeply engrained that it seems to have been internalized by bereaved grandparents themselves; they are often determined to ignore or minimize their own grief in order to focus solely on the grief of their bereaved family members. Galinsky (2001) wrote about a bereaved grandmother who, on the day of her grandchild's funeral, said that she "wanted to be so strong for [her] daughter on this day" and was ashamed of herself for being unable to control her emotions (p. 4). Furthermore, grandparents often feel uncomfortable sharing their grief with others, and when their pain does not pass quickly, experience shame and guilt over their continued grief.

**Lack of Recognition and Acknowledgment.** The bereavement experience of grandparents who have lost a grandchild is an area that has received limited attention in the scholarly literature. Inquiries of bereavement, mourning, and grief tend to focus more on parents and siblings than intergenerational relatives (Galinsky, 2001). This lack of scholarly attention is indicative of the general lack of acknowledgment of grandparent grief and the absence of

socially defined roles, rituals, and expectations for the grandparent grieving process. Both Gyulay (1975) and Ponzetti & Johnson (1991) described grandparents as the *forgotten grievers* because after a child's death, attention is generally focused on the grief of the parents and immediate family. Similarly, Nehari et al. (2007) found that grandparents reported experiencing mixed feelings about the legitimacy of their grief and feeling excluded from grieving processes and rituals.

**Consequences.** The overall lack of attention given to grandparent bereavement and grief has several negative consequences for grandparents (De Frain et al., 1991; Fry, 1997; Galinsky, 2001; Nehari et al., 2007; Ponzetti, 1992; Ponzetti & Johnson, 1991; White et al., 2008). When grandparents continuously receive messages that the loss is not theirs to grieve or that their grief is less important than that of the immediate family, it can cause them to question the legitimacy of their grief. One bereaved grandparent described her feelings in this way: "I'm afraid to talk with the children for fear that I will say the wrong thing or put my own pain before my daughter's. After all, my first thoughts should be for my daughter's pain (Fry, 1997, p. 128). A second consequence of the disenfranchisement of grandparent grief is the intensification of emotional reactions. Emotions that are typically experienced following a death such as sadness, anger, and loneliness are often especially intense for grandparents (De Frain et al., 1991; Fry, 1997; Galinsky, 2001; Nehari et al., 2007; Ponzetti & Johnson, 1991). Due to their unique situation, grandparents are also likely to experience additional emotional conflicts including shame, guilt, and feelings of helplessness (De Frain et al., 1991; Fry, 1997; Galinsky, 2001; Ponzetti & Johnson, 1991). Because grandparents are often deprived of social recognition and support, they are more likely to have difficulty effectively coping with the loss (Doka, 2002). Grandparents may feel guilty or ashamed of their own grief, and may attempt to minimize it so

that they can focus on caring for and supporting grieving family members (Fry, 1997; Galinsky, 2001). As a result of their exclusion and lack of acknowledgment, grandparents often experience a sense of isolation or alienation (Galinsky, 2001; Nehari, et al., 2007).

All of these findings serve as evidence that grandparent grief is disenfranchised. Despite the fact that grandparents experience intense grief, they are denied social recognition and acknowledgement. Grandparents are not offered adequate social support and are instead expected to support others; this deprives them of the opportunity to process their emotions and focus on their own needs—"I blocked out the fact that he was dead. I did not want to upset my daughter by breaking down, and they needed me to be strong. I had no one to hold me up." (De Frain et al., 1991, p. 172).

Doka (2002) defines five typologies of disenfranchised grief: relationship not recognized, loss not acknowledged, griever excluded, circumstances of death, and ways individuals grieve. Doka also notes that it is important to recognize that the five typologies of disenfranchised grief are not mutually exclusive. On a general level, grandparent grief is disenfranchised because the significance of the relationship is not recognized. However in certain situations, additional reasons for disenfranchisement may be present and can further complicate the grandparent's bereavement situation. For example, the grandchild's death may not be recognized (e.g. a miscarriage), the grandparent may be mentally ill, developmentally disabled, or very old, the death may be stigmatized (e.g. a suicide), or the grandparent may grieve in ways that are not socially recognized.

The first time grandparent grief was addressed in the literature was by Gyulay in 1975 when she noted that grandparents are "forgotten grievers" and that grandparent bereavement is a unique and lonely experience. Although the term "disenfranchised grief" had not yet been

coined, Gyulay seemed to have recognized this phenomenon in the grief of grandparents.

Interestingly, nothing further is noted in the literature relevant to grandparent bereavement until 1989; and since 1989 there have been only seven papers and one book published on the subject. It is obvious that grandparents have been largely ignored in the grief and bereavement literature. Further study is crucial because gaining a deeper understanding of the grandparent bereavement experience will aid service professionals, friends, and loved ones in reaching out to grandparents and helping them cope with their loss. The acknowledgement of this understudied subject will provide grandparents with comfort and reassurance that their reactions are normal and acceptable. In addition, further study will allow therapeutic interventions to be more easily adapted to the unique needs of grieving grandparents.

## **Chapter III: Grief of Birthmothers Following Adoption**

### **Introduction to Birthmother Grief**

The experience of relinquishing a child for adoption is extremely unique and difficult (Aloi, 2009; Askren & Bloom, 1999; De Simone, 1996; Henney et al., 2007; Lauderdale & Boyle, 1994; Logan, 1996). Birthmothers experience intense grief over the loss of their child, a lack of recognition and acknowledgment of that grief, and a lack of social support and understanding. They also commonly experience complications such as unresolved grief, mental health problems, and intense longing for their absent child (Askren & Bloom, 1999; De Simone, 1996; Henney et al., 2007; Lauderdale & Boyle, 1994; Logan, 1996). This review of the literature will discuss some of the common themes associated with birthmother grief and will address the need for further study, particularly as it relates to the concept of disenfranchised grief.

### **The Postadoptive Birthmother Experience**

A scholarly literature search using the keywords “adoption” and “grief” yielded 190 results; only two of these articles specifically identified disenfranchised grief as being relevant to birthmothers. Of the articles that did not reference disenfranchised grief, five were selected for review based on their relatively recent publication date and the fact that they indicate evidence of disenfranchisement.

Relinquishing birthmothers commonly experience feelings of embarrassment and shame surrounding both the pregnancy (which is often unplanned) and the decision to relinquish (De Simone, 1996; Lauderdale & Boyle, 1994). Because, even in the present day, there is still somewhat of a social stigma attached to unwed and teenage pregnancies, relinquishing birthmothers and their families may choose to keep the situation a secret. This secrecy can

contribute to feelings of embarrassment and shame and a general lack of recognition, acknowledgment, and support from others (De Simone, 1996; Lauderdale & Boyle, 1994).

Birthmothers also report feeling ignored and misunderstood by family, friends, and health care service providers (Askren & Bloom, 1999; De Simone, 1996; Lauderdale & Boyle, 1994; Logan, 1996). Many have negative experiences with doctors and nurses in the hospital during and after the delivery. Birthmothers are commonly encouraged to simply forget about the relinquishment and continue on with their lives as if nothing had happened (De Simone, 1996; Lauderdale & Boyle, 1994; Logan, 1996). One birthmother described her experience at the hospital in this way: "It was as if I had a disease rather than a baby" (Lauderdale & Boyle, 1994, p. 214). Another woman emphasized the fact that her birth was regarded by hospital staff as a negative and shameful event and that positive and helpful comments were rare: "I only remember one nurse who actually said 'Congratulations, you have a beautiful baby'. I was thrilled, that comment meant so much to me" (Lauderdale & Boyle, 1994, p. 215).

Secrecy surrounding the relinquishment, feelings of embarrassment and shame, lack of recognition and acknowledgment from others, and social misunderstanding all serve to lessen the amount of social support available to birthmothers. When there is less social support available, feelings of alienation and isolation are more likely. In addition, birthmothers will have fewer opportunities to express their emotions which can block the grief process and inhibit coping (De Simone, 1996; Lauderdale & Boyle, 1994; Logan, 1996).

Relinquishing birthmothers report experiencing intense, long-lasting grief over the loss of their child. Although it is often assumed that the baby is relinquished before a mother-child bond can form, birthmothers agree that giving a child up for adoption is a significant and painful loss. Following this loss, birthmothers generally experience intense emotions including sadness,

anger, guilt, regret, anguish, rumination, numbness, anxiety, depression, isolation, and feelings of powerlessness (Askren & Bloom, 1999; De Simone, 1996; Henney et al., 2007; Lauderdale & Boyle, 1994; Logan, 1996). Some birthmothers report feeling as if something of theirs had been “stolen” or “taken away” and described “feelings of their own limbs being removed, of being torn, of being severed from their bodies and souls” (Lauderdale & Boyle, 1994, p. 215).

Following the relinquishment, many birthmothers continue to experience intense longing for their child and many fantasize about reuniting with the child in the future. Searching behavior is also common among birthmothers; while some are satisfied after learning that the child is alive and well, others choose to actually locate and meet the child (Askren & Bloom, 1999; Lauderdale & Boyle, 1994; Logan, 1996).

Relinquishing a child for adoption is a significant loss and, as such, has a significant and long-term impact on the birthmother’s life. Problems with prolonged and unresolved grief are common among birthmothers for a variety of reasons. First, the lack of acknowledgment, recognition, understanding, and social support addressed earlier serves to inhibit the grief process. Another contributing factor is that immediately following the birth, relinquishing mothers are often discouraged from seeing, holding, or naming the baby. While this advice may be given with the best of intentions, it can ultimately serve to block the grief process by depriving the birthmother of memories that will make the child and the loss seem real to her and provide her with closure. In addition, the knowledge that the child is still alive can make the loss ambiguous and make it difficult for the birthmother to fully grieve (Askren & Bloom, 1999; De Simone, 1996; Henney et al., 2007; Lauderdale & Boyle, 1994). This birthmother’s thoughts illustrate the lack of finality and closure in adoption loss: “It’s almost like a death, only it’s kind

of worse because you don't know what's happening with him everyday" (Henney et al., 2007, p. 884).

Another long-term problem includes strong and persistent feelings of guilt over the decision to relinquish (Askren & Bloom, 1999; De Simone, 1996; Henney et al., 2007; Logan, 1996). Many birthmothers experience mental health problems such as anxiety, depression, and suicidal ideations, and may also engage in self-destructive behavior such as promiscuity or drug abuse (De Simone, 1996; Logan, 1996). De Simone (1996) suggests that self-destructive behavior may stem from the birthmother's need to punish herself for relinquishing the child.

The relinquishing birthmother experience is painfully summed up by a quote from a participant in Logan's 1996 study:

It left me numb, it left me feeling I was no good, it left me feeling absolutely bereft—something belonging to me that I hadn't got. It left me feeling like someone had died and I hadn't been allowed to go to the funeral—a part of me had died. I felt like I had a skeleton in my cupboard that no-one would let me bury. I couldn't talk about it—no-one allowed me to grieve. (p. 623).

**Evidence of Disenfranchisement.** Many of the themes addressed above serve as evidence of birthmother disenfranchisement, although not specifically named that by several of the scholars cited in this review. That the birthmother grief experience has been largely ignored by health care professionals, scholars, and society in general illustrates that the relinquishing birthmother is disenfranchised. The lack of recognition, acknowledgment, and social support reported by birthmothers fits closely with the definition of disenfranchised grief. Being denied the opportunity to express emotions, being socially misunderstood, and being expected to forget and quickly move on are common experiences of all kinds of disenfranchised grievers (Doka,

2002). This disenfranchised grief situation fits most closely with Doka's second category—the loss is not acknowledged as being significant. One reason people fail to recognize relinquishment as a significant loss is because the decision to relinquish is voluntary (Logan, 1996). Another reason relinquishment is not recognized as a loss is because the child in question does not die (Aloi, 2009). Because the loss is not acknowledged by society as being significant, birthmothers are denied the “right to grieve” (Doka, 2002). There is also a misconception that birthmothers are selfish or uncaring which can make people less sympathetic to the birthmother experience and less likely to offer recognition and support (Blanton & Deschner, 1990).

**Literature Addressing Birthmother Disenfranchisement.** While many scholars have written about the grief of birthmothers, only two have acknowledged that this grief fits the definition of disenfranchised grief. Cooper (2002) wrote an article titled “Unrecognized losses in child adoption” that was published as a chapter in Doka's second anthology on disenfranchised grief. In this chapter Cooper discusses shame, self-blame, subjugation, and defilement as common to the relinquishing birthmother experience. In 2009, Aloi published an article titled “Nursing the disenfranchised: Women who have relinquished an infant for adoption”. This is the first piece of scholarly work to review the existing literature on birthmother grief and apply the findings to the concept of disenfranchised grief.

Aloi (2009) asserted that birthmothers experience “intense” and “overwhelming” grief that is unacknowledged by both the healthcare system and society in general. Birthmothers are denied emotional expression and experience intensified emotions and prolonged grief. Aloi applies all five of Doka's typologies of disenfranchised grief to the relinquishing birthmother experience. The first type occurs when the relationship is not recognized as being significant. This is applicable to birthmothers because they are often discouraged from seeing, holding, and

bonding with their baby; in other words, the importance of the birthmother-child relationship is completely discounted. The second type involves situations in which the loss is not recognized as being significant. This occurs with birthmothers because people tend to focus on the fact that the loss is voluntary and the child does not die, but instead begins what is assumed to be a better life. This is illustrated when birthmothers are encouraged to forget and move on as if the pregnancy, birth, and relinquishment never happened. The third type of disenfranchised grief involves the griever being excluded. Birthmothers are often excluded and denied the right to grieve because there is a misconception that they are uncaring and glad to be rid of the relinquished child. The fourth type occurs when the circumstances surrounding the loss are stigmatized or invoke anxiety and inhibit the giving and receiving of social support. This is illustrated when social support is withheld from birthmothers because of the social stigma attached to unwed and teenage pregnancy. The fifth type of disenfranchised grief suggested by Doka occurs when the way an individual grieves conflicts with social expectations for appropriate grief reactions. When birthmothers grieve in a way that is unexpected or unique, their experience can be disenfranchised by nurses, doctors, and counselors (Aloi, 2009).

Aloi (2009) focused on the crucial role of nurses in influencing the birthmother's relinquishment experience, ability to grieve, and future emotional adjustment. She asserted that nurses' attitudes, acknowledgment, and intervention in regard to birthmothers are extremely important for facilitating effective grieving. Unfortunately, "many nurses do not even recognize the birthmother's need to grieve, do not approve of the birthmother's decision, or are at a loss of what to say, thus contributing to her disenfranchisement" (p. 27). Nurses frequently offer unhelpful advice such as telling the birthmother to forget about the relinquishment and move on, which can make grieving much more difficult.

To counter these problems Aloï (2009) suggested that nurses be provided with birthmother grief education and awareness training and be informed when a relinquishing birthmother is first admitted to the hospital. Because birthmothers may be afraid to bring up the relinquishment for fear of being judged, the nurse should bring up the subject in order to foster an open exchange and make the woman feel comfortable. The nurse should focus on listening, acknowledging, and validating without offering advice. It would also be beneficial for the nurse to offer the mother the opportunity to see, hold, and say goodbye to the child. All of these measures will serve to lessen birthmother disenfranchisement and allow for effective grieving.

**Conclusions.** Although a fair amount of literature on birthmother grief exists, we are still far from having a full understanding of the birthmother grief experience and the long-term effects that relinquishment can have. At this time there are numerous articles that validate that birthmothers experience grief; however, there are very few that recognize the disenfranchisement of that grief. It is very important for there to be further research that specifically addresses the disenfranchisement of birthmother grief; this type of work would inform health care professionals, counselors, and family members about ways to reach out to birthmothers and assist them in fully grieving their loss.

## **Chapter IV: Grief of Ex-Spouses**

### **Introduction to Grief of Ex-Spouses**

Grief over the death of a spouse has been widely recognized, acknowledged, and studied (Gilbar & Ben-Zur 2002; Hyrkas, Kaunonen, & Paunonen, 1997; Kaunonen, Paivi, Paunonen, & Erjanti, 2000; Terasaki, & Nakamura, 1998; Thompson, Gallagher-Thompson, Futterman, Gilewski, & Peterson, 1991); grief over the death of an ex-spouse, however, has been largely ignored by scholars and society in general. What little research is available on the subject (Doka, 1986; Scott, 2000) suggests that divorced individuals do in fact experience grief reactions over the death of their former spouse. These grief reactions are often unrecognized, ignored, or misunderstood by others, which can complicate or even block the individual's grief. This chapter will review the available literature on the grief of ex-spouses and give recognition to this understudied topic.

### **The Bereavement Experience of Ex-Spouses**

To date, there are only four scholarly articles that address grief over the death of a former spouse, and only two of these are empirical studies. Doka (1986) conducted in-depth interviews with eight surviving ex-spouses, while Scott (2000) surveyed 79 surviving ex-spouses. Both Doka (1986) and Scott (2000) will be reviewed here.

The uniqueness of the bereavement experience of ex-spouses is underscored by the title of Doka's article, "Loss upon loss: The impact of death after divorce" (1986). This refers to the idea that the pain and sense of loss surrounding the divorce itself serve to complicate the pain and grief surrounding the subsequent death. In other words, residual feelings of ambivalence, anger, resentment, longing, and guilt from the divorce can actually intensify and compound the grief reaction. Taking this into consideration, it is to be expected that the less the divorce grief

has been resolved, the more intense the grief reaction to the subsequent death will be.

Unresolved divorce grief is most common with couples who had ambivalent, difficult, or abusive marriages (Doka, 1986).

Doka (1986) emphasized that although divorce ends a marriage, it does not end the relationship between the two persons. Former spouses maintain significant bonds including continued contact with shared children and mutual friends, as well as economic ties such as alimony, child support, and joint property. Continued emotional ties are also common as former spouses may have strong ambivalent feelings toward one another or even harbor fantasies of reconciliation.

The results of both of these studies suggested that divorced individuals do in fact experience grief over the death of their ex-spouse (Doka, 1986; Scott, 2000). Doka (1986) found that half of his participants had experienced no significant grief reaction or social difficulties following the death. He attributed this to the fact that, prior to the death, these individuals had successfully resolved their divorce grief and disengaged from their ex-spouse. In contrast, the other half of the participant group experienced significant grief over the death. Doka asserted that this was primarily because they had not yet resolved their pain and grief over the divorce. Scott (2000) conducted her initial study in 1984-5 and then repeated the study with a different group of participants in 1997. The purpose of this was to bring further attention to the topic and to validate her earlier findings. In the first study, 77.5% of participants reported experiencing a definite grief reaction, and in the second study 87.5% made this report. While 23% of these participants said that their grief reaction was slight, 48% reported that it was moderate, 21% severe, and 8% overwhelming.

Doka (1986) found that the most common emotions experienced by the bereaved ex-spouses in his study were intense guilt and regret, as well as continued thoughts about what might have been. Scott (2000) found that her participants experienced physical and emotional symptoms similar to those reported by widows and widowers. Common physical symptoms included fatigue, sleeplessness, nervousness, and stomach problems, and common emotional symptoms included tearfulness, depression, relief, loneliness, guilt, anxiety, and sense of disbelief. In addition, 35% of Scott's participants reported increased use of drugs and alcohol in the first year following the death.

Doka (1986) concluded that the level of grief experienced by a surviving ex-spouse is affected by a variety of complex factors. The circumstances of the couple's divorce (i.e. whether the decision was mutual, whether it was a "friendly" divorce), the age of the spouses at time of divorce and death, the quality and nature of the relationship with the former spouse, circumstances of the death, quality of relationship with any new spouses, the presence of children, and degree of resolution of earlier divorce grief all have an impact on the survivor's grief. Scott (2000) found that the level of grief is also affected by the amount of time since the divorce. She observed that the least amount of time was associated with the most extreme grief, which she concluded is because the former spouses had less time to resolve complex emotional issues associated with their separation.

The most commonly cited reasons for the grief reaction of ex-spouses were "realization of the finality of the loss of the relationship", "continued affection or love for the deceased", "unresolved emotional conflicts", "unresolved anger", "residual guilt" and "unresolved financial problems" (Scott, 2000, p. 212). A female participant in Doka's 1986 study described her feelings about the death in this way: "I felt devastated—I never really stopped loving him. I felt

guilty—guilty about the divorce, the death. Maybe he would still be alive if I hadn't thrown him out" (p. 444).

Grief over the death of a former spouse is very common but appears to be generally less severe than grief over other significant losses. Scott (2000) asserted that this is likely because the person has already had a chance to begin grieving the loss of the relationship. Because surviving ex-spouses often feel insecure and confused by their conflicting emotions, it is important for them to be assured that their reaction is normal considering they have lost a very significant person in their life history (Scott, 2000).

### **Evidence of Disenfranchisement**

The grief of bereaved ex-spouses is frequently disenfranchised. This instance of disenfranchisement falls into Doka's (2002) first category—the grief experience is disenfranchised because the relationship is not recognized as being socially significant. The reason the relationship between former spouses is not valued or recognized is because the decision to divorce is more or less voluntary, and because ex-spouses are no longer a part of one another's immediate family.

As is true with other types of losses, more than one of Doka's (2002) five typologies of disenfranchised grief may apply to bereaved ex-spouses. On a general level, the grief of ex-spouses is disenfranchised because the significance of the relationship is not recognized. However it is also possible for other sources of disenfranchisement to exist as well. For example, if the deceased ex-spouse was murdered or committed suicide (circumstances of death), if the surviving ex-spouse is mentally ill (griever excluded), or if the surviving ex-spouse grieves in ways deemed socially unacceptable (ways individuals grieve).

Many bereaved ex-spouses report feeling as if their grief is unrecognized and misunderstood by others (Doka, 1986). Survivors commonly find that their friends and family members have expectations about how they will react to the death—for example, friends may believe that the survivor will be happy and relieved rather than sad. In these cases bereaved ex-spouses not only feel misunderstood and deprived of support, but they also feel judgment and pressure from those who perceive their reaction to the death as being inappropriate (Doka, 1986; Scott, 2000). A quote from Scott (2000) illustrates this point:

Ms. M. stated she could not talk to her friends about the ex-spouse's death because they all said how lucky she was to 'finally be rid of that creep.' When he died she had many conflicting feelings; anger, relief, guilt, regret, and even some residual affection for the man she had married 12 years before. Each time she tried to tell her friends what she really felt they looked at her as if she was crazy. She soon stopped trying, bottled up her true feelings and eventually sought counseling to resolve the issues (p. 215).

In addition to feeling that their grief experience is unrecognized and unacknowledged, bereaved ex-spouses also report experiencing a general lack of social support and understanding from others (Doka, 1986). Many of the survivors' family and friends were unsure of how to respond; 78.5% of Scott's (2000) participants reported experiencing a grief reaction, while only 52% of these reported that others acknowledged their loss and were supportive. This bereavement situation is complicated further when new spouses are present. If the deceased ex-spouse had remarried prior to their death, some new spouses were angry and resentful toward the surviving ex-spouse and attempted to exclude them from mourning rituals. One of Scott's (2000) participants described her experience at her ex-spouse's funeral: "I didn't know what my role was there. I was the mother of our children, who participated in the services, but his present wife

was calling the shots and made it clear I was an outsider” (p. 213). Scott (2000) found that if the surviving ex-spouse had remarried, only 43% of new spouses showed concern or sympathy following the death. Others showed jealousy, anger, and confusion over the survivor’s grief, and some merely exhibited a lack of interest. Some new spouses were initially supportive but became jealous and resentful as time went by. This is an example of grief becoming disenfranchised over time. Bereaved ex-spouses also reported not being afforded any time off from work, and feeling unable to access alternative sources of social support such as church (Doka, 1986). In many cases, the presence of mutual children made the bereavement situation even more complicated and difficult for the surviving spouse. Some survivors felt hurt because they believed that their children’s reactions to the death were either too modest or too extreme. Other survivors were faced with disapproval from children who believed that their reactions were inappropriate. Doka (1986) suggested that the inability to participate in meaningful mourning rituals and a lack of family support serve to inhibit emotional expression and ultimately complicate and block the grief of ex-spouses.

Bereaved ex-spouses commonly feel confused about their ambiguous mourning role. Many feel obligated to visit, attend the memorial service, or provide support, but feel uncomfortable, uncertain, or unwelcome. Many feel they are unable to publically mourn unless they provide an explanation for the divorce. At the funeral, surviving ex-spouses reported feeling excluded, uncomfortable, angry, and out of place, particularly if the deceased person had a new spouse (Doka, 1986; Scott, 2000). A participant in Doka’s 1986 study said the following about her experience at her ex-husband’s funeral: “I felt angry that she, the new wife, was in the chair reserved for the wife. I kept saying, ‘where do I belong’.” Even friends and relatives didn’t know what to do—who to go to, who to kiss first (p. 446). Scott (2000) found that 60% of her

participants had attended their ex-spouse's funeral but only 56% of them reported feeling comfortable while there.

**Conclusions.** The disenfranchisement of ex-spouse grief is a significant problem in a society where divorce is so common. Unfortunately there is a paucity of scholarly literature on the subject. Besides the studies conducted by Doka in 1986 and Scott in 2000, only two other articles on the subject exist. In Doka's 2002 anthology on disenfranchised grief, he included a chapter titled "A later loss: The grief of ex-spouses". In this chapter he reviews both Doka (1986) and Scott (2000), and he highlights the implications for counselors and other service providers. In 2006, Smith published an article titled "Does my grief count? When ex-family grieve". In this article he reviews the available literature on divorce grief, as well as the grief of divorced individuals following the death of their ex-spouse. Additional research on this subject is crucial so that friends, family members, and service providers can begin to recognize and understand the unique bereavement situation of surviving ex-spouses.

## **Chapter V: Discussion**

Disenfranchisement occurs when an individual's grief experience goes unrecognized and unacknowledged by others (Doka, 2002). Disenfranchised grievers are denied the "right" to grieve and have limited access to social support and understanding. Disenfranchised grief is a relatively new concept that hasn't been applied in most studies of grief thus far. Three types of disenfranchised grief were explored in this paper: grandparent grief, grief of birthmothers following adoption, and grief of ex-spouses. Existing literature suggests that bereaved grandparents grieve intensely, not only for their deceased grandchild but also for their grieving adult child (Fry, 1997; Nehari et al., 2007; Ponzetti, 1992; Ponzetti & Johnson, 1991; Reed, 2000). Many grandparents are unrecognized or "forgotten" grievers because, following a child's death, attention is most often focused on the immediate family (Ponzetti & Johnson, 1991). Relinquishing birthmothers often experience intense grief, shame, and guilt over the loss of their baby; however, their bereavement experiences tend to be unrecognized or ignored by others (Aloi, 2009; Askren & Bloom, 1999; De Simone, 1996; Henney et al., 2007; Lauderdale & Boyle, 1994; Logan, 1996). Bereaved ex-spouses commonly experience grief and ambivalent emotions, and often feel uncomfortable and excluded from mourning rituals (Doka, 1986; Scott, 2000).

### **Limitations of Current Research**

This paper has made evident the lack of empirical research on the grief of grandparents, relinquishing birthmothers, and ex-spouses, particularly using the concept of disenfranchised grief as a lens. In addition to there being a paucity of research on the grief of grandparents, relinquishing birthmothers, and ex-spouses, the published studies that are available are weakened by the use of small, heterogeneous convenience samples (Askren & Bloom, 1999; Christian,

McRoy, Grotevant, & Bryant, 1997). In many studies relating to loss, bereavement, and grief, participants are recruited from grief support groups rather than randomly sampled from the larger population of grievers. Because grievers who seek help from support groups or volunteer to be research participants may fundamentally differ from those who do not, the results cannot be generalized to all grievers. Additional methodological problems include issues with time lapse and recall bias, as well as inaccurate reporting due to sensitivity of subject (DeSimone, 1996).

### **Implications**

**Implications for practice.** Survivors whose grief has been disenfranchised tend to have very different bereavement experiences than enfranchised grievers (Doka, 2002). The lack of recognition, social support, and understanding are unique to disenfranchised grievers; these issues can serve to complicate the grieving process by inhibiting effective coping and causing the griever to feel alienated and confused. Because disenfranchised grievers generally have limited access to informal social support from friends and family to help facilitate grieving, they are more likely to seek out formal support from professionals. It is imperative that the practitioners serving this population of grievers be informed about disenfranchised grief and all of its implications because uninformed service providers can actually serve to further disenfranchise the survivor's grief and impede their grieving process. Health care professionals, such as physicians and nurses, and mental health professionals, such as counselors and therapists, need to be educated so that they can provide disenfranchised grievers with the guidance and support they need to effectively cope. For example, service providers working with bereaved grandparents should be aware of the possibility of their experience of "double grief" and their tendency to minimize or ignore their own grief while focusing on the needs of others (Fry, 1997; Ponzetti & Johnson, 1991). Similarly, professionals serving relinquishing birthmothers should be aware of

the intense shame and guilt associated with their bereavement experience (Aloi, 2009). And finally, those working with bereaved ex-spouses should be aware of the likelihood of their facing misunderstanding and disapproval from others (Doka, 1986).

**Implications for future research.** In order for service providers to be adequately informed and to have the resources necessary to effectively respond to the unique needs of disenfranchised grievers, further empirical research needs to be conducted. Ideally these studies would utilize random sampling methods and would be representative of both genders, as well as a range of ages and ethnicities. Not only will more information be available, but the increased awareness may also serve to enfranchise those who have previously been disenfranchised. The research that is currently available is helpful but limited. We are in need of a deeper understanding of the bereavement experiences of commonly disenfranchised groups, how and why disenfranchisement occurs, and how disenfranchisement affects grievers' well-being and ability to cope.

With regard to bereaved grandparents, more studies are needed that focus on how grandparents experience, react to, and cope with the loss on a personal level, as well as how intergenerational families influence one another's bereavement and grief experiences (Nehari et al., 2007). Future inquiries should also explore grandparents' tendency to minimize or ignore their own grief in order to comfort and care for their grieving adult child, and the tendency for grandparent grief to go unacknowledged by others who do not recognize them as legitimate grievers. These issues demand further study as they have great bearing on grandparents' ability to move through the grief process.

While numerous scholars have explored the grief of relinquishing birthmothers, only one has done so using the concept of disenfranchised grief as a lens (Aloi, 2009). More conceptual

papers like Aloï's, as well as empirical studies on the disenfranchisement of birthmother grief would be extremely helpful for increasing awareness and informing service providers. Important themes to explore include shame due to real or imagined disapproval from others, guilt about the decision to relinquish, and the ways in which shame and guilt contribute to disenfranchisement and a general lack of social support.

More empirical studies are also needed to help identify and explore the social difficulties and conflicting emotions that surviving ex-spouses experience, and how these serve to complicate and disenfranchise their grief. For example, it would be beneficial to examine the way variables such as the nature of the divorce, the presence of children, and the presence of new spouses affect the intensity of subsequent, post-death grief. Another potential area of investigation includes exploring how ambivalent emotions and perceptions about social appropriateness affect the griever's willingness and ability to participate in mourning rituals, and what variables contribute to the griever experiencing mourning rituals as meaningful, helpful, or comforting.

It should be noted that although research on the disenfranchisement of grieving grandparents, birthmothers, and ex-spouses is extremely important, further study of other types of disenfranchised grief situations is also crucial. Doka's two anthologies (1989; 2002) are helpful references for exploring other common instances of disenfranchised grief.

## **Conclusions**

As we have seen, there is a shortage of empirical research on the various types of disenfranchised grief. Additional research on the subject is important because it would allow service providers to tailor their approach to the unique needs of disenfranchised grievers. Providing disenfranchised grievers with the recognition and attention they deserve is essential in

order to minimize their disenfranchisement and assist them in fully grieving their loss. With acknowledgement and support, disenfranchised griever will be able to fully experience both their grief and the healing process.

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The disenfranchised grief is when the grief is connected with a loss which cannot be openly acknowledged, publicly mourned or socially supported. In many cases of disenfranchised grief, the relationship is not recognised, the loss is not recognised or the griever is not recognised. The loss of a child through adoption is usually a loss which cannot be openly acknowledged, which is why mothers often suffer in silence...people who have experienced any type of loss often feel anger, guilt, sadness, depression, hopelessness and numbness and that in cases of disenfranchised grief, these feelings ca Assisting clients with disenfranchised grief: the role of a mental health nurse. *Journal of Psychosocial Nursing and Mental Health Services*, 53(4), 52-57. doi: 10.3928/02793695-20150319-05. Grief and bereavement in contemporary society: Bridging research and practice.Â The effects of divorce on children are explored in this review of the literature. Some studies indicate that the preschool aged population is the most vulnerable to divorce, whereas others insist that no age differences exist. Children of divorce were found to